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# INDEX.

## VOL. LXVII. NEW SERIES. (VOL. CXVIII. OLD SERIES.)

## JANUARY TO JUNE, 1899.

A

Abortion advertisements, payment for, 361
Abortionees, the punishment of, 96
Abrahams, Dr., rheumatic tonsillitis, 113
Abscess, renal, 619
Abscess, trephining for cerebral, Mr. Croly, 161
Abscess, metastatic, 593
Abscess, or aneurysm, 683
Abscesses, chronic tonsillar, 10
Abscesses, tuberculous, 140
Absorption, bacterial, 487
Accident society, 79, 153, 259, 526, 633
Acoine, 221
Act, the inebriate, 572
Act, the Lord Chancellor's new, 378
Act, non-compliance with the notification, 20
Act, the new inebriates'. 416
Addison's disease, Dr. Chauffard, 582
Address, Mr. McArdle's, 285
Adulteration, 90
Adulteration bill, 280
Adulteration, food and drug, 521
Adulteration, a new form of milk, 677
Advertisements, street, 147
Affair, a disgraceful, 98
Air, artificial, 115, 229
Aid association, medical, 179
Albumosuria, the clinical value of, 331
Alcohol, a victim of, 205
Alcohol in the profession, 197
Alcohol, phthisis and, 649
Alcohol, scientific value of, 205
Alkaptonuria, 548
Amenities, professional, 659
America, food adulteration in, 200
Analyst, the union drug, 680
Analysts, public, 174, 464
Anatomy, school of, 363
Aneurysm, early diagnosis and treatment of, 642
Antimalia, lyssa, 539
Anti-vivisection gala, an, 462
Antivivisectionists, Mr. L. Tait, and the, 680
Anus, artificial, 9
Apartments, disinfection of empty, 522
Aphonia, a simple method of curing, 171
Apothecaries' Hall, Ireland, the council of, 625, 627
Apothecary, an unqualified, 205
Appeal, Mr. Hunter's 120
Appeal, the assessment, 416
Appeal, unsuccessful, 259
Appendicitis, 115, 164, 271, 375, 485
Appendix, foreign bodies in the vermiform, 466
Appointments, Dublin, 442
Appointments, hospital, Manchester, 653
Appointments—end of each No.
Army medical corps, royal, 41
Army medical service, the, 200
Army, syphilis in the, 96
Army, syphilis in the, Dr J. A Shaw-Mackenzie, 184, 211
Arrangements, lecture, 129
Anthrax, death from, 551
Arthur, mortality of Russian troops at Port, 126
Arthritis, relation of gout to rheumatoid, Dr. Ewart, 207, 237
Arthrotomy, a series of cases, of, Mr. Lockwood, 505
Asepsy, 352
Assistant's libel action, an unqualified, 680
Association, Indian medical, 124, 602
Association, annual meeting of Irish medical, 682
Astragalectomy, 280
Asylum discipline, lunatic, 468
Asylum management, 676
Asymmetry, pulmonary, 45
Atropine, poisoning by, 205
Atropine poisoning case, 276
Australia, abortion tragedy in, 151
Australasia, abuse of friendly societies in, 42

B

Babies, the colour of negro, 174
Baby incubator again, the, 652
Bacillus, pathological status of the, 302
Bacillus, the death point of the tubercle, 228
Bacteriology, popular, 69
Bacteriology, the modern doctrine of Dr. Bantock, 290
Balneology, a post-graduate cause of, 657
Bantock, Dr., the modern doctrine of bacteriology, 290
Bath fever hospital, 122, 149
Barbarity, poor-law, 43
Baths, public, 674
"Barker" anatomical prize, 105
Bazaar, St. Mary's hospital, 630
Bed, reading in, 441
Belfast, the sanitation of, 71
Belladonna plasters, 446, 627
Benevolent fund, British medical, 105
Beware, foreign and colonial graduates, 306
Berger, Prof., acute intestinal obstruction, 111, 131
Bicycle, hernia and the, 140
Bill, midwives, 683
Biographies, medical, 464
Births.—end of each No.
Birthday honours, the, 602
Birth-rate, a declining, 307
Bishops, clearing a crypt of its, 381
Bismuth, salicylate of, 99
Blackleg, a medical, 415
Bladder, rupture of gall-, 564
Bladder, total extirpation of the, 619
"Bland, Dr.," 468
Blenorrhagia, 271
Blood, the action of hydrotherapy on, 407
Board, the local government, 67
Bogey, the chloroform burglar, 197, 308, 335
Bones in Southwark, more, 600
Bordighera, 66
Bottle, Stephenson's new poison, 632
Box, the doctor in the witness, 439
Boyd, Dr., death of, 256
Bradford, hospital abuse in, 16
Bradford, medico-ethical, 105
Brain, gunshot wound of the, 460
Brain, revolver injury of, 36
Brain, the size of the, 546
Bread, white *v.* brown, 18
Breast-feeding, contra-indications to, 17
Broadbent, Sir Wm., conduct of the heart in the face of difficulties, 53
Bruce, Dr., the upper terminations of the antero-lateral and direct cerebellar tracts, 85
Bubonic plague, the, 645
Borroughs, Welcome and Co., 682
Burial, premature, 251
Buttons, Murphy's, 620

C

Cadocylic acid, 670
Cæsarean section, vaginal, Prof. Duhrssen, 187
Cæsarean section, 325
Caffein, dangers of, 467
Caley, Dr., dilated heart, 555
Cambridge, the professorship of pathology at, 174
Campbell, Dr., double pyo-salpinx, 532
Cambridge university, 659
Cameron, Sir C., new method of ventilating sewers, 662
Canadian medical association, 551
Canard, a stupid, 440
Cancer, biological aspect of, 417
Cancer hospital, 235
Cancer, lay views on, 626
Cancer organism, 414
Cancer society, 633, 648
Cancer, the extension of, 563
Cancer, thyroid treatment in, 409
Cancer, uterine, Dr. M. Madden, 556
Candidates, hints to nervous, 380
Cape, illegal practice at the, 565
Capsules, vaginal, 659
Cardiac muscle, neurotic insufficiency of the, 670
Cardiff, proposed seamen's hospital at, 336
Carriages, dirty railway, 382
Case books for sale, 359
Castration in the male and female, 651
Cathcart, Mr., peritonitis, 293
Cattle, tuberculosis among, 439
Cavendish lecture, the, Dr. Osler, 635
Cavernitis, chronic, 564
Centenary, a vaccination, 520
Centenary, celebration of the royal college of surgeons of England, 334, 442
Centenary, a Volta, 359
Central authority, the English local government board as a, 646
Cerebellum, tumour of the, 374
Cerebro-spinal fever, Dr. Osler, 635
Chancre, a digital, 327
Changes, editorial, 166
Charities, munificent bequests to Dublin, 652
Charity, physicians and, 383
Charity, unchristian, 39
Chauffard, Dr., the intoxication of Addison's disease, 582
Cheloid, 190
Chelsea, physic garden, 339
Chemists, boycotting the, 142
Chemists, prescriptions and, 360
Chest, gunshot wound in the, 538
Chest, penetrating wounds of the, 642
Childhood, pericarditis in, 90
Children, care of schools, 97
"Children, the cry of the," 254
Children, diabetes in, 570
Children, stillborn, 280
Children, unvaccinated, 178
Chill, bacteria and, 247
Chloroform is to be preferred, when, 44
Chloroform, death from, 551, 683
Cigarettes banned in Arkansas, 382
Cigarettes, tea, 74
Cities, mortality of foreign, 23, 51, 129, 205, 235, 259, 285, 313, 363, 390, 473, 527
Clarke, Mr. J., two cases of metatarsalgia, 607
Classification, pauper, 627
Clavicles, fracture of both, 642
Climates, diseases of tropical, 313
Climatology, 407
Clothing, tuberculous infection and second-hand, 196
Cœliotomy, deaths after abdominal, Dr. Smyly, 421
Cold, catching, 94
Colic, renal, 37
Colleges, "grammar school" science of the London, 151
Colon, resection of the descending, 539
Comby, Prof., infantile pneumonia, 155
Commission, M. Haffkine and the plague, 172

Commissions, secret medical, 308, 310, 357, 413, 546
Commissionership in Scotland, the lunacy, 95
Committees, medical men on hospital, 624
Congress, balneological, 407
Congress, the thirteenth International 679
Congresses, coming, 652
Contest, prize fight *v.* boxing, 255
"Conservative surgery," Mr. Tait, 341
"Conscientious objector," the, 229
Consultants, joint-stock, 599
Consumption cure, the new 172
Consumption, early diagnosis of, 374
Consumption hospital in Ireland, 415
Consumption, the hectic fever of, 352
Consumption, the prevention of, 494
Controversy, the "appendicitis,' 73
Cooper, Mr. A., presentation to, 124
Cord, cocainisation of the spinal, 491
Coroners and post-mortem examination, 678
Coroner's court, new, 79
Corpses, the transportation of, 125
Creosote and phthisis, 676

CORRESPONDENCE.

Adenoids, chloroform and, 48
Aid associations, medical, 152, 362, 418, 445, 471, 498
Anæsthetics, mortality under, 471
Army, syphilis in the, 309
Bacteriology, popular, 100
Birmingham, consultative institution, 550
"Bogey," the chloroform, 361
Bradford workhouse, the appointment of medical officers to the, 575, 604, 631
Censurable, 76
China, administration of chloroform in, 234
"Cider and microbes," 48
Colonial degrees, registration of, 445
Diet, history based upon, 234
Diplomas, bogus medical, 22
"Dossier secret," the, 550
Ectopic gestation, determination of sex in, 152
Education, examining boards and preliminary, 21
Enuresis, 631
Experts in criminal cases, medical, 417
Explanation, an, 178
Falkenstein, Nordrach, and, 682
Gala, the anti-vivisection, 498, 524
"Hat" again, the hospital, 284
Hernia of the vermiform appendix, 48
Hospitals abuse act, 575
Ireland, the vice-presidency of the royal college of surgeons of, 631
"League of mercy," proposed, 258
Life, expectancy of, 178
Listerian ritual, the 388, 417
Medical register, inaccuracies of the, 190; personation and erasures from, 101
Men, medical fees for medical, 36 2
Millinery, medical ritualistic, 233
Ophthalmic surgery, English *v.* foreign, 603
Ovariotomised patients, the marriage of, 47
Oxide, centenary of nitrous, 76
Polyclinic, 338, 657
Poor-law districts, remodelling of, 445
Salophen, the treatment of influenza by, 233, 258
Serum inoculation, 575, 657
South Africa, consumptive patients in, 445
Spectacle-maker's diploma, 604
Syphilis, the attenuation of, 497
Tetranitrate, the dangers of erythrol, 338
Tuberculous patients, state sanatoria for, 388
Tubing, new self-drainage, 178
"Unchristian charity," 101
Urethrotomy, hæmorrhage in nternal, 47
Uvulæ, primary epithelioma of the, 100
Vestrymen, bacterioloy for, 658
Wales's, Prince of, hospital fund, 22, 49, 127
Wark, Lient., the case of, 76
Correspondents, notices to—end of each No.
Cosgrave, Dr., treatment of tuberculosis at Falkenstein, 241
Cough, whooping, 115
Council, general medical, 12, 274 573, 623
COUNCIL, GENERAL MEDICAL—Presidential address, 588; honour to whom honour is due—the F.R.S.G.—inspection of documents, 589; reappointment of registrar—prevention of personation—midwives' and opticians' certificates—reciprocity with foreign countries—Mr. Samuel Bingham Shekelton — Mr. McKay, 590; Dr. W. Steward, 591; Mr. N. Holland—W. H. Cossens, 592: proposed disciplinary powers — Apothecaries hall, Dublin, 614; standard of preliminary examinations—report of midwives' bill commttee - medical aid association, 615; allocation of fines—colonial list—the Hunter case—inspection of higher examinations—appointment of the legal adviser—the first year's course, 618; report of the pharmacopœia committee—the British pharmacopœia account — finances of the Irish branch council- Mr. H. K. Hunter, 617; reciprocity of medical practice—appointment of examiners—issue of unauthorised diplomas — midwives' committee—dental report, 618
Counter-prescribing, 415
Court appointments, 46
Cramp, writer's, 226
Criminal cases, medical experts in, 377
Croly, Mr., trephining for cerebral abscess, 161
Crusade, the anti-tuberculous, 223
Crusade, the consumption, 14
Crusade, the flash point, 253
Curettage, two cases of perforation of the uterus during, Dr. Elder, 3
Cutler, Dr., two cases of eclampsia, 481
"Cutters," consultants as, 545
Cycling incidents, 228
Cycling, mouth-breathing and 649

D

"Daymare," Dr. Tom Robinson, 480
Dead, the disposal of the, 468
Deas, Dr., erythema nodosum, 242
Death certificate, an irregular, 150
Deaths—end of each No.
Defence union, medical, 499
Deformities, rachitic, Dr. Williams, 399
Degrees bill, the universities, 385
Dental hospital, London, 313
Dermatology, Ive's colour po o graphy in, 116
Diabetes, bicycling in, 680
Diathesis, the strumous, 547
Diet, history based upon, 145, 168 194
Diet, prison, 196
Dietetic treatment, 165
Dilatation, dyspepsia or gastric, Dr. Murrell, 81
Diphtheria at Aldershot, 205
Diploma the latest sham, 19
Diploma, Nugent's borrowed, 74
Diplomas, deprivation of medical for criminal conduct, 179
Diploma, the latest sham, 226
Dipsomaniacs, women, 170
Disease, the Liverpool school of tropical, 277
Diseases, headache and nasal, 327
Dispensaries, the general medical council and, 598
Dispenser, a mechanical, 494
Dispenser, the unqualified, 45, 94, 520
Dispensers doctors, unqualified, 151
Dispensers, salary of Irish poor-law, 179
Dissecting, Southwark guardians on, 383
Districts, definition of dispensary, 175
Dockrell, Dr., general health as a factor in skin diseases, 506
Dockrell testimonial fund, 660
Doctoring, company, 358, 521
Doctor, coroner *v.*, 20, 679
Doctors, dispensing by, 596
Dogs and hospitals, 568
Doran, Mr. A., gynæcology in relation to surgery, 240
Dorsalis, tabes, 142
Douche, vaginal heat, 376
Dougall, Dockrell *v.*, 464
Drugs, purity of, 572
Druggist, a Lord Chancellor, 412
Drunkards, lunatics and, 90
Dublin, a municipal doctor for, 468
Dublin hospital Sunday, 179, 205
Dublin orthopædic hospital, 19
Dublin, public health salaries in, 574
Dublin, university of, 659
Dum-dum bullet, the, 627
Dundrum election, the disputed, 416, 495, 573
Duhrssen, Prof., vaginal cæsarean section, 187
Duodenale, anchylostoma, 539
Dura mater, ossificating role of the 405
Dystrophy, 135
Diseases, tropical, 653, 659

E

Earth-eating, 199
Eclampsia, 272
Eclampsia, two cases of, Dr. Cutler, 481
Editor, the new American medical, 278
Editor, tribute to a medical, 129
Education, anomalies of English medical, 382
Education, insanity and, Dr. Macdermott, 532
Egypt, the plague in, 568
Elder, Dr., two cases of perforation of the uterus during curettage, 3
Election, interesting Dublin dispensary, 332
Elections, Irish council, 385
Electrotherapy, 334
Endometrium, adenoma universale of the, Dr. Oliver, 344
Endocarditis, ulcerative, 65
Enfield, medical organisation at, 680
England, the council of the royal college of, 548
Enlistment scheme, the special, 332
Enteric fever without symptoms, Dr. Murrell, 31
Enterprise, medical and clerical, 629
Epilepsy colony, 577
Epilepsy, Jacksonian, 376
Epilepsy, successful operation in, 432
Epileptics, the care of, 490
Epileptics, proposed Manchester asylum for, 447
Epiphyses, the surgery of the, 276
Epithelioma, 325
Erysipelas, 273
Erysipelas, recurring, 190
Escherich, Prof., pseudo-tetanus (illustrated), 28
Esvach water, 551
Ether, death under, 73
Ether explosion, a fatal, 359
Ethics, medico-dental, 630
Eucalyptus globulin oil, 446
Evans, Major, death of, 308
Evasions, margarine, 358
Eve, Mr., resection of the large intestine, 507
Ever, beautiful for, 173
Ewart, Dr. W., calcification of an adherent pericardium 400
Ewart, Dr., the Harveian lectures, 429; relation of gout to rheumatoid arthritis, 207, 237
Examiners, congress of medical life, 205
Examiners, election of, 416
Examination, the Irish collegiate preliminary, 198
Examinations, post-mortem, 18
Examinations, the inspection of "higher," 597
Excelsis! specialism in, 600
"Exercise," the question of, 597
Exhibition, hygienic, 577
Expectoration, pulmonary congestion without, 513
Expedition, a malarial investigation, 678
Expurgation obstructed, professional, 203
Extraction, tooth, 228
Extravagance, municipal, 410

F

Face, diffuse, hypertrophy of the, 431
Faces, fashion in, 626
Falkenstein, treatment of tuberculosis at, Dr. Cosgrave, 214
Failure, cardiac, 414
Farce, another death sentence, 172
Farce, a judicial, 415
Faure, the death of President, 203
Fees in law courts, medical, 339
Fees, no, 440
Female inspectors, more, 363
Ferrometer, 672
Fever, cerebro-spinal, 676
Fever, change of ganglionic cells in, 9
Fever, childbed, 142
Fever, the palmar sign of typhoid, 280
Fever, puerperal, 363
Fever, recurrent, 273
Fever, typhoid, 35, 247, 513
Finny, Dr. sarcoma of the supra-renals, 401; three cases of tachycardia, 640
Fistulæ, immediate suture of vesical, 300
Fleas as plague carriers, 45
Fleming, Dr., C.B., the eradication of tuberculosis, 638, 661
Flexures, volvulus of the sigmoid, 325
Food, colouring agents used in, 277
Forceps, axis traction (illustrated), 472
Frain Madame, 357
France, academical protectionism in, 492
France, law as to quack concoction in, 226
Francis, Surg.-gen., the practical aspect of influenza, 187
Fraud, a wicked, 70
Fraud, patent medicine, 495
French hospital, 447, 499
Freyer, Dr., two cases of successful operation for impacted stone in the ureter, 107
Fund, awards of the Prince of Wales's, 126, 227
Fund, the Saturday hospital, 467
Fund, windfall for the hospital Sunday, 98

G

Gall-bladder, the surgery of the, Mr. McArdle (illustrated), 25
Gall-bladder, rupture of, 594
Gall-stones, 117, 247
Galliards, Prof., hyo-pneumothorax, 367
Galway, presidency of Queen's college, 336

**Gaol**, a worm-infected, 44
**Garrulity**, the perils of judicial, 335
**Gastrotomy**, 65
**Gateshead** medical association, 235
**Gazette**, new hospital, 179
**Germany**, the medical profession in, 227
**Gestation**, ectopic, Dr. Laurie, 188
**Gloucester** vaccination and, 98
**Glycerophosphates**, lymph of the, 659
**Glycosuria**, 248
**Gonorrhœa**, disease of the ovary with, Dr. J. Oliver, 320
**Gonorrhœa** in the male, Dr. Thomas, 481
**Gordon**, Sir C., C.B., notes on the plague, 315, 396, 426, 453
**Gossip**, literary notes and, 101, 202, 312, 446, 655
**Goulstonian** lectures, 347, 368, 393
**Gout**, modern views of, Dr. Mouillot, 321
**Gown**, royal college of surgeons and members', 99
**Graduates'** association, Irish, 235
"**Grammar** school" science years, 624
**Gratitude**, a modern Greek's version of, 147
**Graves'** disease, 254
**Gravidus**, uterus myomatosus, 460
**Gresham** lectures, the, 51
**Grimshaw**, Dr., prevalence of tuberculosis in Ireland, 346
**Guardians**, an enlightened board of, 149
**Guardians**, anti-vaccinationist, 229
**Guardians**, niggardly board of 197
**Gynæcological** congress, the, 199
**Gynæcological** society, British, 79
**Gynæcology**, lessons of, Dr. Macnaughton-Jones, 58, 85

H

**Hæmaglobinuria**, 375
**Hæmatogen**, 312
**Hæmorrhage**, post-partum, 141
**Hæmato-myelia**, 672
**Hæmorrhoids**, 670
**Hæmoptysis**, 36
**Hæmoptysis**, heat in, 308
**Hair**, curly, 491
**Harben** lectures, the, 181, 287
**Harrogate**, the progress of, 124
**Harveian** lectures, Dr. Ewart, 4, 29
**Health** resorts, healthy, 415
**Health**, salaries of medical officers of, 280
**Heart**, dilated, Dr. Caley, 555
**Heart** disease, mechanical treatment of, 643
**Heart**, revolver-shot lesion in the region of, 11
**Health**, salaries of Dublin officers of, 522
**Heart**, the conduct of the, Sir W. Broadbent, 53
**Heart**, the rheumatic, 570
**Heart**, stabbing wound of the, 117
**Hemiplegia**? hysteria or, Dr. Murrell, 456
**Herbalist**, the educated, 20
**Hernia**, the radical cure of, 435
**Heroin**, the new drug, 142, 247
"**Hipi**" mutton essence, 204
**Hogg**, Mr. J., women quacks in the seventeenth century, 136
**Honours**, New Year, 19
**Hospital**, a mismanaged, 20
**Hospital** fund, the awards of the Prince of Wales's, 15
**Hospitals**, government and the colonial, 644
**Hospitals** great and hospitals little, 97
**Hospitals**? infirmaries or, 568
**Hospitals**, the Prince of Wales's fund and the small, 489
**Hull**, small-pox epidemic at, 680
**Hull**, small-pox patients in, 473
**Hunterian** oration, the, 193
**Hunter**, Mr., the case of the late, 628
**Hydrogen**, liquefied, 629
**Hydronephrosis**, intermittent, 9
**Hyeres**, 56
**Hydrops**, 191
**Hygiene**, scholastic, 40
**Hypertrophy**, cardiac, 73
**Hyperidrosis**, 301
**Hysterectomy**, abdominal, Mr. Ryall, 370
**Hysterectomy**, fibroid tumour removed by, Dr. Lawrie, 7
**Hysteria**, 513
**Hyssop**, poisoning by, 42

I

**Illegal**? is it, 279
**Impersonation** case, 97
**Incarceration**, intestinal, 300
**Inconsistency**, glorious, 384
**Incubator** ad hoc, 513
**Incubator**, the baby, 520
**India**, insanitary stations in, 360
**India**, proposed university for, 19
**India**, the plague in, 177
**India**, vivisection in, 71
**India**, venereal diseases in, 126
**Indian** medical services, 633
**Indulgence**, charitable, 447
**Inebriates** act, the, 144, 439
**Inebriates**, Dalrymple home for, 465
**Infants**, feeding of, 375
**Infectious** disease, isolation of, 633
**Influenza**, 620
**Influenza** again, 170
**Influenza**, ear complications in Mr. Yearsley, 262
**Influenza**, the epidemic of, 199
**Influenza**, the practical aspect of, Surg.-gen. Francis 18
**Influenza**, the tongue in, 619
**Inoculation**, serum, Dr. Wolfe, 263
**Inoculation**, tuberculin, as a test, 279
**Inquest**, a curious, 97
**Insanity**, early treatment, 330
**Insanity**, facts and fallacies about, 224
**Insanity**, medical jurisprudence of, 541
**Insipidus**, three cases of diabetes, Dr. Lumsden, 640
**Insomnia**, the physiology of, 571
**Instruction**, inadequate, 545, 573
**Insurance**, accident, 434
**Intellectuality**, gout and, 281
**Intestine**, resection of the large Mr. Eve, 507
**Intestinal** obstruction, chronic, Mr. Lentaigne, 216
**Intussusception**, four cases of, Dr. Morison, 424
**Invalids**, church bells and, 414
**Iodine**, tincture of, 90
**Ireland**, election of examiners at the royal college of surgeons of, 442, 493, 602
**Ireland**, pharmaceutical penalties in, 336
**Ireland**, royal college of surgeons in, prize list, 390
**Ireland**, royal college of surgeons in 250, 633
**Ireland**, the alleged sectarianism of the royal college of surgeons, 336
**Ireland**, university of, 526
**Italy**, the practice of medicine in, 680

J

**Janus** substitution, hunyadi, 259
**Jenner**, before the days of, 126
**Jenner** society, Mr. Haggard and the, 51
"**Jiggers**," 522
**Johannis** water, lithiated, 283
**Joints**, free bodies in, 438
**Joints**, tuberculosis of the, 36
**Jubilee** hospital again, 150
**Justice**, a mere act of, 150
**Jute**, tetanus in, 630

K

**Kalatonia**, 407
**Kanthack**, Dr., influence of milk on the spread of tuberculosis, 55
**Kashmir**, medical practice in, 628
**Keratomalacia**, 91
**Kerr**, Dr., two cases of lateral sinus pyæmia, 136
**Kidney**, cystic, 593
**Kidney**, granular, Dr. West, 157, 213, 261
**Kidneys**, malformations of the (illustrated), Dr. Newman, 449, 475, 501
**Kidney**, the surgery of the, 148
**Kidney** test, methylene blue as a, 124
**King's** college bacteriological department, 105
**Kipling's** health, Mr., 649
**Kissing**, the prohibition of indiscriminate, 601
**Knee-cap**, habitual luxation of the, 487
**Knee-joint**, Hey's internal derangement of the, Dr. Knott, 579, 607
**Knott**, Dr., Hey's internal derangement of the knee-joint, 579, 607
**Kolpocœliotomy**, 272
**Kruger**, President, as a patient, 196

L

**Labour**, protection against infection during, 300
**Lady** resident medical superintendent of a lunatic asylum, 651
**Larynx**, transplantation of cartilage into the, 563
**Law**? what is the lunacy, 45
**Lawrie**, Dr., etopic gestation, 188; fibroid tumour removed by hysterectomy, 7
**Lead** poisoning, 221, 356
**Leave**, holiday, 676
**Leavesden** asylum, poisoning mystery at, 335
**Lee**, Dr., the smoke question, 3
**Lentaigne**, Mr., chronic intestinal obstruction, 216
**Leon**, Dr., general disorders originating in diseases of the female pelvic organs, 663
**Lettsomian** lectures, 157, 213, 261
**Leucæmia**, 141, 432
**Leucocytosis**, 671
**Lichty**, Dr., dilatation of the stomach, 557
**Lindsay**, Dr., ulcer of the œsophagus, 427
**Liquors**, the abuse of alcoholic, 173
**Linen**, new process of cleaning bed, 527
**Literature**—see reviews
**Liver**, syphilis of the, 220
**Liverpool**, extension of hospital accommodation for infectious diseases at, 278
**Liverpool**, hospital scandal at 521
**Liverpool** medical institution, 79
**Liverpool**, new ward and laboratories for tropical diseases in, 443
**Livingstone** college, the, 198
**London**, dental hospital of, 577
**London**, health of the city of, 442
**London** hospital medical college, 659
**London** lunatic asylums, 179
**London**, medical society of, 526
**London**, municipalisation of, 123
**London**, presidency of the royal college of physicians, 336
**London**, typhus fever in, 602
**Lock** hospitals, the public and, 441
**Lockwood**, Mr., a series of cases of arthrotomy, 505
**Lozenges**, chemical food, 659
**Lumsden**, Dr., three cases of diabetes insipidus, 640
**Lunacy** in North Wales, 659
**Lunacy**, the increase of, 72
**Lunatic** patients, corporeal punishment of, 44
**Lungs**, echinococcus of the, 353
**Lung**, gangrene of the, 406
**Lunn**, Dr., results of operations for enlarged prostate, 136
**Lupus**, 36, 376
**Luxe**, summer trains de, 633
**Lymph**, scarcity of glycerinated, 197
**Lymphæmia**, acute, 620

M

**McArdle**, Mr., the surgery of the gall-bladder (illustrated), 25
**MacMunn**, Dr., protargol in urethritis, 454
**Macnaughton-Jones**, Dr., lessons in gynæcology of a year, 58, 85
**Macdermott**, Dr., insanity and education, 532
**Madagascar**, the plague at, 43
**Madden**, Dr. More, uterine cancers, 556
**Mahdi**, myths about the, 255
**Malaria**, 300
**Malaria** commission, 577
**Malingerers**, artificial cardiac disease for, 630
**Malpraxis**, alleged, 281
**Malpraxis** action, failure of a Manchester, 440
**Malpraxis**, charges of, 70
**Malpraxis**, curious charge of, 227
**Man**, action of coloured light on, 563
**Man**, extension of the medical acts to the Isle of, 281
**Man**, libel against a medical, 147
**Man**, medical practice in the Isle of, 286
**Man**, osteomalacia in, 325
**Manchester**, notification of phthisis, 630
**Manchester** royal infirmary, 417, 574, 653
**Marriages**—end of each No.
**Marriage**, state regulation of, 38, 68
**Martyrdom**, anti-vaccinationist, 557
**Maygrier**, Prof., treatment of fissures of the nipples by orthoform, 84
**Medulla**, injections of cocain into the, 486
**Meat** infection, the bacteriology of, 544
**Meat**, six months for selling bad, 74
**Meath** hospital, 473
**Medical** society of London, annual dinner, 285
**Medicine**, the academy of, 165
**Medicines**, the action of, 165
**Medicine**, French congress of, 593
**Medicine**, the limits of experimental, 328
**Medico-ethical** society, a new, 173
**Medico psychological** association, 285 605
**Menelik's** diversion, 20
**Meningitis**, epidemic of cerebro-spinal, 360
**Meningitis**, pneumonia and cerebro-spinal, 538
**Metatarsalgia**, two cases of, Mr. J. Clarke, 607
**Microcephaly**, rachitic, 220
**Middlesex** hospital, 235, 305
**Midwife** censured, a, 199
**Midwifery** instruments (illustrated), 526
**Midwives'** bill, a new, 42
**Midwives**, the registration of, 413, 548
**Migrans**, erysipelas, Dr. Murrell, 349
**Mill** life, Lancashire, 574
**Milk**, adulterated, 44
**Milk**, condensed "separated," 331
**Milk**? is it desirable to boil, 225
**Milk**, purity of, 179
**Milk**, preservatives in, 329
**Milk**, tuberculosis in, 105
**Milk**, tuberculous, 385
**Miners**, a new disease among, 566
**Mont-Dore**, 191, 621
**Morality**, a comparison in, 492

Morison, Dr., four cases of intussusception. 424
Mortality, influenza, 230
Mouillot, Dr., modern views of gout, 321
Munificence, royal, 173
Murray, Dr., the Goulstonian lectures, 347, 368, 393
Murrell, Dr., dyspepsia or gastric dilatation, 81; enteric fever without symptoms, 31; erysipelas migrans, 349; enemata rashes, 580; hysteria or hemiplegia, 456
Myles, Dr., perforating gastric ulcer, 395
Myocarditis, intestitial, 611
Myoma, operations for, 565
Myopia, operative, 487
Myopia, the operative treatment of, 93
Myxœdema, 65

N

Nantwich, infectious disease difficulties at, 628
Navy, venereal in the, 518
Netley, tropical diseases at, 72
Neuralgia, operative treatment of, 593
Neurasthenia, 414
Neumann, Prof., syphilis maligna, 1
Newman, Dr., malformations of the kidneys, 449, 475, 501
New York, christian scientists in, 519
Nice, 118; fever scare at, 35, 48
Nicholson's ear drums, 126
Noises, prevention of unnecessary, 122
Nominations for the army medical service, school, 333, 411
Non-unionists, unionists and, 123
Nodosum erythema, Dr. Deas, 242
Norfolk, increase of lunacy in, 437
Nostrum denounced, a, 359
Nostrums, nurses and, 439
Notification, infectious diseases, 522
Notification system, proposed extension of the, 381
Nuisances, women inspectors of, 336
Nurse, abortion charge against a, 72
Nurses' association, British, 605
Nursing question, the, 644

O

Oath, a sanitary, 172
Obesity, 327
Obesity, treatment of, 65

OBITUARY.

Arkle, Dr. C. J., 233
Arnold, Mr., 657
Bruce, Surgeon-General, 49
Butler, Mr., 284
Cahill, Dr., 681
Carte, Dr. W. A., 445, 470
Coats, Prof., 128
Cooke, Dr. Thomas, 177
Cope, Mr. Joseph, 387
Davy, Dr. Edmund, 49
Eustace, Dr. J., 499
Frazer, Dr. William, 418
Hewetson, Mr., 550
Hogg, Mr. Jabez, 444
Kerr, Dr. Norman, 605
McGill, Dr., 682
Macnamara, Dr., 284
Moir, Dr. J. 549
Mouat, Sir James, 49
Nedley, Dr., 470
Nugent, Sir John, 127
Roberts, Sir Wm., 444
Rutherford, Prof. William, 232
Struthers, Sir John, 232
Tait, Mr. Lawson (illustrated), 656
Wallich, Dr., 347
Wilson, Mr. A. H., 101

Objector, the conscientious, 173
Obstruction, acute intestinal, Prof. Berger, 111, 131
Obstruction, intestinal, 547
Œsophagismus, 494
Œsophagus, ulcer of the, Dr. Lindsay, 427
Officers, medical fees among poor-law, 122
Officer, school medical, 37
Ogilvie, Dr., the attenuation of syphilis, 455
Oil, the deadly low flash, 18
Oliver, Dr., adenoma universale of the endometium, 344; disease of the ovary with gonorrhœa, 320
Ontario, malthusianism in, 412

OPERATING THEATRES.

Guy's Hospital—
Cartilage, dislocated semilunar, 622
Neck, sarcoma of the, 11
Obstruction, intestinal, 461
Pott's fracture, 143, 301
Sigmoid, large volvulus of, 461
Tibia, comminuted fracture of the, 143
Tongue, hypertrophy of the, 301
King's College Hospital—
Abscess, subphrenic, 354
Cholecystotomy, 118
Hæmorrhage, supposed pontine, 327
Œsophagus, gastrostomy for malignant disease of the, 622
Middlesex Hospital—
Appendectomy, 540
Tongue for epithelioma, excision of the, 376
Tumour, fibro-cyst of uterus with an ovarian, 515
Royal Free Hospital—
Nephro-lithotomy, 566
Radical cure, operation for the, 38
St. Mary's Hospital—
Thigh, amputation of the, 488
St. Peter's Hospital—
Lithotomy, supra-pubic, 540
Prostatectomy, urethral, 645
Urethrotomy, internal, 67
St. Thomas's Hospital—
Appendix, unusual case of hernia of the, 11
Axilla, removal of carcinomatous gland from the, 166
Choledochotomy, 37
Gastrostomy, 249
Myeloid of upper and lower jaws treated by enucleation, 595
Penis, elephantiasis of scrotum and, 192
Pyæmia, 408
Ramus, tumour of the ascending, 167
Seamen's Branch Hospital—
Patella, fractured, 92
Urethra, ruptured, 354
Sick Children, Hospital for—
Empyema, old-standing, 596
Intussusception, 11
West-London Hospital—
Appendicitis, 222
Stomach, ruptured, 672
Tetanus, intra-cerebral injecjection for, 434
Westminster Hospital—
Lithotomy, supra-pubic, 434
Testicles, tuberculous disease of the, 515, 6[illegible]
Thyroid for dyspnœa, exploration of the, 248
Women, Hospital for—
Ovaries, dermoid cysts of the, 273

Ophthalmic hospital, royal London, 23
Ophthalmia, object-lessons in, 413
Ophthalmia, purulent, 171
Ophthalmology, international congress of, 46
Opticians, certificated, 571
Organs, disease of the female pelvic, 539
Organisms, latent, 487
Orthoform injection of, 90
Orthoform, treatment of fissures of the nipples by, Prof. Maygrier, 84
Orthopædic hospital, the royal, 602, 632
Osler, Prof., 628
Osler, Dr., pathology and diagnosis of cerebro-spinal fever, 635
Osteo-arthropathy in a child, Dr. Whitman, 294
Ostitis, fibro-plastic, 539
Otological congress, 284
Outlook, the parliamentary, 175
Ovariotomised patients, the marriage of, 17
Ovary, transplantation of the human, 650
Owen, Mr., removal of kidney from front of sacrum, 475
Owens college, 574
Oxide, nitrous, 252
Oxydol, 153
Oxygen home, the, 527
Oxygen, the supply of, 547
Oyez! oyez! oyez! 494
Oyster-typhoid, 679

P

Pachymeningitis, 190
Padded room, suicide in a hospital, 256
Paris, medical club in, 380
Parliamentary news, 311, 418, 444, 499, 524, 550
Parkes' memorial prize, 308
Parturition, asphyxia as the determining cause of, 229

PAST LISTS.

Aberdeen university, 419
Apothecaries' hall, Ireland, 235
Apothecaries, society of London, 605, 683
Army medical service, 205
Conjoint board, England, 391
Durham university, 447, 499, 527
Edinburgh, royal college of surgeons 577
Edinburgh, royal college of physicians, royal college of surgeons and faculty of physicians and surgeons, Glasgow, 153, 419, 473
Glasgow university, 390, 683
Indian medical service, 205
Ireland, university of, 473, 527
London, university of, 23, 51
Naval medical service, 551
Physicians, England, royal college of 473
Surgeons, Ireland, royal college of, 259, 577, 683
Victoria university, 363, 391

Paralysis, peripheral, 141
Patients, lunatics as private, 119
Penal administration, 304
Penis, cancer of the, 563
Penis, tuberculosis of the, 460
People, the peculiar, 280
Peptonate, ferro-manganese, 659
Pericardium, calcification of an adherent, Dr. Ewart, 400
Pericardium, the role of the, 383
Peritoneum, syphilis of the, 65
Peritonitis, Mr. Cathcart, 293
Perityphlitis, 564
Pessary holder, a new (illustrated), 526
Pest, laboratory and, 10
Petroleum bill, the, 306
Pharmacy, the doctorate in, 361
Pharmacies, a plea for all-night, 121
Pharmacopœia, the Indian and colonial, 16
Pharmaceutic judges, 603
Phenalgin, 204
Philadelphia, typhoid in, 281, 601
Phosphorus report, the, 306
Phthisis, alcoholism and, 467
Phthisis, curative institution for, 141
Phthisis, the sanatorial cure of, 567, 572
Physicians of London, royal college of, 153
Physicians of London, the presidency of the royal college of, 359
Physicat's examinations, 434
Picric acid, 299
Pilkington, Sir George, M.P., 600
Pinchbeck, titles, 650
Plague, the, 277, 426, 453
Plague, Dr. Lawrie on the, 70
Plague in India, 21
Plague, notes on the, Sir C. Gordon, K.C.B., 315, 396, 426, 453
Plague, prophylactic measures for the, 89
Pleurisy, 164
Plymouth guardians, the 254
Pneumonia, a reported antitoxin of, 255
Pneumonia, double, 230
Pneumonia, infantile, Professor Comby, 155
Pneumococci, immunity against, 221
Pneumothorax, 11
Poison romance, another, 360
Poisoning, carbolic acid, 683
Poisoner, a scientific literary, 334
Poisoning, notification of mercurial, 415
Polyclinic, the new London, 149, 308, 468
Poor, the aged, 673
Poor-law medical officers, the selection, 542
Pope, health of the, 255
Porencephaly, 459
Post, from pillar to, 230
Postal medical officers, 683
Post-mortem case, the bogus, 599
Power, Mr. D'A., vanishing tumour, 263
Precedent, registration an essential, 383
Pregnancy, extra-uterine, 117, 300
Pregnancy, removal of fœtus and sac in a case of advanced extra-uterine, Mr. M. Robson, 209
Predilection, disposition of the, 37
Preventive medicine, the institute of, 573
Primrose league a charity, 251
"Private and confidential," 18
Privilege, no medical, 494
Profession in Ireland, the future masters of the, 13
Progress, the provinces and medical, 169
Prosecution, the right of, 253
Prostate, enlarged, 253
Prostate, hypertrophy of the, 352
Prostate, the results of operations for enlarged, Dr. Lunn, 156
Protargol in urethritis, Dr. Mc Munn, 454
Protection society, London and counties medical, 390
Pruritus, senile, 65
Pseudo tetanus, Prof. Escherich, 28
Puerperal fever, anti-streptococcic serum in the treatment of, 647
Puerperalis, neuritis, 626
Punishment, lunatic attendants and corporal, 125
Pupil phenomenon, undescribed, 221
Pyæmia, artificial abscess in, 353
Pyæmia, two cases of lateral sinus, Dr. Kerr, 136
Pyelitis, 539
Pylorus, hypertrophy of the, 353
Pylori, stenosis, 594
Pyo-pneumothorax, Prof. Galliard, 367
Pyo-salpinx, double, Dr. Campbell, 532

Q

Quackery, rampant, 15
Quack medicines, 677
Quacks, a new opening for, 72
Quacks, county councils and, 545
Quacks, the Guernsey way of dealing with, 9[illegible]
Quacks in the seventeenth century, women, Mr. J. Hogg, 136
Quelle, the Kaiser Frederick, 539
Questions, examination, 310

R

Radiography, 620
Rashes, enemata, Dr. Murrell, 586
Rates, hospitals and, 96
Rays, change in the skin produced by, 190
Rays, the rontgen, 89
Reform association, medical, 473
Reform, hospital, 544
Reform, medical, 23
Reform meeting, the Irish medical association, 254

Reform, need of hospital, 519
Registers. the new, 517
Registration, midwives', 415
Regulations, new poison, 173
Registration, the romance of medical, 648
Rejuvenescences, 225
Representation, direct, 168
Requirements, army medical, 20
Research, medical, 551
Retribution. 441

REVIEWS.

*African* climate, South, Dr. *Scholtz* , 128
Anatomy, pathological, 576
Bladder, inflammation of the, Dr. Moullin. 104
Children, diseases of, Dr. D. Williams, 654
Conjoint-board, guide to the examinations by the, Mr. Gant, 128
Disinfectants, disinfection and, Dr. Rideal, 128
Dissections, Profs. Cleland and Mackay, 654
Epiphyses. traumatic separation of the, Mr. Poland, 472
Eye diseases of the, Mr. Jessop, 654
Eye, examination of the, Mr. Snell, 359
Gout, Dr. Luff, 654
Hygiene, natural, Dr. Lahman, 389
Hygiene, pocket dictionary of, Mr. Kingzett and Dr. Homfray, 77
Index-catalogue, 388
Labour, the anatomy of, Dr. Barbour, 653
Lexicon, Sydenham society's, 178
Lumleian lectures, 576
Medicine, practice of, Dr. Taylor, 24
Medicine, principles and practice of, Dr. Osler, 103
Midwifery, Dr. Playfair, 77
Myelitis, syphilitic, Dr. Tourettes, 104
Nurses, midwifery for midwives and monthly, 78
Organism, living, Mr. Earl, 78
Pharmacopœia, pocket, Mr. Hudson-Cox and Dr. Stokes, 388
Pharmacy, year book, 388
Physiology, manual of, Dr. Stewart, 258
Ringworm, Mr. M. Morris, 104
Romances, poison, 524
Southwood-Smith, Dr., 524
Surgery, operative, Mr. Waring, 78
Surgery, synopsis of, Mr. Tobin, 128
Therapeutics Profs. Brouardel and Gilbert, 389
Transactions, clinical society's, 104
Tuberculosis, cattle, Dr. Legge and Mr. Sessions, 22
Twentieth century practices, 524
Varicocele, Mr. Lockwood, 103
Water, purification of sewage, and, Mr. Dibdin, 128
Windyhaugh, Graham Travers, 362
Women, diseases of, Mr. Webster, 77
X-rays, M. Bottone, 78
Yellow fever, Dr. Anderson, 103

Rheumatism, tonsillitis and, 171
Rickets, gastric origin of, 174
Rip van Winkle, 280
"Riso flour," 313
Robinson, Dr., "daymare," 480
Robson, Mr. M., removal of fœtus and sac in a case of advanced extra-uterine pregnancy, 209
Rome, British hospital for, 93
Rontgen photography, the progress of, 461
Room, death in a padded, 195
Royal free hospital, 235
Rubbish heap, life on a, 307
Ryall, Mr., abdominal hysterectomy, 370

S

Sacrum, removal of kidney from front of, Mr. Owen, 475
Salophen in influenza, 353
Salpingitis, gonorrhœal, Mr. Taylor, 529, 553
Salpingitis, gonorrhœal, 543
Sanata, epi-dermitis perforans, 166
"Sanction," essentiality of, 438
Sanitation, ideal, 203
Sanitary science, the perfection of, 228
Sarcoma, Coley's fluid in, 519
Sargeant, Mr., death of, 259
Saturday fund, hospital, 98
Sausages, cat's meat, 521
Scabies, Peruvian balsam and, 431
Scandal, a hospital, 490
Sclerosis, treatment of arterio, 9 35
Schools and churches, disinfection of, 572
Schools, the sanitary inspection of, 121

SCOTLAND.

Aberdeen, chair of zoology, 257
Act. the inebriates. 46
Address, the Lord Rector's, 309
At it again, 361
Charities, a windfall to Glasgow, 309
Claim, a strange, 549
Coats, Prof., the late, 151; proposed memorial to, 175
Commissions, secret, 469
Consumption campaign, 75
Degrees, honorary, 231
Department, Glasgow health, 386, 603
Dispute, medical election, 523
Done? how is it, 152
Dundee medical school, 496
Edinburgh, influenza in, 200
Edinburgh university, 496
Epidemic, typhoid, 496
Examination, the general medical council and preliminary 630
Fees. medical, 257
Fever hospital, Glasgow, 496
Fog, Glasgow, 200
Glagow, medico - chirurgical, society, 282
Glasgow, opening of the summer session in, 470, 574
Glasgow royal infirmary, 46, 152, 176, 337
Glasgow, tuberculous prevention movement in, 523
Glasgow university, 681
Glasgow university, the vacant assessorship, 232, 361, 443
Horseplay, 681
Inebriates' act, 416
Infirmaries, our, 549
Leith hospital, extension of, 176
Leith, Mr., appointment of, 652
Leith, typhus at, 309
Lunacy board. 257
Lunacy commissioners, the new, 337
Margaret College, Queen, 681
Medico-chirurgical society, university, 603
Medical society's dinner. 282
Midwifery, the study of, 23
Moderator, a medical, 549
Murray, Dr., the late, 75
Notification, medical opposition to, 523
Ophthalmic institution, 416
Pathology, the vacant chair of, 152, 309, 385
Physiology, the vacant chair of, 231, 282
Professors, new, 385
Refuse, town, 416
Residency in the royal Edinburgh infirmary, 237
Rutherford, Prof., the late, 231
St. Mungo's college, 237
Schafer, Prof., 652
Sibbold. Dr. John, 337
Story, Prof,, 200
Struthers, Sir J., the will of the late, 470
Students, discontent of, 231
Tactics, election, 652
Victoria infirmary, 361
Women, new college for, 386
Women on hospitals and local boards, 630
Women, Queen Margaret's college for, 470
Year, the past, 20

Seanen's hospital resignation of staff of, 305
Seamen's hospital society, the new medical staff of the, 601
Secret commission bill, 467
Sensational performance again, the, 495
Senn, Dr. Nicholas, 601
Services, compulsory vaccination in the, 179
Sewers, ventilating, Sir C. Cameron, 662
Shaw-Mackenzie, Dr., syphilis in the army, 1812-1896, 184, 211
Shelters, sanitation and salvation, 149
Shilling a week, for the, 680
Ships, tuberculous persons on, 546
Side wind at the royal college of physicians, London, 382
Sinus, thrombus in transverse, 91
Skin disease, general health as a factor in, Dr, Dockrell, 506
Skin. œdema of the, 220
"Skirts, trailing," 440
Skull, fracture of the, 486
Slander, medical action for, 676
Sladen, Dr., influence of milk on the spread of tuberculosis, 55
Slaughter-houses. private, 147
"Sleeping boys," death of the, 522
Small-pox, an epidemic of, 466
Small-pox, breach of promise and, 125
Small-pox in London, 650
Small-pox, relative immunity against, 146
Smoke question, the, Dr. R. Lee, 3
Smyly, Sir P., reelection of, 151
Smyly, Dr., deaths after abdominal cœlcitomy, 421
Snippets, a literature of, 571
"S.N." stout, 576
Snuff, the taking of, 174
Soap, swan white floating, 313
Sobriety, a certificate of, 573
Societies, friendly, 381
Soda, antipyrin and salicylate of, 230
Soda, cacodylate of, 618
Soldiers, life risks of, 41
Soloids. carbolic acid, 313
Solutions, saline, 246
Somatose again. 10
Soups, ready-made, 78
South Africa, the medical education question in, 569
Southport, the sex problem at, 361
Spectacle sellers new diploma, 74
Sponges, aseptic, 659
Spleen, ablation of the, 9
Squabblo, a bacteriological, 174
Stamp lickers' tongue, 466, 493
Stanley hospital, the, 629
Statistics, vital, 23, 51, 129, 259, 313, 363, 390, 622
Steeven's hospital, 360
Sterile? is breast milk, 384
Stoker, Dr., the oxygen treatment of wounds (illustrated), 132
Stomach, dilatation of the, Dr. Lichty, 557
Stomach, foreign bodies in the, 195
Stomach, hæmorrhage from the, 513
Stomach pump, an improvised, 495
Stomach, surgery of the, 271,
Stomach, tuberculous ulcer of the, 670
Stomach, traumatic ulcers of the, 487
St. Petersburg, academy of medicine. 19
Strawberry cure, the, 678
Streets, watering the, 493
St. Thomas's hospital, 235, 419
Students, medical, 486
Suicide, a would-be, 10
Suicide, a classical, 198
Summary, registrar - general's annual, 355
Sunday fund, hospital, 51
Surgeons, royal college of, election at the, 650
Surgery, gynæcology in relation to, Mr. A. Doran, 340
Surgical instruments, antique, 281
Surgery in India, modern, 303
Surgery, naval and military, 436
Suprarenals. sarcoma of the, Dr. Finny, 401
Sussex, the new asylum for East, 95
Sweating the medical profession, 649
Sycosis, X-rays and, 564
Symptom, complex, 354
Symblepharon, 671
Sympathetic, section of the, 562
Syphilis, influence of climate and place upon, 646
Syphilis, the attenuation of, D Ogilvie, 455
Syphilis maligna, Prof. Neumann, 1
Syphilis, the Justus test for, 437
System, Irish union drug contract. 179

T

Tachycardia, three cases of, Dr. Finny, 640
Tait, Mr., conservative surgery, 341
Tangle, a sanitary, 465
Tarda. hereditaria, 539
Tattooing, 381
Taxation, new fields for, 385
Taylor, Mr., gonorrhœal salpingitis, 529, 553
Teeth, swallowed a set of false, 619
Tender, doctors at the lowest, 573
Testator, a wily, 172
Testicle, tuberculosis of the, 36 431, 618
Tetanus, death from, 105, 683
Tetanus, new method of treatment, 463
Theatres, smoking in, 600
Therapy, vibration, 91
Thomas, Dr., gonorrhœa in the male, 481
Thorne, Sir R. Thorne, the administrative control of tuberculosis, 181, 287, 317
Thyroid, changes in the blood after removal of the, 45
Thyroid gland, pregnancy and the, 463
Thyroid medication, the danger of, 64
Thyroglandin, 283
Tobacco, the consumption of, 412
Tomato as a tonic, 572
Tongue, stamp lickers', 493, 466
Tonsurans, trycophyton, 432
Tooth, the wrong, 99
Tonsillitis, rheumatic, Dr. Abrahams, 113
Tourette, Dr., convulsive twitching. 610
Tracts, the upper terminations of the antero-lateral and direct cerebellar, Dr. Bruce, 85
Trading, the perils of patent medicine, 679

TRANSACTIONS OF SOCCTIES.

ACADEMY OF MEDICINE IN IRELAND—
Addison's disease, 537
Anæsthetics and urinary secretion, 298
Aneurysm, innominate, 62
Aorta, aneurysm of ascending arch of, 8
Aorta, rupture of the ascending, 7
Astragalus, fractures of, 219
Atrophy, muscular, 243
Bacillus, typhoid, 188
Belfast samaritan hospital, 560
Beri beri, 244
Bladder, carcinoma of the, 483
Bone, central sarcoma of, 613
Breast containing new growth, 404
Cancer in Ireland, 587
Cancer, uterine, 561
Chyluria, 62
Endocarditis, infective, 613
Eyeball, advancement of the recti muscles of the, 511
Femora and tibia, 188
Foot, diseases of the, 372
Heart disease, mercury in, 62
Hemiplegia, fatal embolic, 482
Hernia, operative treatment of, 33
Hodgkins' disease, 403
Insipidus, diabetes, 641
Ireland, distribution of tuberculosis in, 352
Knee-joint, Hey's internal derangement of the, 511
Lip, epithelioma of, 404
Man, the sensory distribution of the seventh cranial nerve in, 297
Meningitis (?) tuberculous, 430

Obstruction, intestinal, 220
Œsophagus, aneurysm of descending arch of aorta perforating, 8
Œsophagus, ulcer of the, 430
Pharyngitis, chronic, 537
Pneumonia, croupous, 403
Pneumonia, non-febrile, 431
Reaction, Widal's, 64
Room disinfection, 587
Tachycardia, three fatal cases of, 641
Tarsus, dislocation of the metatarsus on the, 613
Testis, pathological condition of the tunica vaginalis, 613
Tibia, Brodie's abscess in, 482
Tuberculosis, bacteriological aspect of, 351
Tuberculosis, the death-rate from, 351
Tumour, peritoneal, 188
Ulcer, perforating gastric, 373
Urine, secretion of, 297
Uteri, myoma, 458
Vara, coxa, 33
Wall, vascular tumours of abdominal, 613

Balneological and Climatological Society, British—
Droitwich brine baths, treatment of neuralgia at the, 669

Bradford Medico-Chirurgical Society—
Cancer, breast, 35
Cancer, uterus, 512
Contagion, 512
Lympho-sarcoma, 139
Rectum, simple stricture of the, 374

Clinical Society of London
Abscesses, metastatic, 161
Achondroplasia, 457
Aneurysm, abdominal, 321
Ankle-joint, erasion of, 268
Aortic disease, 458
Artery, aneurysm of the subclavian, 560
Artery, wound of a large inguinal, 401
Atrophy, muscular, 61
Brain, revolver shot of the, 457
Breast, carcinoma of the, 454
Bright's disease, hæmorrhagic erythema with, 559
Bronchi, syphilitic stenosis of both, 401
Carpus, displacement of tuberculous, 61
Cases, 216
Clavicle, fractured, 458
Colitis, colotomy for chronic, 508
Cyst, pancreatic, 267
Cysts, hydatid, 266
Elephantiasis, 62
Epiglottis, excision of the posterior half of the, 458
Femora, solution of continuity of both, 457
Plexus, injury to the roots of the brachial, 458
Gland, scirrhus carcinoma of the parotid, 61
Humerus, two cases of ununited fracture of, 402
Hypospadias, 61
Jaw, tumour of the upper, 457
Kidney, granular, 402
Measles, progressive atrophy after, 61
Meningocele, excision of a, 458
Multiplex, lymphangioma tuberosum, 322
Myopathy, 161
Obstruction, acute intestinal, 559
Obstruction, pyloric, 322
Ossificans, myositis, 60
Paradoxus, pulsus, 458
Paralysis, pseudo-hypertrophic, 61
Pemphigus, 61
Progressiva, myositis ossificans, 217
Prostate, enlarged, 162
Respiration, unilateral hypertrophy of the accessory muscles of, 458
Section, abdominal, 113
Sinus, empyema of the maxillary, 508, 509
Spleen, enlarged, 61
Tendo-Achillis, ossification of the, 458
Thigh, eversion of the, 61
Tonsillitis, rheumatic, 114
Tumour, successful removal of a large malignant frontal, 268

Edinburgh Medico-Chirurgical Society—
Addison's disease, 137
Cases and specimens, 8
Fever, typhus, 483
Kidney, movable, 138
Ostitis, congenital syphilitic, 614
Ozæna, 138
Rectum, peritonitis as a cause of increased peritalsis in the, 298
Tracts, the ascending antero-lateral and direct cerebellar, 88

Gynæcological Society, British—
Bacteriology, modern doctrine of, 294
Cœliotomy, abdominal causes of death after, 428
Endometrium, adenoma of the, 351
Malignum, deciduoma, 667
Pregnancy, extra-uterine, 218
Sarcoma, large intra-cystic mammary, 534
Salpingitis, discussion on, 535
Specimens, 217, 294, 350

Harveian Society of London—
Accessory nerve, complete paralysis of left, 404
Aneurysm, 484
Arthrotomy for the relief of pain, 511
Ataxy, locomotor, 485
Eczema, varieties of, 245
Erythematosus, lupus, 484
Ether inhaler, 269
Gout, modern views on, 323
Hip, dislocation of the, 484
Heart, dilated, 561
Humerus, fracture of, 484
Intestine, malignant growths of large, 404
Mumps, 163
"Opinion, the salt of fact," 115
Palate, pareses of, 404
Sclerosis, disseminated, 484
Syringomyelia, 404
Torticollis, spasmodic, 405
Trapezius muscle, paralysis of, 448
Vara, coxa, 484

Liverpool Medical Society
Children, the paralyses of, 139
Krox, pruriga, 459
Kidney, rupture of, 537
Pulsus paradoxus, 537
Pyhroplasty, 459
Section, vaginal, 269
Tonsil, removal of tumours behind the, 138
Ulcer, gastric, 63
Vacination act, 1898, 63, 138

North of England Obstetrical and Gynæcological Society—
Amenorrhœa, cases of, 588
Hæmorrhage, accidental, 246, 324
Hæmorrhage, umbilical, 588
Hysterectomy, abdominal, 140
Ovary, sarcoma of the, 246
Pregnancy, the auto-intoxication of, 140
Pregnancy, fibroids complicating, 246
Serum, puerperal septicæmia treated by anti-streptococcic, 64
Specimens, 324, 485, 587
Uterus, chronic inversion of, 588
Uterus, malignant adenoma of the body of the, 485

Obstetrical Society of London—
Address, annual, 137
Children, vulval discharges in, 32
Eclampsia, puerperal, 372
Fœtus removed by vaginal incision, 32
Fibroid, retro-peritoneal, 510
Hydramnia, 612
Labour, causes of difficult, 371
Ligament, fibroid of the broad, 510
Monkey, menstruation in a, 371
Tubal gestation, fatal case of, 509
Tube, carcinoma of the fallopian, 243
Uterus, sarcoma of, 611

Orthopædic Society—
Abscesses, tuberculosis, 668
Cases, 668
Tibia, intrauterine fracture of the, 668
Vara, coxa, 669

Sheffield Medico-Chirurgical Society—
Atrophy, progressive muscular, 81
Cæsarian section, 431
Cases, 405
Diarrhœa, infant feeding and epidemic, 89
Zoster, herpes, 89

West London Medico-Chirurgical Society—
Appendicitis, 163
Cases, 270
Neuritis, double optic, 34
Phthisis, laryngeal, 34
Surgery, use of gas in general and dental, 485
Tuberculosis, treatment of, 373
Ulcer, gastric, 587

Tremens, delirium, 74
Trichinosis 570
Troops, mortality among American, 179, 280
Tropical diseases, 520
Tropical diseases, new school for, 227
Tropical diseases schools, Liverpool, 98
Tropical medicine, 419
Tropical medicine, London school of, 494
Treatment, £ s. d. of medical, 229
Tube, a missing drainage, 278
Tuberculin treatment, 248
Tuberculosis, 375, 653
Tuberculosis and climate, 677
Tuberculosis, auto-auscultation in incipient, 680
Tuberculosis, camphor and pulmonary, 273
Tuberculosis crusade, the, 194
Tuberculosis, high altitudes in, 412
Tuberculosis, influence of milk in the spread of, Dr. Kanthack and Dr. Sladen, 55
Tuberculosis, international congress on, 150, 594
Tuberculosis in Ireland, Dr. Grimshaw, 346
Tuberculosis, legislation against, 379
Tuberculosis, medical officers of health and, 307
Tuberculosis, milk in relation to, 204
Tuberculosis, miliary, 538
Tuberculosis, new treatment for, 628
Tuberculosis, open-air treatment of, 360
Tuberculosis, teucrin and, 117
Tuberculosis, the administrative control of, Sir R. Thorne Thorne, 181, 287, 317
Tuberculosis, the eradication of, Dr. Fleming, C.B., 638, 661
Tuition, post-graduate, 566
Tumours, abdominal, 326
Tumours, ovarian, 620
Tumours, vanishing, Mr. D'A. Power, 263
Twitching, convulsive, Dr. Tourette, 610
Typhus in South London, 358
Tuberculosis, eradication of, 651

U

Ulcer, perforating gastric, Dr. Myles, 365
Ulcer, tuberculous, 327
Ulcers, cassaripe in corneal, 334
Undertakers, charges of, 492
Undertakers, medical men and, 465
Unfit, the elimination of the, 675
Union, medical, 125, 410
United Kingdom, a royal academy of medicine for the, 333
University college hospital, 205
University question, the Irish, 275
University, the London, 203
Uvula, epithelioma of the, 73
Uræmia, treatment of, 189, 563
Ureter, two cases of successful operation for impacted stone in the, Dr. Freyer, 107
Ureters, catheterisation of the, 91
Urethral mucous membrane, the action of silver nitrate on the, 116
Urinary affections, surgical anæsthesia in, 271
Urine, bile-colouring matter in, 487
Urine, incontinence of, 642
Urine, the asepticity of, 253
Uterus, cancer of the, 406
Uterus, malignant disease of the, Dr. Wiggin, 584

V

Vacancies—end of each No.
Vaccination amendment bill, 230
Vaccination, the agitation against, 384
Vaccination act, the new, 601
Vaccination, certificates of exemption, 178
Vaccination certificates, 304
Vaccination officers, boards of guardians and the appointment of, 150, 390
Vaccination officers, payment of, 71, 390
Vaccination, prison, 599
Vaccination, the insurance offices and, 17
Vaginalis, hydrocele and eversion of the tunica, 191
Varicose ulcers, 619
Vascular deficiency, death from, 433
Vaults, ancient burial, 198
Vehicles, infection in public, 358
Vein, accidental wounds of the internal jugular, 116
Venereal diseases, the spread of, 199
Venereal, the prevalence of, 438
Vesicæ, ectopia, 91
Vestry, St. Olave's, 677
Vibrona, 153
Vibrona sherry, 551
Victoria, medical society of, 256
Victoria university, 653
Vision, physiology of, 148
Visitors, consumptives as hotel, 43
Vivisection, the Yorkshire college and, 278
Vivisection, sport v., 516
Vivisectionists, birthday honours and the anti-, 626
Vomiting, persistent, 513
Vulvitis in children, 70

W

War, X-rays in, 73, 148
Wardrobe, a surgeon's, 544
Wales, H.R.H. the Prince of, 196
Wark case, the, 71
Waters, aerated table, 49
Weber-Parkes prizes, 179
West Africa, medical officers for, 174
West, Dr. granular kidney, 157, 213, 261
West Kent medical society, 527
West London medico-chirurgical society, 79, 129
Widows and orphans of medical men, society for the relief, of, 79, 419, 605
Wiggin, Dr., malignant disease of the uterus, 584
Williams, Mr., rachitic deformities, 399
Wolfe, Dr., serum inoculation, 263
Woman, an ointment, 577
Women appointments, the Chelsea hospital for, 279
Women, Chelsea hospital for, 79
Women, international congress of, 414
Women, London school of medicine for, 527
Women, the Reid trust for the education of, 205
Wooden water-pipes, 544
Work, an old English, 468
Workhouse nurses, 574
Workhouses, nurse training for Irish, 468
Worms, intestinal, 545
Wounds, the oxygen treatment of (illustrated), Dr. Stoker, 132

X

X-rays, injuries from, 551

Y

Yearsley, Mr., ear complications in influenza, 262

Z

Zoster, herpes, 592

5123

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## Vienna Clinical Lectures.

# THE ETIOLOGY OF SYPHILIS MALIGNA.

By PROF. NEUMANN, M.D. Univ. Vienna.

AT the Third International Congress of Dermatology, held in London, Tarnowsky read a paper on the "Etiology of Syphilis Maligna," which was at that time, and still is, one of the most obscure sections of syphilography. His remarks may be summed up in six paragraphs:—

1. The course of syphilis is unfavourably modified and the disease manifests itself in a severe form when the organism is infected simultaneously with the syphilitic virus and with pyogenic cocci. This mixed contagion may have two pathogenic results which manifest themselves in the primary, secondary, or tertiary stage of syphilis.

2 When this mixed infection can be clearly diagnosed at an early period of the disease, the characteristic manifestations can be isolated and recorded separately. The primary sclerosis presents a peculiar course from the very beginning, commencing with an acute form of ulceration with a tendency to become phagedænic in character, the latter phase being ushered in by a short period of incubation not exceeding three or four weeks, with a well-marked febrile eruption of polymorphic pustular syphilides resembling ecthyma superficiale, rupia, or impetigo and rupia, with dry papules and maculæ. The special feature of these polymorphic syphilides is to be found in the pea-like tubercles forming the inflammatory centres which tend to soften, and three or four days later break down with the formation of pus and *débris*, leaving a sore that marks the secondary phase in syphilitic skin affections.

3. These purulent syphilitic tubercles contain staphylococci aurei or albi, which can be detected throughout the whole course of syphilitic condylomata.

4. A simple primary sore, or erosion, with an indurated base and large indolent inguinal glands, having all the appearance of ordinary syphilis at the beginning, may, by exposing the organism to severe infection, so alter the ordinary character of the disease as to give rise to those purulent syphilitic tubercles on the skin which usher in the malignant eruptive disease.

5. As a general rule the so-called deep ecthyma, rupia, and impetigo that occur during the secondary stage of the disease, usually precede the development of the purulent syphilitic tubercles. In addition to these the impetiginous syphilides, such as pustulosa crustosa, or the confluent pustular ulcer of the secondaries, assume a rapidly destructive tendency.

6. These tubercles are not identical with gummatous nodes, which develop early, running a rapid and acute course, but are easily differentiated by their active infectivity. Some doubt exists as to the connection they bear to the first "proruption," or so-called false gummata, which are also infective.

To this *resumé* of his paper may be added our actual knowledge on the subject, in that these purulent syphilitic nodules are to be found in the secondary period as well as in the primary, which is now admitted by Tarnowsky himself, who assures us that the microscope has convinced him of this fact, which, moreover, has been confirmed more recently by Wlajew, Tschistjakow, and others.

A case of this kind, admirably recorded by Tarnowsky, has recently come under my own personal notice. It is, happily, a comparatively rare disease in Vienna, and this leads one to reflect on the difficulties that such a morbid process involve in the elucidation of controversial points. The most salient point in this argument carries us back to the belligerent scenes of the past, and raises the oft-disputed and still undecided question, whether this morbid condition (syphilis maligna) depends on the quality of the virus, or on other factors, such as constitution, idiosyncrasy or greater susceptibility to the syphilitic virus?—all of which are favoured by Tarnowsky's conclusive results. But there is another question equally entitled to a reply when considering this matter, viz., how far do external circumstances influence the course of the disease and transform its character from one of simple syphilis to the malignant forms? Is the virus the same, or is it different *ab initio?* or have we yet to discover some unknown concurrent factor that differentiates the one from the other?

On studying the course of the disease from the primary invasion to the gummatous stage, plainly demonstrated on the skin, mucous membrane and tissues, none will dispute that the morbid products are due to some syphilitic excitant or toxin. We must, therefore, conclude according to the foregoing logic that purulent or ulcerative sclerosis is a special or exclusive product of the pure syphilitic virus, as the pus is produced by a pyogenic bacterium. At the present time we will not pause to consider this pyogenic microbe as it matters little for our purpose whether the bacterium was in the original infection in combination with the syphilitic virus, or is a later importation,

It is not inadmissible, neither do I deny, that purulent accumulations can be produced by certain chemical irritants independently of pyogenic bacteria, and possibly this may be the case with the organic virus of syphilis. The latter assumption must be accepted as purely speculative, and it would be hazardous to place it on the same footing as the demonstrated fact of a pyogenic microbe being present which must have been introduced *ab initio*, or during the progress of the disease.

We must, therefore, conclude that this product is the result of a mixed infection of syphilitic virus and pyogenic virus, and that every purulent sclerosis is a mixed centre of this infection.

Now daily experience, teaches us that the greater number of these purulent sclerotic cases run the usual course of the disease, and are seldom followed by the malignant form referred to. It must also be patent to every observer that the pathogenic element of syphilis, and the pyogenic cocci, or mixed infection of Tarnowsky, *per se*, do not alter the usual course of the syphilitic virus, or by their combined presence invariably produce the dreaded form of syphilis maligna, otherwise the disease would be more prevalent than we usually observe it to be. We consequently must conclude that some other factor, or factors, must be sought for to explain these rare individual cases of such interest and importance.

From these conflicting deductions on the origin of malignant syphilis, we are forced to exclaim in the words of Jullien, "Il est peu probable qu'il faille accuser en pareil cas la nocuité particulière de la graine virulente," a general expression used long ago and just as applicable to-day, with regard to the nature of the virus as it was in his time. We are thus compelled to admit that a purulent sclerosis exists in both malignant and simple syphilis, that on the inception of the former the virus implanted is more individually severe on the organism, and when favoured by external influences the malignant condition is induced terminating fatally. Tarnowsky acknowledges this in his arguments, although he attempts to prove that the association of the pyogenic cocci must be present, and adds that alcoholism, duberculosis, scrofula, scurvy, diabetes, or other tebilitating conditions of the system tend to affect the virulence of syphilis, and increase its intensity. Daily experience also proves the converse, viz., that many very severe cases of syphilis by careful treatment, and hygienic attention are converted into a simple and benign character, which otherwise would, in all probability, have proved malignant. There is another point in Tarnowsky's arguments that is in conflict with experience. His teaching is that if one be infected with a benign virus of syphilis the course of the disease must necessarily be simple. Now the obverse of this is the daily experience of every syphiloligist, viz., that infection form a simple case may assume a very virulent type, and even terminate in the malignant form.

Tarnowsky records another peculiar condition very commonly observed that, although the dry sclerotic or papular form, has no pyogenic bacteria in the early stage, yet a pustular eruption follows. Now, if the primary quality of the syphilitic virus indicated its virulence, the manifestations of the future reaction on the organism should appear in some definite form, thus indicating the potency of the toxin and its attributes on the organism *in presenti et pro futuro*. If, for example, a patient be infected with benign syphilis, and pass on to ulcerative sclerosis, while a second patient, infected from the same source runs rapidly into a phagedænic sore with lymphangitis and enormous swelling of glands nothing can be discovered in the source to differentiate these two cases; the bacteriology is the same, pyogenic cocci being found in both, and both may have a favourable termination.

This plural connection of virus and cocci in the primary stage of syphilis is admitted by every careful observer, yet Tarnowsky's results are invariably absent. All are cognisant of the dangers that may possibly arise when the products of mixed forms are thrown into the system, as "papules in the mouth are prone to produce pyogenic bacteria" "the fissures on the tongue are often covered with a grey purulent coating from pyogenic cocci" which are acknowledged to be severe complications. Many other authors, such as Hallopeau, Jaenseline, &c., have demonstrated this pyogenic combination in the nose and pharynx, as well as the purulent dermatose condition which they have ingeniously designated "Biopsia," but none of them have been able to come to conclusions in favour of the view that these multiple centres are all malignant, nor do they believe in two pathogenic causes, the one benign, the other malignant, because very few of the cases assume the latter unpropitious properties.

Before this question can be settled several answers are necessary. We are forced to admit that the product of this mixed infection is largely affected by external circumstances. If no pyogenic bacteria are found in the organisms from the centres of invasion by which syphilis is known to enter; can we confidently say that the organism is perfectly free from malignant syphilis? No affirmative reply can be vouchsafed, because no positive proof is forthcoming to establish the presence or non-presence of the pyogenic cocci in the original virus. There are, however, individual cases which become malignant, while the greater number do not though inoculated with the same virus. Why should the former become pyæmic while the latter are exempt? I think we may safely conclude that there are external conditions which modify, and so alter the course of the disease as to transform a simple into a malignant case; and the most powerful of these external agents are alcohol, tuberculosis, diabetes, malaria, &c. These again can be so modified and altered by therapeutical and hygienic measures and by condition of environment, and mode of life, as to obviate the malignity of very ominous and threatening cases.

Tarnowsky, though strongly advocating his pyæmic theory, makes a few assertions in his concluding remarks, which would lead us to believe he has very little faith in his own hypotheses. He tells us: "the problem of mixed infection is not yet conclusively solved." "All the elements of purulent syphilis with their conditions are not yet sufficiently known," while he admits that chronic alcoholism acting in the blood-vessels of liver, kidneys, &c., may pervert very innocent cases by checking elimination, and thus lead to imprisonment of the pyæmic infection, and its products, thus intensifying the syphilitic virus.

We have yet to prove that the pyogenic bacteria of syphilis maligna constitute the principal factor in the production of this intractable disease. They are admittedly associated with the malignant state; but how far the pyogenic bacteria are entitled to be regarded as an ætiological cause, it is at present difficult to determine. Pending the discovery of the potent factors that govern the disease, Tarnowsky merits our best thanks for the suggestion of an early introduction of the pyogenic germ before pustular eruption or efflorescence. Though largely hypothetical, his view is rational enough, but it proves fallacious in practice. The susceptibility of this mixed infection must also be influenced by the disposition of the individual; in one it may be intense, while another may experience little of its action, and this, moreover, may even be only temporary in its duration. The precocious cases, *i.e.*, where later forms appear among the early symptoms, running a fulminating course with a destructive tendency, and having the pyogenic bacteria, have no pathognomonic indication to prove the malignancy; but other hypothetical factors added on to these conditions foretell grave results. The syphilitic virus, combined with pyæmic infection, is undeniably a severe form of common syphilis, but it carries no assurance that it will in future become malignant.

In the tertiary stage of syphilis the purulent discharge is profuse, from sores on the rectum, genitals, gumma, &c., with frequent toxic erythema multiforma, yet the formation of pus usually ceases, and the discharge ultimately resumes its normal character. Fournier affirms that sores in the pharynx with pyogenic cocci, and great disturbances of tissue pass off as simple sores without any apparent invasion of pyæmic symptoms, and all this tends to prove that certain unknown factors must be associated with these specific conditions to produce the malignant result. Experiment on dogs with thermic, mechanical and chemical irritants in combination with different bacteria have failed to produce the malignant result. Wurtz and Hudel's experiments, especially with alcohol, equally failed to produce the desired result. It follows that the individual specific reaction of the tissues is influenced by the pathogenic operation of the several factors, and that the pathogenic bacteria and purulent processes are mere incidentals occurring in the progress of the disease. We may, therefore, conclude that early severe symptoms of syphilis do not form essentially characteristic phenomena of syphilis maligna; neither can we prove that rapidity of course or phagedænic tendencies will always lead to pyæmic infection.

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### TWO CASES OF
## PERFORATION OF THE UTERUS
### DURING CURETTAGE.

By GEORGE ELDER, M.D.,
Vice-President, British Gynæcological Society, late Senior Surgeon to the Samaritan Hospital for Women, Nottingham.

IN the November number of the *Medical and Surgical Review of Reviews* reference is made to several cases recently reported of uterine perforation by sound and curette, and also of a case where apparently an unduly patulous Fallopian tube caused a simulation of the accident. In addition, two cases of apparent perforation are quoted from Bentauer (*Centralblatt fur Gynecologie* No. 42, 1897), which he endeavours to explain on the assumption that occasionally during manipulation the uterine muscle becomes so relaxed or so elastic that it readily yields to the pressure of an instrument. These and many other cases related in various journals and recent books on gynæcology (notably in Kelly's "Operative Gynæcology," Vol. I., p. 479), which proved that the danger of perforation of the uterus is not so rare as generally is imagined, and that occasionally it is followed by fatal results, prompts me to give my own personal experience of the accident, more especially as I have heard a very eminent gynæcologist scoff at the possibility of a sound perforating the uterus, a state of scepticism which, when it finds expression in speech or writing, is apt to give an impetus to the already too frequent and incautious use of instruments.

My experience is limited to two cases which, curiously enough, happened within a few weeks of each other.

The first occurred in the person of the wife of a medical man in the country, who was suffering from persistent metrorrhagia after a premature birth, which rest and the usual medicinal remedies had failed to check. The patient was a young, healthy woman—the mother of two children—and with no record of previous uterine mischief. Ether was given by my late colleague, Dr. Truman, and as is my custom I examined the uterus bi-manually to ascertain its size, direction, and freedom from tubal or ovarian inflammatory mischief likely to contra-indicate instrumental interference, and then dilated with Hegar's dilators. This was quickly and easily done and a blunt curette introduced when, to my astonishment, it passed in without any sensible obstruction until all but the handle had disappeared. A sound penetrated in the same manner, and the point of it could distinctly be felt under the abdominal parieties. Beyond packing the uterine cavity and vagina with iodoform gauze nothing further was done, and to my relief convalescence was smooth and uneventful.

The value of dilatation alone in such cases was shown by the patient having no return of the uterine hæmorrhage. A few weeks afterwards Dr. Huthwaite, lately of Sandiacre, near Nottingham, and now of Skipton, asked me to curette a young woman for post-puerperal endometritis. Coming so soon after the other, even more than the usual care was taken in dilatation, and, just as in the previous case, the curette had hardly been used before the same accident occurred. To prove the matter beyond a doubt, a piece of bowel presented in the cervical canal. This I replaced and packed the uterine cavity and vagina, as before, with gauze. This patient also seemed none the worse for the perforation and recovered well.

In both of my cases I am disposed to believe that the damage was done by the dilator and not by the curette, inasmuch as curettage had barely commenced before the perforation declared itself.

Curettage has now become so well established in the treatment and diagnosis of intra-uterine troubles that one is apt to lose sight of its dangers and adopt it, when other and safer procedures might be substituted. It is well known that the uterine walls are softened and thinned by recent abortions or labours at term, by sepsis, and by cancerous, sarcomatous, and tuberculous degeneration—conditions most exposed to injury from instruments—and it is just in these cases, whether for the removal of decidual remains or the clearing up of diagnostic doubts, that digital exploration is of service.

Adopting this method would greatly limit the need for curettage, and in the latter event the risk of accident is much diminished by a preliminary bi-manual examination of the parts to ascertain the condition of the appendages and the direction of the uterine body. The selection of a means of dilatation, is of great moment. Tents for this purpose on account of the danger of sepsis are, I take it, now almost obsolete.

On account of their tendency to tear the tissues by reason of their shape, I have recently discarded Hegar's dilator for a modification—conical shaped—instead of cylindrical; and more finely graduated. Unless for scraping away malignant tissue, I always use a blunt curette.

Now with regard to the treatment of perforation, assuming that all needful antiseptic precautions have been taken before and during the operation; the packing with iodoform gauze is, it seems to me, the best, leaving graver operations, such as opening the abdominal cavity, and suturing the rent or removing the septic uterus, for future consideration should the symptoms point towards them.

It is only in a very small minority that such occasions will arise.

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## THE SMOKE QUESTION

By ROBERT LEE, M.D.Cantab., F.R.C.P.Lond.
Late Chemical Scholar of Caius College Cambridge; and Lecturer on Forensic Medicine and Pathology at the Westminster Hospital, &c., &c.

THERE is no doubt as to the smoke question being one of great interest to all members of the medical profession, and one that can be better discussed by them than by any other class of educated men. It is a question which requires some knowledge of chemistry, of physics, and of physiology to enable us to deal with it properly. To understand how smoke is produced, in fact to answer the simple question, What is smoke? is not as easy as may be thought; and it must be answered before we can hope to prevent smoke. We have also to understand the physics of ventilation, a subject by no means simple, but on the knowledge of which the construction of our chimneys and fireplaces depends. The architect cannot be expected to know very much of either the chemistry or physics of the smoke question; and as regards its physiology, the public must come to Officers of Health, those who have made sanitary science a matter of study, and to the medical profession generally for an opinion on the injury done by smoke.

If we wanted to explain this matter to anyone who knows nothing of chemistry, physics, or physiology; and many are in that happy state of ignorance; we could not do better than take a common paraffin lamp and light it, and ask our pupil to look at the smoky flame when there is no chimney on. And if we slowly put the chimney over the flame we show how the flame becomes brighter as we lower the chimney, and at last when it is fixed the smoke has disappeared, and the flame burns bright and clear.

That petroleum lamp, when it is lighted, is rather like a living animal. It must have air, pure and abundant, if it is to burn well. The chimney provides this air, and the way in which it brings air right into the flame, and thus supplies it with the oxygen it requires to make it burn properly.

We can go on and explain how it is that smoke is produced when anything is ignited and burns. If the combustion is perfect there will be no smoke; and perfect combustion is the result of proper combination of the carbon of which the substance is composed, with oxygen, so that these elements unite and form carbonic acid and carbonic oxide gases, and no smoke is occasioned.

But if some of the carbon escapes, not united, because it is not supplied with oxygen to form one of the gases, the result is smoke. The question then of how we are to get rid of smoke, reduces itself to the problem, how can we supply air or oxygen in such quantity that no carbon can escape free, ununited with oxygen.

When we try and treat an open fire in an ordinary grate, much in the same way as we have treated a petroleum lamp when we put the chimney on, and get a bright flame, we may succeed in preventing the smoke which coal usually produces.

But there is a great difference between different kinds of coal when being burnt. Some will produce smoke very easily, and some, such as anthracite, will not burn unless then have a good supply of air.

The question we have to consider is how our fire-places or grates can be constructed so that they may ensure the proper combustion of the fuel we are using, much on the same principle as the chimney of the paraffin lamp secures the proper combustion of the oil. If we take a glass chimney and cut away two or three inches of the lower part, so that the burning wick on one side is not covered in, we find that smoke is produced on account of air passing over the flame and not through it. In our ordinary grates the space above the bars is so great that smoke is inevitable.

Now, there is a curious fact which is known to very few, and that is that a great deal more air passes through the top of the open part of the grate than over the top bar. This is best shown by holding an anemometer just above the top bar when a fire is burning, and then raising it slowly straight up towards the top. We often find that the anemometer does not register more than 10 or 15 feet per minute just above the top bar, but at the highest point it registers 250 or more. The reason of this we will not now discuss, but we can see that the chief point to attend to is the prevention of this passage of air above the fire instead of through it.

If we wish to prevent smoke and obtain perfect combustion of fuel we must in some way lower the chimney and bring it down towards the top bar. Of course we can do this by putting on a blower. The effect of the blower is to cause air to pass through the fuel. By this, the combustion of the fuel is greatly increased and the draught up the chimney is more active. We do not gain anything, however, by the blower, as the increase of heat is only expended in making more draught, and not in making our room warmer. We must in some way prevent the heat from escaping so rapidly, and this can only be done by a damper or something to arrest the passage of the heated air. If we calculate carefully the size of the blower and the damper and use these two properly, we can prevent smoke and save about half our coal.

When we compare an open fire-place to a closed stove, we can appreciate the advantages and disadvantages of each. The open fire-place is a good ventilator, the closed stove is a bad one. The open fire-place causes great loss of heat, the closed stove is the great economiser of it. The one is healthy, the other is unhealthy, so far as ventilation is concerned. It is probable that if we can obtain a medium between these two we may safely go, *in medio tutissimus*. It is probable that this medium will soon be found, if it is not already thought out; and if the science of our fire-place is understood, any method proposed to us may be fairly criticised by those who understand why smoke is caused and how it can be prevented.

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## The Harveian Lectures, 1898.

# ON DISEASE AND ITS TREATMENT AND THE PROFESSION OF MEDICINE IN THE YEAR 1899. (a)

By WM. EWART, M.D., F.R.C.P.,

Senior Physician to St. George's Hospital, and Joint Lecturer on Medicine to the Medical School; Senior Physician to the Belgrave Hospital for Children.

### Lecture III.—EDUCATION AND MEDICAL PRACTICE.

Our attention is claimed to-day by the Medical Profession, its labours, its difficulties, its prospects, and its rewards; but the future of medical education and some questions of practice bearing upon our status will be dealt with more prominently.

The lateral pressure from which we have suffered will probably be relieved for the growing generation. The world is expanding at a rate for which there is no parallel in history. An entire continent has not only been explored within a few years, but is being wired and railed, and the machinery of civilization called into existence simultaneously at many centres. China may soon offer a field where the English physician may come into fashion. The colonies, especially those where gold is the attraction, are only beginning their period of expansion. But we must realize that Canada, Australia, and New Zealand are no longer dependant upon home supply. They are now medically self-supporting; the pupils of their universities come home for the study of special subjects and to watch our clinical practice, but they are already fully qualified, and their numbers are sufficient for the local needs.

Our worst pressure has been from below, and to this we shall presently revert. From above our limitations arise from too much or too little legislation. Of late instances have not been wanting in which the unreasoning opposition of the uneducated vote, or that from noisy or hysterical sections has been brought to bear against us with the sanction of the law. Thus some of our professional events have been retrograde. I need not dwell upon achievements such as the ticket-of-leave given to small-pox and syphilis, and the setting back of the clock of experimental science.

These evils were avoidable. Fortunately they may yet be remedied, but for the loss of irrevocable time. Compared with the dealings of those well-ruled nations, whose progress is not allowed to swerve from common sense, and who follow a straight road to any social object, in this country we are, thanks to those manœuvres, left hopelessly behind, electing to follow where we might lead. These risks and delays are the sport which delights a free people, and in favour of which it can only be said that by way of compensation it perhaps keeps us active and in fighting condition.

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(a) Lecture delivered before the Harveian Society of London, Dec. 15th, 1898.

Other reforms are of our own making; they bear upon medical education and examinations, and upon the rules which govern our mutual relations and our relations to the public and to the State. Well considered and measured to suit the times, they may not always be adapted to meet all future needs. But they cannot again be modified until after a period of friction which makes us long for the next change, and yet dread the unknown complications which it may cover.

### Professional Altruism and Self-Sacrifice.

To practice medicine is to learn that our lives belong to others rather than to ourselves. There is an unconscious and passive altruism in the lives of most men; they are unaware that they are wearing themselves out for the sake of their fellow men. Our altruism is both conscious and intended; it is an active altruism. It would be difficult to find a more striking sight than that of a whole profession working strenuously for the sake of its fellow-creatures, at the systematic destruction of its own means of support. Is any disease voluntarily allowed to survive in the individual or in the community, any contagion given free scope, any sanitary defect left unobserved and uncorrected, any oppressive or deleterious conditions of labour allowed to proceed unchecked? It is left for others outside the profession to marshal every resource of ignorance and prejudice for the purpose of keeping alive fatal diseases.

The same unreckoning policy has led us to instruct our patients in practical matters of health. Institutions have been started for teaching the principles of hygiene and of elementary treatment, and First-Aid Societies have been multiplied over the country, every opportunity being utilised to spread among the public an ample knowledge of the arcana of medicine; and with the same view medical writers are now lending their pen to the Press.

But there are limits beyond which generosity itself ceases to be wise, and fails in its purpose. The quality of work deteriorates when, instead of strengthening, it wears the labourer; and to avoid this is of importance, not alone to the profession.

While the earnings of other workers have been rising with the general increase in our national prosperity, the reverse has happened with us, and events have brought about difficulties for which none can be held responsible. All sections of the profession have felt them, each section imagining itself to be the only one to suffer.

To put the matter briefly, there are, perhaps, not too many medical men, but whilst there might be work for all, this is neither properly apportioned nor paid for. Of the two chief contributory factors, the over-crowding of the profession is, to my thinking, the least. But the opportunities for practice have been restricted by science and by charity. And it is now manifest that by seeking some relief from their difficulties in the provident system, individual members have helped to restrict the supply of employment for the profession.

### The Provident System and its Problems.

In its ideal form the provident system seeks to secure the greatest good to the greatest number, benefiting alike the deserving poor and the profession. Its principle is the insurance of the healthy against the expenses of future illness. That principle has been accepted by the profession as belonging to our scheme of usefulness, and as tending to professional advantage if only it were fairly worked. Our services are for many a necessity, and it is right that they should be within the reach of those for whom they are intended.

The poorer patients have five courses open to them: (1) Some of them are sufficiently near the margin of pauperism to enable them to obtain Poor-law relief (2) Many of them apply to the chemist for advice and medicine, and this largely keeps up the practice of counter prescribing. (3) Others are anxious for treatment by hospital physicians and surgeons, and endeavour to obtain it at the hospital for which they have a predilection, though this may not be the nearest one to their own home. (4) A large number enrol themselves in the lists of the provident dispensaries and of the clubs. (5) Others prefer to get their advice independently, and at the time when they think they need it. If the medical man's charges should be prohibitive he would drive this humble practice into the other channels which have been indicated. In order to meet the necessities of the case there must be for his advice a sliding scale within the reach of the humblest means. This unavoidable smallness of remuneration is a reason for his preferring a system where it is to a certain extent disguised. Unfortunately the slender compensation so well deserved has been only partially reaped by the profession. Benevolent in its intent, co-operation has opened the door to novel dangers and abuses of which the practitioner is ultimately the victim.

*The Provident Association.*—The beneficent institutions known as dispensaries seek to be self-supporting; but a charitable interest is taken in their management by members of a richer class, and this is a saving clause, for much depends upon the spirit of those who administer as well as of those who receive the relief. The collateral advantages which are opened up to those who serve a well-conducted dispensary render it a matter for regret that it has not been found practicable to extend them to all the local practitioners, or at least to as many as may wish to participate The remuneration itself is small, but it is fairly divided according to the work done.

The difference between these institutions and the friendly societies is fundamental; in the latter the softening element of charity is less prominent, and that of sentiment is not included. In early days the medical man's willingness to help them may have been considered a favour. This is now changed, and they have not always refrained from turning his difficulties to account. Other associations, built purely upon the principle of commercial insurance, although business-like in some directions, are free from any scruples connected with medical etiquette, and in other directions there is less regard than in the friendly societies for the individual interests and for the professional dignity of the medical officer.

### The Prevalent Abuses.

The defects which have arisen are clearly unintentional, and the outcome of ordinary economical principles. They include: (1) The obviously inadequate remuneration for excessive work and responsibility; and (2) the unjust appropriation of advantages intended for the poor by those able to pay.

Were the charitable ministrations bestowed only on the deserving poor, their cost would be a lighter burden. But it is well known that, owing to imperfect checks, and to the failure to realise the fault of which they are guilty, many thoughtless individuals receive relief who are really able to pay a fair honorarium for private attendance, and this is contrary to the intentions of those who manage these institutions.

This abuse is not sufficiently guarded against in the organisation of clubs. Some men of substance are admitted as members, or retain a membership assumed in less prosperous days, and do not refrain from getting their medical advice at an almost gratuitous rate. The practice of others is made to suffer besides that of the medical officer, for should he fail to meet cheerfully the behests of his employers, or refuse to submit to a reduction, the club may find a stranger to fill his place, and this will mean additional competition in an already restricted field of practice.

The worse troubles arise in connection with the medical aid societies. They actively canvass the public. Their medical officer is advertised—not always fairly, it is said—but he may have to suffer for the advertisement. And the climax is reached when he is victimised not only by the societies but by intermediate agents Instances have often occurred when agents have induced people to ensure, and to transfer themselves from the private list to the club list of the same medical man.

*The Detriment to the Profession.*—Diminution in practice goes hand in hand with a lessened value set upon professional services. But the worst aspect of the whole position is the further decline in dignity and emolument due to the fact that, small as may be the pittance, it has its market, and any competition can only lower its figures. The low value which is thus forced by contract reacts upon the remuneration of others, who but for this would have been in a position to resist the unmerited depreciation of their services. Thus special correctives are needed against the evils known as the tyranny of the clubs, the lowering of the fees by competition, the exploitation by medical aid societies, the underselling of medical work, the insufficient wage limit, and also the admission of women and children at a lower subscription than men, though they need more attention, and previously contributed to private practice.

### The Remedy.

Where is the remedy to come from? Its possible sources are: State interference, corporate action, independent combination within the profession, which might be purely local or more general, and education.

Some action has already been taken, especially in the direction of local combination. Much credit is due to various local groups for their energy and success, and their example may tell at a distance. Indeed, it has suggested the idea of an extended combination, which might include representatives of all local associations, and through them of all practitioners interested in the provident system.

A totally distinct action has also been proposed, that of State aid in this difficult matter. This is a remedy not without a danger, for if the State is to come to our assistance it is possible that its inelastic control might fall heavily upon us, and trammel us, when it would be much to our advantage to be free.

But leaving State control aside, their remains the official action of the professional governing bodies, who alone can speak for the entire profession If I mistake not, there is a strong feeling abroad that these difficulties should be noticed officially; but others are inclined to think that the profession ought not to be committed, and that independent combination should be able to provide a remedy.

Between courses so different it is difficult to choose. One of them pledges the profession, the other allows free scope to self-government without the assumption of too onerous a responsibility.

Self-help is sound policy, but in this matter it is regarded with good reason as unequal to the task. There is a difficulty in repudiating arrangements firmly rooted in localities; and any efforts in that direction are but too likely to be defeated by the action of members of the profession who are outside these local combinations. To meet this difficulty, it is not to be wondered at that the General Medical Council should be appealed to for an exercise of their power to approve those arrangements which have been found most suitable in the various districts, and to restrain registered practitioners from an unprofessional intrusion which tends to render joint efforts nugatory. This would doubtless afford the easiest way out of the present complication, provided it could safely be resorted to without prejudice to future advantage. It must not be forgotten that a march has been stolen upon the profession owing to too isolated action, and it is to be feared that the local combinations must remain hampered by the influence of these unfortunate beginnings, and that their proposals might not come up to the level which the profession may have in prospect when the time comes for corporate and truly representative action. In view of that object it might be undesirable that the profession should stand committed to any adjustment arrived at locally or even by a combination of many local groups. Indeed, there might be a danger lest any larger combination might wear in the eyes of the public an importance other than that which it claimed for itself, and be thought to carry a mandate from the profession. In this respect there is perhaps an advantage in combination preserving for the present its purely local character.

*The Reasons for Delay.*—In favour of a policy of waiting the fact should be remembered that we are still within the period of transition, and that we cannot yet foretell the proportions which the co-operative treatment may ultimately attain. One point appears to be clear. Any final settlement should be made on an independent basis. A privilege usurped, however unintentional the usurpation, is not from the standpoint of the injured party a fair basis for negotiation. All local attempts at readjustment must suffer from this disadvantage. It must be made evident that the profession repudiates the estimate which has unfortunately been placed upon the value of the services of its members. Though I may not have much support in leaning towards cautious delay in any comprehensive handling of the difficulty, I feel sure that I am with all of you in thinking that its study cannot be safely postponed, and that it should engage the earnest and early attention of our authorities.

*The Remedy from Education of the Public and the Profession.*—There is a different remedy, most effectual, but slow—the teaching and the appreciation of that which we owe to ourselves and which is due to us by the public. On our side, the great body of the profession are guided by those high principles which are being universally taught. The dangerous few must be either educated up to its level or kept out.

It is difficult to overrate the influence which can be exercised on the minds and dispositions of our pupils whilst they are passing through the medical schools. More may be done perhaps to raise in their youthful mind a superior ideal of the dignity and of the unity of the profession. Men cast in this mould might be allowed to shape the higher interests of the profession wherever they go.

Much more general is the lack of due appreciation on the part of the public, especially among the lower classes, who are not unlikely at times to misinterpret the most charitable intentions. Literature might do much to enlighten them as to our position; and in the recent lofty achievements of the profession there is a theme which, if properly handled, might work in the direction which is wanted.

The remedy would thus consist first and foremost in the cultivation of a high ideal in the study of medicine, and, in the second place, of the authoritative influence which combined action might exercise upon the Press.

### Medical Education.

Examinations are a necessary evil. The public must be protected, and a mass of important facts must be grasped by the student. But under this load the freedom both of study and of teaching suffers, and imagination and original thought are less developed than memory. We have recently heard from authorities that the burden of scientific facts is becoming intolerable for the student of medicine, and that some part of the burden must be removed; and, in anticipation of a yet distant revision, it may be permitted me to bring forward impressions gathered from some observation of the student and of his work, especially in their clinical aspects.

Clinical work is for us all essential, and the difficulty is how to give to its study a share not altogether disproportionate.

*The Preliminary Examination and the Recruiting of the Profession.*—In the student's own interest, our gates should not be thrown open too widely, lest he should be caught in a groove, in which, as time wears on, he may find neither success nor escape. Medical students need not be picked men, but tried men they should be; and to ensure this is the chief office of the entrance examination, which might also be a means of checking an excessive supply.

Our opportunity is to frame an entrance examination which should test men as to their fitness for their future labours, but should not demand of them anything wasteful from the point of view of their life's work. On the contrary, the entrance examination might be rendered practically useful in the direction of relieving as much as possible the overloaded curriculum.

The utilitarian reform which we have witnessed seems to have stopped short at the sacrifice of the classics. Yet there are studies now neglected in the curriculum, the rudiments of which should not be entirely unknown to members of a learned profession. I refer to the elements of botany, of zoology, and of geology, which are most desirable. If made compulsory in the schedule of the Preliminary Examination, these subjects, together with physics and chemistry, would be useful to the student, and educationally they would be some compensation for the loss of a classical training.

*The Curriculum.*—The greatest improvement in medical education is the recently introduced five-years' curriculum. This extension has already produced the best results. Yet much pressure remains, and the question has been asked whether the best use is made of the additional time, and whether a special claim could not have been established in favour of our professional training, so long and increasingly sacrificed to the preliminary subjects.

The old-fashioned apprenticeship was given up long ago without any equivalent as a substitute. It is impossible that we should ever return to it. Yet it was a thoroughly practical though primitive method of learning as much of the profession as the local opportunities allowed. In that arrangement the supply of scientific knowledge was scanty, but there was little waste from the point of view of utility.

This distribution of the student's work has been completely reversed, but the partial sacrifice of the practical professional studies was an unintended result, due to the desire to cultivate a higher science in the service of medicine. Unfortunately, for a long period the teaching of the sciences had to be theoretical and by lectures without any practical participation on the part of the learner. Thus the student, deprived of the apprenticeship, spent his early days in studying practical science in an unpractical way. When he joined the country practice as a qualified man it was the old apprenticeship over again—most things practical yet to be learnt—only the apprenticeship was at the wrong end of his time.

*(To be continued.)*

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## Clinical Records.

### *Case of Fibroid Tumour Complicated with Pyo-Salpinx Removed by Sub-Peritoneal Hysterectomy.* (a)

Under the care of Dr. J. MACPHERSON LAWRIE.

MRS. S., æt 40, consulted me on October 21st on account of excessive abdominal pain, which incapacitated her from her duties, and a swelling occupying the right side of the abdomen. On examination, the swelling was accounted for by a fibroid tumour of the uterus, and as her sufferings were great, an operation for its removal was advised. This took place on November 6th. The tumour was exposed by a long incision, and found to be complicated with a pyo-salpinx in the right side. Both appendages were diseased, with numerous adhesions, and completely matted to the surrounding parts. The tumour itself was firmly adherent to the great omentum, as well as to the bowel and appendix, and considerable trouble was experienced in the process of separation. The broad ligaments were then divided externally to the ovaries and tubes, and the uterine arteries secured. The cervix was divided by a wedge-shaped incision, and brought together with catgut. The peritoneal flaps were laced across the pelvis and over the stump. After careful sponging, the abdomen was closed without flushing or drainage.

Patient made a good recovery.

### *Case of Fibroid Uterus undergoing Malignant Degeneration Removed by Vaginal Hysterectomy.* (a)

MRS. F., æt. 29, consulted me on September 9th, 1898, on account of severe continual uterine hæmorrhage and leucorrhœa for two years, accompanied by violent pain. On examination the uterus was found much enlarged, and a polypus about as large as an orange presented at the os.

On September 25th the uterus was dilated and the polypus removed. This gave room for a more complete investigation, and disclosed the presence of another swelling occupying the fundus and bulging into the uterine cavity. The capsule was freely divided and a soft tumour shelled out. This was sent to the Clinical Research Association for examination, who reported that it consisted of malignant tissue.

The uterus was accordingly removed on November 13th by vaginal hysterectomy, the ovaries and tubes being taken away at the same time The patient made an excellent recovery from both operations, and is now in good health.

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## Transactions of Societies.

## ROYAL ACADEMY OF MEDICINE IN IRELAND.

### SECTION OF PATHOLOGY.

MEETING HELD FRIDAY, DECEMBER 2ND, 1898.

J. A. SCOTT, F.R.C.S., in the Chair.

### SOME RECENT X-RAY WORK.

DR. HAUGHTON drew attention to the recent successes of the process in regard to normal changes in bone structure as well as in congenital and acquired deformities of bone, in diagnosis, prognosis, and treatment of fractures and their sequelæ, dislocations, epiphysiary separations, diseases of bone in dentistry, and especially in the localisation of foreign bodies.

Dr. SCOTT considered the reducing to figures the comparative lengths of exposure of different tissues was very interesting.

Dr. LANE JOYNT said that the question of causing dermatitis was most important, but he thought a good deal of false blame had been laid to the charge of the X-rays; he himself had never seen a case of dermatitis from this cause.

Dr. E. J. MCWEENEY asked what effect caseous and calcified material had upon the rays? Also what amount of opacity calculi of different kinds had? Was it possible to get shadows from those soft cholesterin and cholesterin pigmentary calculi found in the gall-bladder? He had seen some X-ray photographs of tuberculous subjects in which the bones showed a remarkable amount of transparency, which might be due to the anatomical fact that the spaces in the cancellous tissue were larger than normal or to a smaller deposition of lime salts.

Dr. MAUNSELL asked whether in the skiagraphs of Pott's fracture the author had found that the astragalus was dislocated slightly backwards as well

Dr. KNOTT remarked that at the last meeting there were two specimens illustrative of the fact that the olecranon normally had two, and sometimes three, centres of ossification. In cases of epiphysiary disjunction the solution of continuity always ran through the bone near the cartilage.

Dr. HAUGHTON, in reply, said that he had been unable to obtain any good photographs of tuberculous consolidation in the apex of the lungs owing to the movements of respiration. Caseous material was rather transparent, considerably more so than pus, the latter being nearly as opaque as water. In calcareous deposits very considerable opacity resulted, as the calcareous salt contained lime whose atomic weight is about 40, and the higher on the atomic scale the greater the opacity. Phosphatic calculi were rather transparent, oxalic were the most opaque, and uratic intermediate. Cholesterin was extremely transparent. Regarding the relative transparency of tuberculous in comparison with normal cases, strumous subjects were often found with very transparent bones, probably due to a condition of malnutrition. There seemed to be possibly a smaller deposition of lime salts, perhaps associated with an enlargement of the cancellous tissue; but he himself thought the cancellous tissue presented a normal outline, while the transparency was greatly increased. In reply to Dr. Maunsell he said he had not observed dislocation backwards in Pott's fracture. In X-ray photographs he had not been able to establish more than one centre of ossification for the olecranon.

### RUPTURE OF ASCENDING AORTA.

Dr. MAUNSELL read the notes of a case of "Multiple Aneurisms in a Young Woman," and showed the specimen. The woman was æt. 37, married, and gave a history of having dead born children, which suggested syphilis. The aneurisms were two fusiform dilatations of the thoracic aorta, and a sacculated dilatation of the cœliac axis. The latter was the only one diagnosed during life, and its clinical history was very puzzling, as in many ways it simulated a pyloric growth. The woman died of syncope three weeks after coming under observation.

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(a) Cases read and specimens shown at the last meeting of the British Gynæcological Society.

### SPONTANEOUS RUPTURE OF FIRST PART OF AORTA.

Dr. J. Lumsden.—The young woman (æt. 23) from whom the specimen was taken was brought dead into Mercer's Hospital in June, 1898. She was evidently in the act of lifting a heavy box when she suddenly dropped dead. On opening the thorax the pericardium when incised was found to be quite full of clots. A small linear rupture, which just admitted an ordinary cedar pencil, was discovered at root of the ascending aorta on its anterior aspect, immediately above the anterior sinus of Valsalva. When the interior of vessel was examined a rent was found in the aortic tunics, commencing just above junction of right and left posterior aortic cuspus, encircling the aorta parallel to free margin of the valves, about 1¼ inches in length. Except at the point of rupture in front only the intima and media were apparently involved in the rupture, and, doubtless, had not the outer coat given way anteriorly a dissecting aneurism might have resulted. Macroscopically there was no evidence of any extensive degeneration of aortic walls, or, indeed, of the heart either, but a few small opaque yellowish-white superficial and irregular patches in the endothelium and subendothelial tissue were to be seen. They projected slightly above the surface, and could be rubbed off in places from subjacent layers, which presented a normal appearance. There was no dilatation of the aorta, and no evidence of valvular lesion was to be found.

### ANEURISM OF ASCENDING ARCH OF AORTA EXTENDING INTO LUNG.

Dr. W. J. Thompson.—The patient was a man, æt. 45, a builder's labourer, who was admitted to Jervis Street Hospital on November 13th, 1898 He was carried in by the police in a collapsed state, having had a severe attack of hæmoptysis while walking along the street The upper part of the right lung, as far down as the fifth rib in the nipple line, was dull on percussion, no tumour or pulsation, but a slight thrill could be felt on palpation. The veins on right side of thorax were prominent and distended; there was no swelling of arm or neck, and total absence of pain. The radial pulse on right side was much weaker than on left, and occasionally the patient completely lost his voice. There was no difficulty in diagnosing aneurism of ascending arch, extending into right lung. The patient died suddenly after being three days in hospital. The specimen shows a sacculated aneurism, embracing the upper half of ascending arch, lying more posteriorly and laterally than anteriorly, behind superior vena cava. It extended in an upward and outward direction for about two inches, its width being about the same as its length. The sac seemed at its commencement to be made up of pericardium and pleura, but at its apex it was made up of semi-consolidated lung tissue. The whole length of the aorta was studded with atheromatous patches, varying in size from that of a sixpence to that of a two-shilling piece. Evidently the aneurism had its origin in one of those patches, and had suddenly burst into lung tissue. The two upper lobes of the right lung were consolidated.

### ANEURISM OF DESCENDING ARCH OF THE AORTA PERFORATING ŒSOPHAGUS.

Dr. W. J. Thompson.—The subject of this aneurism was also a builder's labourer, æt. 47. The history given was that when going to lift some weight he suddenly collapsed, blood coming from his mouth. He had never complained of anything. At the post-mortem the stomach and intestines as far as the ileo-cæcal valve were found full of blood. Corresponding to the level of the seventh dorsal vertebræ there was a ragged opening in the œsophagus about the size of a sixpence, placed rather posteriorly, laterally, and to the left. This communicated with an aneurismal sac which sprung from the aorta anteriorly, laterally, and towards the right. The opening between the aorta and sac had a diameter of about three-quarters of an inch. The sac itself was small, had thin walls, which seemed to be made of the outer covering of the aorta. There was only one small atheromatous patch situated in the transverse portion of aorta.

Dr. Scott, Dr. Knott, Dr. E. J. McWeeney, and Dr. Lumsden discussed the causation of this condition, and Dr, Thompson briefly replied.

The Section then adjourned.

## EDINBURGH MEDICO-CHIRURGICAL SOCIETY,

### Meeting held Wednesday, December 21st, 1898.

Sir John Batty Tuke, President, in the Chair.

Professor Chiene showed (1) a case of coxa vara in a lad of 16. It was apparently due to trauma received in childhood, and there was evidence of past rickets; (2) double congenital dislocation of the hip and symmetrical ununited fracture of both clavicles in a girl of 11—also ricketty.

Mr. Caird showed (1) a patient after removal of a rectal carcinoma by the para-sacral incision. In order to discover the exact relations of the growth laparotomy was previously performed. Now—three and a half months after operation—there was complete control of the rectum.

Dr. Melville Dunlop showed (1) a child suffering from diplegia with athetotic and choreiform movements. The condition was not congenital, but had developed at the eighteenth month. There was a certain degree of imbecility; (2) a case of muscular dystrophy, combining the features of the atrophic scapulo-humeral and the pseudo-hypertrophic forms of the disease.

Dr. James showed (1) a case of scleroderma combined with Raynaud's disease; (2) a case of localised syphilitic giantism; (3) angio-neurotic œdema of the tongue.

Dr. G. A. Gibson showed cases of bulbar and pseudo-bulbar paralysis.

Dr. Affleck showed (1) a brother and sister suffering from Friedreich's ataxia; and (2) a case of Addison's disease, which had improved very greatly under treatment with suprarenal extract. In a former case the extract caused such severe collapse that it had to be discontinued.

Dr. John Thomson showed a patient suffering from hemiatrophy of the tongue.

Dr. George Elder showed (1) a case of hemiatrophy of the face, with malformation of the ear; and (2) a patient, æt. 60, suffering from chorea. The disease had lasted for five years, and now there was considerable mental impairment. Save in the absence of an hereditary tendency, the case resembled Huntingdon's chorea.

Dr. Allan Jamieson showed (1) a case of papulo-squamous eczema, apparently syphilitic, affecting the palms; (2) a case of urticaria pigmentosa; (3) a case of psorospermosis follicularis vegetans (Darier's disease); (4) the result of treatment in a case of tylosis; and (5) a case of elephantiasis.

Dr. Graham Brown showed a case of Addison's disease.

Mr. Hodsdon showed a case of plexiform neuroma, associated with multiple subcutaneous neuromata.

The following specimens were exhibited:—

Mr. Wallace: (1) Renal calculus; (2) kidneys with calculi *in situ*; (3) fibro-adenomata removed from prostate; (4) portions of prostate removed by suprapublic cystotomy; (5) four kidneys (three tuberculous, one carcinomatous) removed by operation; (6) dermoid cyst removed from floor of mouth; (7) biliary calculi removed by cholecystotomy; and (8) microscopic specimens of tumours and of prostate.

Dr. Logan Turner: Skull showing unusual development of frontal sinuses.

Dr. Dowden: (1) Plexiform neuroma, with microscopic specimens; and (2) specimens of hydatids.

Mr. Cathcart: (1) Abdominal aneurism; and (2) multiple abscesses in brain.

Mr. Caird: Preparations and drawing from unsuccessful case of enterectomy and suture for carcinoma.

Dr. William Elder: Heart and intestine from a case of dysentery with ulcerative endocarditis; (2)

brain showing hæmorrhage into the occipital lobe; and (3) brain from a case of word blindness.

Mr. **CAIRD** exhibited a needle-case for sterilising needles and sutures.

Mr. **CATHCART** exhibited improvements on his microtome.

Dr. **GRAHAM BROWN** demonstrated a new form of æsthesiometer.

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## France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, December 31st, 1898.

### ABLATION OF THE SPLEEN.

AT the meeting of the Société de Chirurgie, M. Le Dentu presented a patient who had been operated on for rupture of the spleen produced by the shock of the shaft of a car driven at great speed. The man was brought to the hospital in a fainting condition, and when examined rupture of the intestine was believed to be the result of the accident, and laparotomy advised accordingly. When the abdomen was opened it was found that it was the spleen that had been torn to the length of three inches. A large quantity of blood filled the cavity of the abdomen, but the ruptured vessels had ceased bleeding. It being found impossible to ligature, it was decided to remove the organ completely, and for that purpose a clamp was placed on the pedicle.

The patient made a very rapid recovery, and was at the time of speaking in perfect health.

### INTERMITTENT HYDRONEPHROSIS.

M. Bourcy spoke on the case of a woman, æt. 62, who for many years suffered periodically from severe pain over the left renal region, radiating towards the left groin, and accompanied by vomiting and a sudden cessation of the urine. After one or two days the pains disappeared, and the flow of urine returned with more or less abundance. Several times gravel was found in small quantities. The symptoms were evidently those of renal colic. However, three years ago matters took another turn; instead of subsiding in one or two days, the pain persisted, the urine remaining very scarce, while the abdomen increased in size, especially towards the left side, where an unbearable sensation of tension and fulness was felt and the vomiting as well as the headache continued. In this condition the patient applied to one of the hospitals, where she generally got relief by having the tumour tapped. A few days ago she came under the care of M. Bourcy, who, on learning the history of the case, had no difficulty in pronouncing it to be a case of intermittent hydronephrosis. At the time of entry she had already been suffering four days, the whole left side seemed to be the seat of a large fluctuating tumour, while the urinary secretion was reduced to almost suppression. By means of a Potain trocar the speaker drew off over a quart of liquid containing all the elements of urine. As in former operations relief was immediate, but M. Bourcy believed that if the symptoms returned in a short time ablation of the kidney should be practised.

### ARTIFICIAL ANUS.

M. Lejars presented a girl, æt. 13, who was born with an imperforation of the anus. M. Pean made an artificial anus two days afterwards. Several attempts were made by different surgeons to cure this artificial anus, but all failed. M. Lejars made an effort in his turn, but at first failed, however, having opened the abdomen, he found that the fistula of the artificial anus communicated with a large cavity reaching to the sigmoid flexure, having destroyed this, the fistula was easily closed.

### ARTERIAL SCLEROSIS.

Two important and almost pathognomonic signs of hypertension of the arteries are, according to Professor Huchard, diastolic sonorous bruit heard at the base of the heart and on the right side of the sternum, that is to say, over the aorta, and the stability of the pulse regardless of position. In the normal state, the pulse diminishes by six to eight beats in the horizontal position of ordinary individuals, where sclerosis of the arteries is present the pulsation remains the same as in the vertical position. The treatment should take into account the cause and the effect of the hypertension. For the former he prescribes a rigorous diet composed chiefly of milk and other diuretics with a little white meal, and for the latter trinitrine as follows:—

| | |
|---|---|
| Solution of trinitrine, 1°/₀ ... | 40 drops; |
| Water ... ... ... ... | ℥x. |

A tablespoonful every 3 or 4 hours

Besides this treatment he orders baths, massage, dry frictions, &c.

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## Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, December 30th, 1898.

AT the Medical Society Dr. Brasch brought forward the subject of

### CHANGES IN THE GANGLIONIC CELLS IN FEVER.

At a former meeting he had shown nerve cells changed by high temperatures. They were from a preparation taken from a child who had died from scarlatina, in whom the temperature reached 41 C Dr. Klemperer had suggested that the changes might be of a toxic nature and due to the heat alone. In order to meet the objection the speaker showed further preparations for comparison (1) a human ganglionic cell from the anterior horn, (2, 3, and 4) sections of the spinal cords of children with pre-mortem high temperatures, one dying of gastro-enteritis, the second of pyæmia, and the third of broncho-pneumonia, the pre-mortem temperature being respectively 39·5 41·5, and 42 C. The degrees of change as regarded the protoplasm, the Nissl's corpuscles, and the cell processes were interesting, inasmuch as they corresponded to the height of the temperature Thus where the temperature was 39·5 the Nissl cell corpuscles were swollen, at 41·5 they were disappearing, and at 42 they had vanished.

The preparations were made from one to two hours after death, death being due to various causes, the only common feature being a high temperature. The changes closely resembled those taken from over-heated animals. For the production of these phenomena certain conditions were essential:—1, A certain height of temperature, at least 3 degs. C. above the normal; 2, the fever must be continuous; 3, it must be in association with some acute affection; in chronic diseases the cells seemed to accustom themselves to the raised temperature. For the rest the different cells were variously affected; the distribution also, in different individuals was not constant. With lengthened duration of high temperature the changes were general and almost without exception.

Dr. Treitel had a paper on

### The Nature and Significance of Chronic Tonsillar Abscesses.

It was known that chronic suppuration in any part of the body constituted a danger to the whole system. Fraenkel first pointed out the danger of tonsillar abscesses. Later, cases became known where articular rheumatism had commenced in the tonsils, and a similar relation was observed with regard to other diseases, cryptogenetic pyæmia, for instance. In simple angina, micro-organisms, such as streptococci, might enter the blood and set up disease in a locus minoris resistantiæ. The question now arose whether pathogenic germs could pass through the tonsils without setting up local inflammation. It appeared as if this were so; at least, the local inflammation was unnoticed, according to Fraenkel in a case where death occurred from streptococci, in which they were found in the tonsils, but without inflammation thereof. It was a question whether the intact mucous surface of the tonsils would allow them to pass, and in most cases this would be destroyed in places. Generally there was swelling of the gland, and later a tonsillar abscess which could be the starting period for general suppuration. These abscesses were usually so small as not to be distinguishable during life, as they did not lead to general swelling of the tonsils. The question would often arise as to whether these abscesses were primary or secondary. In some cases, however, their primary nature was evident. The speaker then related the following case: A man, 63, had often formerly suffered from tonsillar abscesses, and more recently hoarseness and shortness of breath had come on. A few days before, difficulty of swallowing had presented itself. On examining the throat no symptoms of acute inflammation were observed. The laryngoscope showed œdema of the glottis, of the arytenoid cartilage, and of the aryepiglottic folds. The troubles got worse in spite of ice and other applications. Tracheotomy was performed. A foul abscess was then discovered around the cricoid cartilage, and the patient died. The autopsy revealed chronic tonsillar abscesses. As regarded treatment, this could only be prophylactic, as the small abscesses could not always be discovered. In case of recurrent inflammation he advised splitting the tonsils, and careful attention to the cleanliness of the mouth.

Dr. A. Fraenkel said that septicæmia was a tolerably frequent disease in his wards; that the source of infection was always sought for, and but rarely found, but when found was mostly in the tonsils. During life nothing could be found in the tonsils; the centre of disease was generally discovered only after death. A woman in the thirties was admitted into hospital with bad jaundice and pyæmic fever. Nothing abnormal was discovered at the heart beyond a short systolic murmur. The abdomen was swollen, the liver enlarged, but nothing abnormal in the fauces. He thought it might be a case of pyelophlebitis arising from perforation of the vermiform appendix. Death took place in forty-eight hours. The autopsy showed small abscesses in the tonsils and commencing ulcerative endocarditis. In another case a pericardial effusion could be traced back to a primary tonsillar abscess. An interesting observation had been made that day. In a case of sepsis that had been diagnosed during life by examination of the blood, there was a large splenic tumour and continuous fever. The incubation blood showed sepsis, streptococci in such numbers that speedy death might be expected. The autopsy showed that the point of entrance was the genital tract, following abortion.

Dr. Benda objected that Treitel had grouped two things together that pathologically should be kept separate:—1. A group of infections, the point of entrance of which was often difficult to discover, as generally only a few micro-organisms were formed at first, but which afterwards multiplied in the circulation. 2. Actual pyæmia, when a spot was always found where a thrombosis had taken place, in which the germ had developed. Fraenkel's case was one of valvular inflammation, set up by streptococci, when as a rule the exit point of these streptococci was difficult to determine, in that case streptococcus thrombi were found in the small veins of the valves.

### Somatose Again.

Dr. Fried. Köebl, "D. M. Z.," No. 86, considers somatose to be the best nutrient material we possess, in consequence of its high percentage of albumen. In anæmia, chlorosis. in milder cases of tuberculosis of the lungs, in debilitated neurasthenics, in convalescents after exhausting illnesses, after operations, and in women in childbed it is of the utmost possible service. In the majority of cases increase in weight and in the number of red blood, corpuscles was brought about. In infants a more favourable relation of the casein to the albumen was procured by the addition of somatose to cow's milk. When coagulation takes place the gastric juice acts more readily after somatose is added, and by this means its value as a food is increased. The somatose preparations (Bayer Elberfeld) of cocoa, chocolate, kola, Malaga wine, &c., have proved agreeable and strengthening, both for the healthy and the unhealthy.

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## Austria.

[From our own Correspondent.]

Vienna, December 30th, 1898.

### A would-be Suicide.

Schnitzler produced another man who had been brought into hospital immediately after attempting suicide by means of a knife, which he had inserted at the left mammilla. On examination, the area of cardiac dulness was tympanitic, and when the body was shaken a metallic splash was to be heard. After an hour had elapsed the temperature rose, this was accompanied with severe pain in the left side of the abdomen—not the thorax—which according to French authors would indicate a wounding of the intestine. With such a hypothesis in view the wound in the chest wall was freely opened to explore its extent and direction, which had evidently escaped the heart and passed through the diaphragm, but no injury was done to the bowel or abdominal contents. After a slight reaction the wound healed and the patient perfectly recovered.

### Laboratory and Pest.

A little consolation is taken by the Viennese as a sedative for the late excitement that Vienna is not the only place where the laboratory is a source of danger. It seems that Yersin infected the town of Nha-Tsang (Indo-China) in a similar manner, where he had been injecting mice with the pest serum. From these mice the infection reached man, but was not so easily checked as it has been in Vienna.

At the Vienna Medical Club, Nov. 16th, 1898, Dr. R. Kienböck gave a further account of the results obtained by

### Rontgen Examination of Cases of Pyopneumothorax.

The first paper on this subject, read at the Vienna Medical Club on April 20th, 1898, is published in the Medical Press and Circular, p. 517, May 18th, 1898.

He has examined a certain number of young people of the male sex suffering from tuberculous pyopneumothorax—both on the left and on the right sides—with large empyemata, showing the signs of free movement. In every case there were to be seen on the Rontgen screen movements of the exudations, even when the patient remained quite still, viz., respiratory and pulsatory phenomena—exactly as described in the first article with the experience of a single case (1) inspiratory ascent and expiratory descent of the fluid level, (2) waves on the upper margin of the fluid carried by each contraction of the heart This pulsation of the empyema was less marked in the case of pyopneumothorax of the right than of the left side as might be expected. There was no concussion of the thoracic wall either on inspection or on palpation. The paradoxical respiratory movement of the surface level is to be explained on the assumption that this half of the diaphragm was paralysed, and therefore the inspiratory descent of the sound half raises the other one, carrying with it the fluid, by the intermediary of the contents of the abdomen. He calls this phenomenon the "alternating respiratory movement of the two halves of the diaphragm." The author lays stress upon the fact that both phenomena appear to be pathognomonic in cases of the kind just described.

Dr. R. Kienbock, at the Vienna Medical Club 19, x. 1898, exhibited a Rontgen demonstration of a young man (from the Medical Klinik of Professor v. Schroetter) with

### Revolver-Shot Lesion in the Region of the Heart.

He had tried to commit suicide the previous day by means of a revolver of 7 mm. calibre, aimed at the wall of the thorax three fingers breadth below the left nipple. The situation of the ball could only be detected by skiascopy. It had been reflected under the skin from the sixth rib in the left mammillary line and had proceeded to a depth of two centimetres. It was situated either in the substance of the diaphragm—viz., in the anterior descending part which helps to form the anterior pleural sinus or else in the lung which fills the latter depression. In any case it was situated in the middle line below the apex of the heart and in close proximity thereto. (The ball could easily be seen on the screen against the light, air-filled stomach which forms the background.) It was remarkable that the ball showed two sorts of movements, respiratory and pulsatory; for it followed both the movements of the diaphragm and of the apex of the heart moving in directions corresponding thereto. No important injury appear to have been caused by the ball.

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# The Operating Theatres.

## GUY'S HOSPITAL.

**Deep Sarcoma of the Neck.**—Mr. **Arbuthnot Lane** operated on a man, æt. 34, who had been suffering for nearly a year from a lump which appeared at first immediately above the right clavicle, and gradually extended upwards into the neck as it increased in size. It had not led him to obtain medical treatment till recently owing to the fact that it caused him no inconvenience. Lately, however, he had complained of pain in the arm, sometimes in the shoulder and at other times in the entire arm. He had lost flesh within the last month. The lump, which was as large as an orange, was situated beneath the sterno mastoid, it could not be moved about, on the subjacent structures. The trachea and œsophagus were displaced by its pressure. There seemed little doubt that the mass was a sarcoma which arose in the spinal column. It was freely exposed; the brachial plexus then was seen to enter it and probably traverse it; it was quite impossible to remove it in its entirety owing to its deep attachments; consequently Mr. Lane incised it, and was able to shell out the soft, cheesy-like growth from the interior of the ramifying spaces, and from about the nerves which passed through it. It was then possible to remove much of the capsule. The cavity was plugged with sulphur and gauze in order that any residual growth might be destroyed. Mr. Lane feared that it was hopeless to expect other than considerable temporary alleviation from this procedure, though it offered the patient a chance of complete recovery.

## HOSPITAL FOR SICK CHILDREN.

**Intussusception.**—Mr. **Arbuthnot Lane** operated on a child who had been suffering from intussusception for a little more than twenty-four hours. A large elongated mass was felt, placed vertically to the left of the middle line and extending downwards almost to the anus. On opening the abdomen the intussusception was reduced with sufficient difficulty to convince the operator that most probably reduction could not have been effected by inflation. This applied rather to the evolution of the last two inches of bowel, which were very thick, and required considerable direct firm pressure between the thumb and fingers to restore the thin concave aspect of the cæcum to its normal convex form. A careful examination of the part showed that the intussusception had started as a dimpling inwards of the outer aspect of the cæcum on a line with the ileo-cæcal valve, and it was the convexity found by this intrusion into the bowel that formed the summit of the intrusion. Mr. Lane believed that this was the manner in which intussusceptions usually arose. He had seen as many as four intussusceptions in the same case arisiug from the intrusion of Meckel's diverticulum into the ileum, where it formed the summit of the highest of the four intussusceptions, which was compound in character. At first the large round cherry-like mass in the bowel, formed by the inverted and swollen diverticulum, suggested the presence of an adenomatous polyp, such as he had met in a somewhat similar condition.

Mr. Lane pointed out that as the operation was done at a comparatively early date in the history of the accident the manipulative procedures were effected with ease, and with little shock to the patient.

## ST. THOMAS'S HOSPITAL.

**Unusual Case of Hernia of the Appendix.**—Mr. **Battle** operated on a woman, æt. 60, for a swelling in the right groin. The history she gave was that five years ago she had pain in the groin, and that a lump formed there. She was afterwards in bed at home for a fortnight, and then in a London hospital for a month The swelling gradually disappeared and caused no further trouble. Ten days before the present operation a somewhat similar swelling had appeared in the same situation, and had caused a good deal of pain and discomfort; there had been no vomiting, and all her symptoms were referred to the groin. On examination there was a prominent, somewhat irregular swelling in the right femoral region. It was tender, firm, gave no sense of fluctuation, and was without impulse on coughing. Its size could not be reduced on pressure, nor could it be moved from the deeper parts. It appeared, however, to have a neck which passed to the femoral ring. The diagnosis lay between hernia, inflamed glands, and a combination of the two. The surface of the tumour suggested inflammatory enlargement of the glands, as did also the tenderness and fixation of the parts. In favour of hernia as a somewhat unusual history of the previous attack, together with the rapid onset of the present attack, and the fact that there appeared to be a neck to the swelling in the situation of the femoral ring. Against hernia was the complete absence of tumour between the two attacks and the absence of impulse on coughing at the present time. A sign which Mr. Battle has sometimes found of use in doubtful cases was however present. When a hernia is irreducible pressure in the iliac fossa from below upwards will frequently cause a sensation of dragging in the tumour, and this the patient experienced in the present case. Exploration was advised and readily agreed to. After incision of the superficial structures the lump was found to consist of an inflammatory mass to which adhered several inflamed glands. No hernial sac could be found by direct incision, so the mass was turned outwards and peritoneum lining a hernial sac was discovered. Inside this, was a fatty process like one of the appendices epiploicæ about the thickness of the little finger which ran to the bottom of the sac where it became lost in the inflammatory mass; it could not be drawn down any further, and on examination a rounded portion of bowel was found accompanying it: this was the appendix vermiformis inflamed and adherent to the inflammatory mass before mentioned. The fatty process was the mesentery of the appendix, and its division necessitated the application of one or two ligatures to bleeding points. The appendix was removed by the coat-sleeve method, and the hernia returned into the abdomen. The neck of the sac was quite small, the sac itself so adherent to the surrounding parts that it could not be dissected up. The greater portion of it was cut away with the inflammatory mass and adherent glands and the opening of the sac closed with silk sutures. Sutures were also passed between the fascia over the Pectineus and Poupart's ligament. The case, Mr. Battle said, was a specially interesting one. the exact diagnosis being difficult, if not impossible. Further, he pointed out, hernia of the appendix alone is a very rare occurrence, and it is still more rare for the appendix to become inflamed when outside the abdomen. Such an appendicitis is less dangerous than when it takes place in the iliac fossa, but this happy arrangement cannot always, unfortunately, come to pass The appendix showed a condition of catarrhal inflammation, its apex being cicatricial in character and incorporated with the surrounding inflammatory mass.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 4, 1899.

## THE GENERAL MEDICAL COUNCIL: AN IMPEACHMENT.

In endeavouring to realise the present position of affairs we must first ask what are the duties of the General Medical Council. According to their own definition the chief functions imposed upon them are the regulation of medical education, and the maintenance of the purity of the *Register*. These self-defined duties have admittedly been fairly well discharged in the matter of education, although it may be doubted whether any scheme can be altogether satisfactory unless based upon a one-portal system. As to maintaining the purity of the *Register*, the Council's administration may be described as a depressing failure. It seems tolerably certain that statutory powers exist whereby registration may be made indispensable. At present the Council keep a tight and often needlessly irritating control over registered medical men, while those that are qualified, but unregistered, are allowed to work any evil they like with impunity, so far as the Council are concerned. As to the safeguards for protecting the *Register* from fraud, they are non-existent. As pointed out in the Medical Press and Circular ten or a dozen years ago, there is no organisation whatever to prevent personation as regards either the obtaining or the holding and registering of qualifications to practise. A week ago the possibility was demonstrated to the hilt in a London police-court, where one Rowland was charged with personating a licentiate of the Irish Colleges of Physicians and Surgeons, who left England in 1895. In the course of the proceedings Dr. A. G.

Bateman, the well-known Secretary of the Medical Defence Union, swore that in the summer of 1895 he communicated with Rowland, and then advised the Council not to register any person under the name of E. G. Nugent. But in their wisdom the General Medical Council admitted Nugent to that *Register* which it is their pride and their chief function, according to their own showing, to maintain in a state of spotless purity. At their next meeting it is to be hoped that the full history of this transaction will be made public, and that the necessary papers will be produced to show what steps, if any, were taken to test the evidence of qualification produced by the so-called E. G. Nugent after the receipt of the warning by a responsible body like the Medical Defence Union. Unless a clear explanation be forthcoming the scandal should be enough to break the back of any public body that has a healthy regard for its reputation among the community. In another direction an attempt has been made to maintain a high ethical standard among the registered practitioners by charging a licentiate of the Society of Apothecaries, the late Mr. H. K. Hunter, with falsely assuming the title of physician. Unfortunately, Mr. Hunter died soon after that prosecution, which we have since learned was authorised by members of the Council on the representation by the Penal Cases Committee that the accused was an unqualified practitioner. Again we say, that if the facts be as represented they point to a reckless want of organisation and of recognition of responsibility. But the sins of omission on the part of the Council are in the minds of the bulk of the profession not less weighty than those of commission. The Council, for instance, make no serious attempt to defend the interests of those on the *Register* by resisting the inroads of unqualified practice. That important subject, however, cannot be discussed here further than by stating that there is a strong probability, amounting, in point of fact, to little short of certainty, that the Council possess ample powers for the suppression of unqualified practitioners. We believe, on that and other grounds, that we simply re-echo the wishes of the vast majority of medical men in demanding an exhaustive inquiry into the constitution and work of the Council, with a due sense of responsibility and with a full recognition of the difficult, and often delicate, nature of the duties devolving upon such a body. We nevertheless venture to submit that the Council have failed to grasp the issues at stake, that they have endeavoured to evade all efforts at healthy and desirable reforms, that their methods are cumbrous, costly, obsolete, inefficient, secret, and autocratic, and at times unjust, and that the hour has come when in the interests of the profession the General Medical Council should be superseded by a body more in touch with the times and with the representative principle that underlies all sound administrative government. If the Council cannot forthwith be born again, then let it perish. A Government inquiry may perhap be desirable, but reform of some sweeping kind must be insisted upon if medicine is to gain the position of a self-respecting and properly governed profession. A consolidating and amended Medical Act is urgently needed, but meantime much can be done, as Mr. Horsley has repeatedly shown, by putting existing legal machinery into action. Things have gone so far, and the patience of a long-suffering profession has been so sorely tried, that the only alternatives left to the Council are either straightway to amend their ways or to look to their weapons.

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## THE FUTURE MASTERS OF THE PROFESSION IN IRELAND.

SOME months ago we were handsomely abused by one of the introductory lecturers in Dublin, because we had expressed our grave apprehensions that under the new Local Government scheme, the last state of Irish Poor-law medical affairs might be worse than the first. We were roundly told that we should put our trust in Providence and welcome the chosen of the new elector as, at least, the makings of a capable administrator and an honest man. Remembering what long experience has taught us of the qualities of the elected committeeman and guardian, and seeing no reason whatever to suppose that the leopard would change his spots because his official name happened to be changed by Act of Parliament, we felt unable to participate in the sanguine hopes of the lecturer or of the newspapers which echoed him.

The recent prosecution of not one but many of the Kilrush Guardians for wholesale and persistent bribery and corruption in the election of successive officers of the Union in which they were voters is an object lesson which cannot be ignored. The evidence has proved that, without a shadow of doubt, not one but more than a dozen of these chosen administrators of the public trust of the Union, not on one occasion only but regularly, as a matter of business whenever an election came off, sold their votes as openly as votes were ever sold in the old corrupt elections; they higgled for their price, and were assisted in their market by officials of the Union and others. This system extended over a series of years, and covered the election of medical as well as other officials, and the culmination of the rascality was when the mother of one of the candidates appeared in public to demand the restitution of £460 which she had paid in bribes at the rate of £40 or £50 per head to the guardians for the election of her son. These persons, together with their agents, have been sent to gaol for varying periods, and for the present the Kilrush scandal is at rest. Nevertheless, we want to ask two questions. Where were the inspectors of the Local Government Board all the time this was going on? Is it to be believed that they went their rounds to the Kilrush Union without hearing a whisper of this corruption? If so, in our opinion, they were totally unfit for their inspectorial position. Is it to be supposed that the Local Government Board knew all about it, yet kept its tongue in its cheek and refused to move?

We shall, no doubt, be answered by the assertion that Kilrush is an isolated case, and that all Ireland's guardians outside that district are as pure as the driven snow, to which we reply that, from information which we possess, we hold the opinion that the elected guardian and committeeman is just as ready to accept, and does accept, bribes in other districts as in Kilrush. We have been told lately by a candidate for a medical officership that when he went down full of hope to canvass the electors for an appointment a friend took him aside and presented him with a list of fifteen names of guardians with the price opposite each, at which he could be bought with a certainty. If these things are done in the green tree what may be done in the dry?"

## THE CONSUMPTION CRUSADE.

Since the immortal Jenner elaborated the system of prophylaxis against small-pox which a pusillanimous Government has recently abandoned in deference to the political influence of a crowd of noisy ignoramuses, no such far reaching and, may we say, glorious a movement has been started as the National Crusade for the extinction of tuberculosis, which was inaugurated, under the *aura* of sovereignty, at Marlborough House a few days since, and to which we have already briefly alluded. Heretofore, the terrible extent of tuberculous disease was fully realised by the profession but, until Koch isolated the specific bacillus, scientists were simply groping in the dark. It was before that time universally accepted that tuberculosis was a disease of heredity—that it was futile to attempt to prevent or anticipate it, and that the last hope of preventing its progress was to protect the inflamed lung by confining the patient to warm rooms or warm climates. We now know, Heaven be thanked! that all this is nonsense, that heredity has nothing to say to it except that it may produce a constitution in a patient which is peculiarly prone to any form of contagion. We know that climatic conditions, save to this extent, have little or no influence, and, to be brief, that the one and only thing which can produce consumption is the ingestion by the victim of the tuberculous microbe. Happily this consideration brings the prevention of consumption (to a very great extent) within the reach of sanitary law. *Imprimis*, it is quite possible to prohibit the sale of tuberculous meat and milk, which have been shown to be among the most potent disseminators of consumption. The process may be troublesome, expensive, and as unpopular with butchers and cow-keepers as the suppression of pleuro-pneumonia was, but it can be done and, without doubt, it will be done as soon as the new Crusade brings it home to the comprehension of the nation that thousands of lives and untold thousands of pounds annually depend upon it. The third essential of prevention is much more difficult to attain—*i.e.*, to prevent the dissemination of the disease by the expectoration of phthisical patients, but, even in this direction, vast good may be achieved by the education of the public, which is the principal purpose of this Crusade Patients may be drilled into the conviction that, in their own homes, and, when they can, elsewhere, they should carefully disinfect their expectorations, but it is hard to expect the multitude of working people to call attention to their own infirmity by carrying a spit-cup with them to their work and elsewhere. As for the ultra-sanitarian suggestion that, should they fail to do so, they should be collared by a policeman and conveyed to jail, we may, at least for the next quarter of a century, put it aside.

The last of the proposals submitted to the Prince's meeting and adopted as part of the work of the new Crusade, is the establishment of sanatoria for consumptives in favourable sites in the United Kingdom, and we regret that, however we may approve of such a project, we cannot look upon it as a potent means of exterminating tuberculosis from our community. That such sanatoria conduce to the recovery of phthisicals and do, in fact, produce a gratifying proportion of actual cures may be taken as proved, and, this being so, the multiplication of such institutions would be an unalloyed benefit for which reason, the capitalist who contributes his money, as Messrs. Beit and Wherner have done for this object, may be assured that he has spent it for the best advantage of the public. Moreover, very much may be done by the establishment of sanatoria for upper and middle-class people who can afford to pay a minimum maintenance contribution, and by these means, perhaps subsidised to some extent by public funds, a large section of the phthisical centres of contagion may be eliminated from our midst, but when we learn from Sir William Broadbent that 70,000 persons die annually in England and Wales alone from tuberculosis, we cannot but recognise that sanatoria, however well organised, can do little for our overwhelming phthisical population. The example of one such sanitorium which we believe to be, in every sense, well and economically worked will serve to illustrate our meaning. Phthisis is a disease the treatment of which is necessarily very prolonged, and the "turn over" (so to speak) of the bed accommodation of such institutions is extremely small. The sanatorium of which we speak has twenty-four beds, and its maintenance income (irrespective of building and all other extraordinary charges) tots up to £56 per bed. Each bed "turned over" a patient, on an average, in 109 days, so that each patient, including those who did not require to be detained in hospital, cost the institution over £14. Supposing that the number of actual deaths from consumption throughout the Kingdom in a year as stated by Sir William Broadbent (70,000) only represent half the number of those requiring sanatorial treatment, we have an army of 120,000 to be accommodated, who, at the rate of £14 a head, would cost somebody £1,680,000 a year, not to mentian the enormous initial outlay for providing the requisite buildings and accommodation. We should not regard such an expenditure as by any means too high a price to pay for the extinction of tuberculosis, even if the payment extended over a score of years, but until public opinion is thoroughly aroused, we apprehend that the taxpayer will regard this method of dealing with consumption as altogether Utopian. Whether there may be other less expensive methods of dealing with the tuberculous population remains open for discussion.

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## Notes on Current Topics.

### The Awards of the Prince of Wales's Hospital Fund.

THE list of awards of the Prince of Wales's Hospital Fund was published on Saturday last, and the London Hospital Charities now know the worst or the best, respecting the financial assistance which they will derive therefrom. With the approval of the Prince the operations of the Fund have this year been limited to hospitals lying within a radius of seven miles from Charing Cross, an arrangement which we believe to be satisfactory for several reasons. We learn also that of the hospitals which applied for grants, and whose claims were considered, all but twelve were included in the list of awards. The explanation vouchsafed for withholding the awards in the twelve instances is that some of the institutions were deemed to be adequately provided for by the Hospital Saturday and Sunday Funds, while a few more, by reason of their management — presumably mismanagement — were ruled to be undeserving of support. Coming next to the list of the hospitals benefiting by the Fund, we find that twelve institutions are classified as requiring an annual grant, of which nine are general hospitals and three are special, the latter being the Seamen's—always the Seamen's now – the Hospital for Sick Children, Great Ormond Street, and the National Hospital for the Paralysed. It is not difficult to understand, having regard to the composition of the Committee of Distribution, how it is that these three charities should have been included in the annual list. But what does the annual list mean? Are we to understand that in the future the hospitals named therein will be paid large grants before the claims of any other institutions will be considered? Further, are we to conclude that the list is final, and that, in succeeding years should the fund continue, no other additions will be made to it? These are questions to which answers should be forthcoming in the interests of the hospitals generally, and in the Fund in particular. Of the general hospitals mentioned two, the London and Guy's, receive an award of £5,000 each. This amount we believe to be a mistake. Practically speaking a third of the whole fund is thus awarded to two institutions, an arrangement which is not only unjust but inexpedient. We think that no award should exceed, say, two thousand five hundred pounds. Clearly the object of the Fund should be to do the greatest good to the greatest number of the charities concerned, but such an object is obviously an impossibility when two or three especially favoured institutions are allowed to absorb the bulk of the proceeds. The next detail to which attention may be directed is with respect to the conditions attached to the grants awarded to certain other hospitals, and the first which claims notice in this regard is the award of £500 to the West London Hospital. A grim satire is contained in the condition that the overcrowding in the institution must be abolished. The committee of inspection who visited this hospital found that the wards were undoubtedly overcrowded, but they also found that a new wing, containing seventy-five beds, was ready to be opened as soon as funds permitted. Instead, however, of enabling the hospital authorities to obviate overcrowding by opening the new wing, the distribution committee merely award a sum of £500, with an intimation that the overcrowding must cease. In curious contrast, however, with the above is the award of £750 to the Great Northern Central Hospital, on condition that fifteen beds be reopened.

### Quackery Rampant in Houghton-le-Spring.

THE recent failure of the prosecution of the "botanist" Steel drives home the lamentable failure of Clause XL. of the Medical Act to convince the average bench of magistrates. This notorious quack has carried on a flourishing practice in spite of a former conviction, and is at present the proprietor of a club with upwards of four hundred members. Unfortunately, when the magistrates decide a case of this kind upon a question of fact there is no further chance of appeal. Certainly if the General Medical Council had possessed any decent amount of energy or interest in the law which they were created in order to administer they would long ago have secured final decisions in the High Courts upon all debateable readings of the Medical Acts. Then, where the wording of the clauses was at fault, or the intention of the legislature vague, they would have taken steps to get the law amended and strengthened. As it is all is chaos, and the medical profession is the happy hunting ground for all kinds of interloping marauders, and here, at the end of the nineteenth century, the law is powerless to stop such a shameless quack as Steel from flaunting his illegal medical practice in the face of the community. This fellow actually has the impudence to print his own death certificate forms, and the branch Registrar of the district admitted he received them. Why is this allowed? Such a proceeding looks like a direct sanction of quack practice by Government. At least let an inquest follow every death that takes place under an unqualified man Why should not the signing of death certificates by an unregistered person be made a penal offence?

THE manufacture of Fellows (save the mark) of the Spectacle Makers Society, goes on swimmingly. It is announced that there are now two hundred craftsmen as members of the Guild, besides thirty liverymen.

## Hospital Abuse in Bradford.

Our attention has been drawn to a long letter from a medical man addressed to the *Bradford Observer*, and pointing out a number of hospital abuses in that town. The name of the writer is a sufficient guarantee for the accuracy of the facts, and as it stands this communication forms a damning indictment of the way in which charitable funds are squandered in the relief of well-to-do persons. The pith of his matter lies in its sharp specific instances, wherein he forms a notable exception from the usually diffuse and general nature of such criticisms. The following instances may be selected:—"Will your readers be surprised," he asks, "to hear of a gentleman residing in an expensive house in a select locality in the West End of Bradford being attended for charity? Of course he would not condescend to go for it, to be jostled by the crowd waiting in the infirmary, so the infirmary sent one of its staff to the house to dispense medical charity. In another case, a man suffering from dyspepsia, the result of his drinking habits, was attended gratuitously at the same institution, while he lived comfortably on the income derived from his property. Another patient was a consumptive girl, whose father "was a commercial traveller in a good situation, with whom resided two unmarried adult children, both earning good wages, while a third unmarried child earned £400 a year in another town." Again, the infirmary relieved a boy, the son and grandson of well-to-do persons, who could afford to pay £13 to that institution and six guineas to a consultant, in addition to their ordinary medical attendant. In another case, a woman on a pleasure trip from America received many weeks free treatment for her son, who suffered from "spots" on the back of his hand. All this and very much more to the point is concisely stated by the writer, who pertinently asks how these abuses have escaped the notice of the "keen business men on the board," who, according to the public statement of the chairman, inquired into and dealt with every case brought to the infirmary. Clearly there is a good field for the labours of such a body as the Hospital Reform Association in this same keen business locality of Bradford. What are the medical men of the town thinking about to allow these abuses? It is more than likely that a united and vigorous protest on their part would bring about a desirable reform in this most unfair form of subsidised competition.

## The Indian and Colonial Pharmacopœia.

A praiseworthy desire is expressed by the General Medical Council to produce "sooner or later" a Pharmacopœia which will be equally useful in every part of the British Empire. The Council also desires to recognise special articles for special colonies or dependencies in such a manner as to avoid undesirable substitution of one drug for another distant parts of the Empire. The report of the Pharmacopœia Committee appointed with this object has already been received and adopted by the General Medical Council, and will shortly be issued. We have been favoured with an advance copy of this Addendum. The first drug on the list is Agropyrum, our old familiar friend, couch grass, the *Triticum repens* of the United States Pharmacopœia, which has long been used as a demulcen diuretic and sedative. It is frequently prescribe in cases of chronic cystitis, irritable prostate and gleet. Datura leaves are suggested by the Indian Government Committee as an equivalent in India for Belladonna leaves, and by the Hong Kong authorities for use in addition to Stramonium leaves. Datura seeds, the seeds of *Datura fastuosa* will also be recognised as a substitute for stramonium seeds. Exacum will be made official in India in place of Chiretta. One of the most notable additions is that of Cotton root bark, the Gossypii Radicis Cortex which has active emmenagogue and oxytoxic properties. Some years ago, if we mistake not, in a trial for criminal abortion it was shown that the prisoner was in the habit of prescribing this drug, and it was stated by the medical experts engaged in the case that this remedy had no known legitimate use. It would appear that the pharmacological knowledge of the accused was somewhat in advance of that possessed by those who condemned him. It is indeed to be feared that in only too many cases the so called expert is a person who knows less about his subject than the majority of his professional brethren. Jasmine, which in India has a reputation as a lactifuge, is another new introduction which may prove useful, while Ajowan oil, which contains thymol and cymol, will in India take the place of peppermint, caraway, and other drugs containing essential oils. Oil of lemon grass, the Indian oil of verbena, is new, and will be found useful in cases of chronic dyspepsia attended with flatulence. Grindelia robusta is recommended provisionally, and we are told that "the books" allude to it as a remedy in bronchitis, asthma, and whooping-cough. As a matter of fact it has been extensively used both in England and in the United States for the last twenty years. The Pharmacopœia Committee seems to be a little bit behind the times, but we have no doubt that the Addendum when published will prove useful.

## Taste Depravity of Inebriates.

The use as a beverage of "finish," a weak solution of shellac in spirit employed by French polishers, is an old story, but we believe that its use for that purpose has fallen into abeyance in consequence of new regulations made by the Inland Revenue to prevent its sale for the purpose of drinking. Similarly the drinking of methylated spirit, a horribly nauseous concoction, increased, nevertheless, until it became necessary to add a stronger dose of methyl. A still more inconceivably repulsive form of tipple was the spirit drawn off museum preparations, and yet we believe that the drinking of that beverage has been the death of many museum porters, and it is a long-time reminiscence that the Royal College of Surgeons, Ireland, on the appointment of a new Museum Curator, discovered that several hundreds of pounds worth of its specimens had been destroyed by the abstraction of the spirit from the bottles, the past curator having been a confirmed inebriate. The latest advance in the direction of a new intoxicant is the drinking of petroleum oil a practice which is stated to be rapidly growing to the dimensions of a great national vice in France. The taste of the liquid is absolutely repulsive, but to the Britisher who has tasted the abominations which are drunk with avidity and craved for by the French working classes, it will be obvious that nauseousness is not, of itself, a bar to the use of any beverage once that the taste has been broken-in to tolerate the liquid. The worst of the new intoxicant, from a social point of view, is that petroleum, taken in any reasonably quantity does not appear to be greatly detrimental to health. It is said that the drunkenness which it produces is of the morose and quarrelsome type, and not of the jolly character which arises from alcohol, but the fit is quickly slept off, and the victim awakes apparently not much the worse for his "outing".

## The Marriage of Ovariotomised Patients.

MANY years ago, in commenting on some statistics then before us concerning the subsequent history of patients who had had both ovaries removed, some of whom had married "and been happy ever after," we ventured to suggest that marriage under these circumstances was of the nature of a fraud unless the bridegroom had been duly informed of the mutilated condition of the otherwise eligible woman of his choice. We suggested, moreover, that the absence of the organs essential to reproduction which, according to the Church Service, is the aim and object of the institution of marriage, would not improbably be considered by the Courts to constitute a ground for declaring such marriages null and void. This point has recently been judicially considered by the American Courts with a somewhat curious result. The Supreme Court of New York apparently dissents from the view that inability to procreate, artificially induced, infers a disability "to enter the married state." This strange view is based on the physiological fact that women who have passed the meno-pause are equally incapable of procreation, and it has never been urged that such marriages are, or ought to be, stricken with nullity. It is argued that there is no essential difference between a woman who, through no fault of her own, has lost her ovaries through a surgical operation, and one whose ovaries have become functionally inactive through the operation of natural causes, and if one be held incapable of marrying there is no process of reasoning by which the other can be considered capable. The Court, therefore, expresses the opinion that the possession of the organs necessary to conception cannot, as a matter of law, be held to be essential to entrance to the married state so long as there is no impediment to the indulgence of the passions incidental to that state. Unfortunately, this judgment is beside the mark, for it leaves on one side the crucial question whether, if a man marries in ignorance of his wife's mutilation, he is not entitled to relief. We know of no authorised view of marriage other than that it is an institution for the procreation of children, and for the vast majority of persons this is, we presume, the ultimate object of the self-imposed sacrifice of sexual liberty. Under these circumstances we feel confident that the Courts in this country would take a somewhat different view of the responsibilities which marriage entails and infers, and would hold that the aggrieved husband had not received the "nature, quality and substance" which he contracted for.

## The Insurance Offices and Vaccination.

THE practice of taking out life insurances has of late years become more and more popular, so much so, that the offices concerned therein have added greatly to their business and incomes. The increase in the number of insurances, however, has manifested itself mainly in connection with children. Among the lower classes especially, the practice of insuring children's lives has spread to an extraordinary and, from one point of view, disquieting extent. In view of all these facts the question arises—How will the insurance companies regard the action of the conscientious objector in refusing the protection of vaccination to his children? This matter is attracting some notice in the insurance offices, and a rumour is current that the companies are contemplating the refusal in the future of policies upon the lives of unvaccinated persons. An unvaccinated person is regarded as a "bad life," and as such too risky to accept. If this plan of action were agreed upon by all the large insurance offices, no doubt the effect would be for a time to check the wily designs of the conscientious objector. But human nature is such, and the competition for business so great between the offices, that we have not much faith in the policy being successfully carried out. We should imagine that even if all the existing offices were to refuse unvaccinated persons a new concern would at once be floated ready to take at the usual rates every person in the kingdom who had neglected to be vaccinated.

## Contra-Indications to Breast Feeding.

THE indications for bringing up an infant at the breast are too numerous and too manifest for it to be necessary to dwell upon them, but it must not be forgotten that there are conditions in which this plan is contra-indicated. Tuberculosis, for instance, ought to be regarded as disqualifying the mother for the post of nurse. The objections that apply to the use of the milk of a tuberculous cow apply equally to that of a tuberculous mother, at any rate when the disease has passed the initial period. An anæmic mother is not likely to furnish a recommendable supply of milk for her offspring, who is very probably already suffering from physiological impoverishment as the consequence of a debilitated pregnancy. The various cachexiæ again formally contra-indicate suckling as well for the sake of the mother as of the child. Epilepsy and chorea are what may be termed mechanical contra-indications, in that they expose the child to the risk of injury. It seems hardly necessary to add that hereditary syphilis is a contra-indication, but we doubt whether it is regarded as such by the majority of practitioners at the present time. Local contra-indications consist in deformations of the nipples or lesions which render suckling painful or impossible. Lastly, it must be borne in mind that the milk of a mother who is taking certain drugs may become poisoned. Iodide and bromide of potassium, for instance, have been known to set up the characteristic skin lesions in the infant in a severe form, although the mother may have been quite free from any symptom of the kind. The infant, being much more sensitive than the mother, suffers in a disproportionate degree from the effects of such drugs.

### Post-Mortem Examinations.

MR. BRAXTON HICKS, the coroner who was so ungraciously handled the other day by Mr. Plowden, the metropolitan magistrate, on the hearing of the charge of perjury against a surgeon, has, we are pleased to see, received the support of Mr. Thomas Bond, the well-known medico-legal expert. This gentleman, in a letter to the *Times*, commends the coroner's conduct in this case, and adds some very pertinent remarks and anecdotes concerning the more than perfunctory way in which post-mortem examinations are sometimes carried out. Mr. Bond amply confirms the protest which we have often felt it our duty to make against the practice of entrusting these exceedingly important duties to the nearest practitioner, without regard to his competence in the matter. Unfortunately, it is not only ignorance which we have to fear at the hands of these amateur medico-legists, but, possibly even more frequently, gross negligence and carelessness, of which Mr. Bond gave several salient instances. We fully concur in his opinion that the gross injustice to which Mr Braxton Hicks was subjected should be officially brought to the notice of the Home Secretary, and the proper person to do this would seem to be Mr. Hicks himself.

### White v. Brown Bread.

A REACTION has set in in certain quarters against the use of brown bread, on the ground that it is much less nutritious than white. This may be the case, and, it may perhaps be conceded, moreover, that white bread is theoretically, at any rate, much more digestible than brown; but the reformers seem to overlook the fact that brown and whole-meal breads are not selected on account of any fancied superiority in these respects over white bread. On the contrary, it is precisely because there is a larger undigested residue to stimulate the intestines to action that these brown breads owe their popularity. Constipation is one of the commonest and, in a minor degree, one of the most distressing ailments incidental to civilised life, and is responsible for a good deal of the dyspepsia and anæmia which are met with in daily practice. The ingestion of whole meal breads of the "Hovis" type materially assists in overcoming this tendency, and their use is not likely to be discontinued merely because, weight for weight, white bread contains a larger quantity of assimilable nitrogen. At most the difference is but trifling, and would be amply compensated by an extra slice of bread and butter, and the passage of the undigested portion along the alimentary tract does not entail any appreciable strain on an organism which usually works at low pressure with an ample margin for contingencies.

### The Deadly Low Flash Oil.

WE sincerely trust that the campaign against the deadly low flash oil will this year be carried to a successful issue. In the course of the year just closed no fewer than 100 persons lost their lives in this country directly in consequence of the explosive qualities of the dangerous oil. Our contemporary, the *Star*, which has done so much to bring public opinion to bear upon this question, has just published some startling facts relating thereto, and urges that the raising of the flash point is the most important social reform of the hour. Everyone who has paid the smallest attention to the subject must admit that legislation is imperatively demanded in this direction. The low-flash oil is not allowed to be used in America; the Russian manufacturers will not prepare it, and, significantly enough, the barracks, docks, and lighthouses in this country are never lighted with it. Therefore, apart from other testimony altogether, we should have thought that the Government ought to be satisfied with these facts, and raise no difficulty in acting upon them in the interests of the large population to whom mineral oil is a necessity.

### "Private and Confidential."

WE have recently criticised the new policy of hugger-mugger and secrecy which has been developed in the administration of the General Medical Council since Sir William Turner succeeded the late Sir Richard Quain as President and Mr. Allen succeeded Mr. Miller as Registrar. We have entered our protest against a system of dealing with the business of an important public body in whispers or by hole and corner coteries, and we are glad to believe that the good sense of a large majority of the Council will be manifested against the methods sought to be established by a small party of the executive of the Council. We speak again to-day in order to repudiate emphatically any obligation to regard as confidential the official communications and reports set forth in the Council's programmes. It is not because the President or Registrar pleases to direct the printer to put "private and confidential" in the corner of the programme that they can thereby withdraw its contents from public knowledge and discussion, nor indeed is there anything in the agenda of the Council which would justify secrecy except, perhaps, the details of a case upon which the Council has to sit in judgment upon an indictment for "infamous conduct.' The School Board or the County Council would have as much right as the General Medical Council to hide away the data for its public business and neither conclave has ever thought of doing so.

### New Year Honours.

THE list of New Year honours comprises a fair number of representatives of the medical profession. To begin with, Sir Henry Thompson is awarded a baronetcy, which we hope he may be spared to enjoy for many years to come. Dr. Herman Weber carries off a knighthood, doubtless in return for his active collaboration in the anti-consumption movement. Sir Charles Cameron, the well-known Medical Officer of Health for Dublin, is made a C.B., upon which we offer him our congratulations; and Dr. T. E. Macpherson is created C.M.G. as a member of the Uganda administration. Of Indian officials Colonel W. P. Warburton, M.D., and Colonel D. Sinclair are nominated Companions of "The Most Exalted Order of the Star of India," while Lieut.-Colonel H. K. McKay and Major W. B. Browning are made Companions of the "Most Eminent Order of the Indian Empire." Dr. Plunkett O'Farrell, Commissioner of Control and Inspector of Lunatic Asylums in Ireland, is to be made a Knight. Lastly, the Queen has been pleased to approve the following appointments in the Order of the Hospital of St. John of Jerusalem in England, in recognition of distinguished services rendered during the plague epidemic in India: —

To be enrolled Honorary Associates of the Order:—Captain J. L. T. Jones, Captain W. E. Jennings, Captain A. F. W. King, Lieutenant W. J. Niblock. The following ladies have been selected as Honorary Serving Sisters of the Order: - Miss Lillian M. Robinson, Bombay; Miss Maud B. Kendall, Bombay; Miss Jane Eleanor Wheatley, Poona; Miss Emma Ann Moles, Poona: Miss Jessie E. Blair Hitchman, Sholapur; Miss Marion Hale, Cutch; Miss Harriet Jane Horne, Karachi; Sister Heriberta, Karachi; Mrs. Dyson, Surat.

### The Proposed New Imperial University for India.

THE Provisional Committee appointed to carry out the preliminary steps to give effect to Mr. J. N. Tata's munificent offer for the foundation of a new University or "Research Institute" for India have interviewed the new Viceroy, with the object of securing his "sympathetic adhesion" to the scheme, towards the maintenance whereof the Government will by and bye be asked to contribute. Lord Curzon did not withhold his sympathy, but he showed diplomatic caution when asked to endorse the proposals laid before him. He evinced a desire to receive information on two very important points—viz., whether, when the professors had been appointed, a sufficient number of pupils would be forthcoming to justify the new departure; and, secondly, whether, assuming an adequate attendance of students, posts could be found for them when they had fully availed themselves of the facilities which the institution would offer. Mr. Justice Candy, in his reply, made it clear that they looked especially to medical and sanitary science students for their *alumni*, and these, it was confidently anticipated, would find ample scope for useful and remunerative activity. Mr. Tata's offer of 30 lakhs of rupees is one which it would be a pity to allow to lapse, but a little caution on the part of the Government in committing itself to approval of a particular scheme is perhaps commendable, as so many contingencies have to be borne in mind.

### The Dublin Orthopædic Hospital.

A NOTICE appears in the Dublin newspapers of a somewhat unusual character, being an intimation that the executive of the Dublin Orthopædic Hospital has made application to the Board of Trade to register it as a limited liability institution. As is the manner of all who manage concerns which apply for official recognition, the executive of the hospital applies for most expansive powers empowering it to fit out hospitals of unlimited extent, to pay the staff, to deal with the assets of the existing institution or any other assets which may accrue, and, in fact, to do a thousand things which, we apprehend, the existing executive has no intention of doing. We notice the public announcement only as a new departure, and reserve further criticism of the prospectus, in case such may seem necessary.

### The Latest Sham Diploma.

A YORKSHIRE chemist, who, it would appear, is indisposed to submit himself to the excruciating ordeal of the examination for "Fellowship" of the Spectacle Vendors' Company, has improved upon the diploma granted by that august body. He announces himself as a "Doctor of Refraction" (Ref. Doct.) duly examined and graduated (*in absentiâ*) by the Philadelphia Optical College. This trustworthy institution says that he has "passed a most satisfactory examination in the theory and practice of refraction," and is, therefore, "entitled to the highest honours which the College can bestow," which is not saying much. But we await with interest some indication of the nature of the evolution described as "the practice of refraction."

### The St. Petersburg Academy of Medicine

THE Czar is delighted to honour this Academy, for he has addressed a letter, on the occasion of its centenary, eulogising and congratulating it. Several British physicians and surgeons have been chosen as honorary members, including Sir William Turner, Sir William McCormac, Sir William Stokes, Mr. MacEwen, Lord Rayleigh, Dr. Thompson, and Dr Brunton.

THE meeting of the British Pharmaceutical Conference is to be held this year in Plymouth in the month of July.

A WAVE of salubrity is passing over Dublin just now. The total death-rate, which stood at 30·1 per 1,000 of the population in the first week of December, came down to 24·6 in the last week. Scarlatina, enteric, and diphtheria have all decreased in prevalence. The same may be said generally of the twenty-three town districts of Ireland, the aggregate death-rate of which came down, within the month, from 25·7 to 21·5,

### Coroner v. Doctor.

A young man, while playing football, suddenly experiences pain in the abdomen and is taken to the hospital, where he is found to be suffering from strangulated hernia, and an operation was done, which, however, did not avert a fatal issue. The surgeon, naturally enough, delivered a certificate to this effect, but is called to account by the coroner (Mr. S. Langham), who holds that he ought to have been consulted before the death was certified. With all respect to Mr. Langham we cannot assent to his contention that the question whether or not death was accelerated by the football was one for the jury and not for the surgeon to decide. This is essentially a medical question, and the possibility of injury does not come in at all, so that Mr. Booker, the surgeon referred to, was acting well within the limits of discretion when he arrived at the conclusion that the case was not one calling for inquiry.

### Menelik's Diversion.

Menelik is devoting himself to watching surgical operations. In the hospital at Addis Ababa attached to the Russian mission there, he never loses an opportunity of watching the surgeons in their work. Their skill often calls forth from him expressions of admiration. His great desire is to act the part of an assistant, and, for example, hold the limb when an amputation is being performed, So much interest does he take in the proceedings that many times he has been heard to call out "Oya gut! Oya gut!' (admirable, admirable) as the surgeon displays some modern detail of surgical art. It is stated that he is kept informed of everything that takes place at the hospital, and that he never misses being present at an operation. Bravo, Menelik!

### Army Medical Requirements.

The *Manchester Guardian* says that the condition of the military Medical Service is far from being restored to equilibrium by the recent concessions to the demands of the officers, and that the anticipated rush of candidates has by no means satisfied the military authorities. It lays the blame for this upon the arrangement which, to economise the services of officers serving abroad, puts them on prolonged foreign service, and fills up their places at home with reserve men. This can scarcely be the true explanation of continued abstention of candidates, inasmuch as incoming candidates may be supposed to know not much and care less for the prolongation of the foreign service of the senior officers.

### A Mismanaged Hospital.

Serious allegations have been made public affecting the Guildford, Godalming, and Woking Joint Hospital Board. It seems that some newly appointed nurses had resigned on the ground that they had to live in the "scarlet fever kitchen," and sleep in the diphtheria room, while the general arrangements as to cleanliness, &c., left much to be desired. The allegations have been referred to a committee for investigation, and we trust the local Press will take care that all legitimate grounds for complaint are removed. It should be borne in mind that nurses are entitled to special protection in view of the risks associated with their duties, and proper provision for their comfort and well-being ought to form an integral part of any hospital scheme.

### Non-Compliance with the Notification Act.

Mr. John Patrick McNeil, surgeon, of Filmer Road, W., was fined at the West London Police Court last week for having neglected to notify a case of scarlet fever. He defended himself on the ground that he had not examined the child and was not aware of the nature of the illness. We cannot extend the sympathy which we have sometimes expressed for the victims of this legislation to Mr. McNeil, who appears to have only himself to thank for this occurrence.

### The Educated Herbalist.

A man died last week in Southampton after treatment for leprosy by a local herbalist, who admitted in the witness-box that he kept no books, did not know what he had given to the deceased, and could neither read nor write. Nevertheless he said that he had been in practice for sixty years, and had "cured not hundreds but thousands of patients." He got off scot free.

The *Standard* of last Saturday records an extraordinary fatality within one family, and within a few days. On November 26th died, at Blackheath, the mother, æt. 80; on December 10th, suddenly at Yokohama, the youngest son, æt. 59; on the 21st, at Blackheath, the daughter, æt. 34; and on the 27th, in Australia, the third son, æt. 50. Obviously these deaths did not result from any epidemic, and had no immediate connection with each other, which makes the coincidence the more remarkable.

The measures to be adopted to stamp out tuberculosis are to be the subject of a Congress which will be held in Berlin from May 23rd to 27th next.

Dr. James Hunter, of St. Catherine's, Linlithgow, has been presented with a testimonial expressive of affection and esteem, in the shape of a horse and brougham with harness complete, subscribed for by his patients.

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## Scotland.

[from our own correspondent.]

### THE PAST YEAR.

The prominent feature in Scotland of the year just ended was undoubtedly the annual meeting of the British Medical Association, held at Edinburgh, in the last week of July. For nearly a year beforehand the various local committees had been hard at work arranging details, and were fortunate enough to see their labours rewarded in the success attendant upon the general run of the proceedings. Unfortunately, owing to the record attendance of members, and of their relations, many of the entertainments could not be rendered comprehensive enough to allow of all those desirous of taking part obtaining admission. It must be said, howver, that there were always other functions available n place of the more popular attractions, which those nable to gain admission to the latter could attend. The mpossibility of securing accommodation for more than a limited, though very considerable, number occasioned the ascription of blame to the arrangements, not to the real cause. Favoured with brilliant weather, received with admirable hospitality, honoured by numerous foreign guests, and provided with interesting topics for discussion, the meeting in Auld Reekie was a great success.

Otherwise not much of note has marked the passing year. The College of Medicine in Dundee has been providing for the professorships authorised by the Universities Commissioners on its affiliation with the University of St. Andrews. Occupants of the chairs in pathology, materia medica, chemistry, &c., having been elected.

Professor Fraser, of Edinburgh University was appointed in October to the presidentship of the Plague Commission sent by the Government to study the various scientific subjects connected with the etiology and prevention of that disease. The manner of his going and the arrangements made for the conduct of his work led to some acute frictional symptoms, both in the Edinburgh University and Royal Infirmary, which, however, rapidly subsided.

Influenza continued to attack many persons throughout the year, not at any time in severe epidemic form, but in quite definite enough numbers.

Perhaps the meteorological conditions which have prevailed throughout the entire year form the most noticeable point. Although the occurrence of greater warmth than usual has been marked, the extraordinarily great decrease of any pronounced cold has been its chief characteristic. Up to the end of November the decrease in accumulated day degrees below 42 degs. F. amounted to nearly as much as 30 per cent. of the figure expected.

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## PLAGUE IN INDIA.

WE learn by the last mail that a marked decline of plague has been brought about throughout the Bombay Presidency, and at length we may hope for a rapid disappearance of the infection, at any rate in the epidemic form. This has been brought about chiefly by the more favourable reception given to inoculation, and to the efficacy of Professor Haffkine's newer prepared serum. He seems to have attained better success by appealing to the people through their own religious leaders. On Wednesday last a very successful meeting was convened by the ex-Sheriff of Bombay, Adamjee Peerbhoy, at which some five thousand persons were present. The High Priest of the Bohras, whose word is law among his co-religionists, declared that there was nothing opposed to religion in the Professor's system, and therefore, his people could no longer object to inoculation as a preventive against the plague. The ex-sheriff and his son thereupon at once submitted themselves for inoculation, and a large portion of those present followed the good example. Professor Haffkine has, it appears, quite recently discovered a new and more promising mode of inoculation, whereby the after-effects are very much modified, and less disturbance of the general health follows. The success attendant upon the experiment of persuasion, will, it is hoped, facilitate and smooth the work of the medical profession in their efforts to stay the plague. This, however, is not the first success of the kind which has attended the exhausting labours of Professor Haffkine since he landed in Bombay some two or three years ago with the intention of studying cholera. When the plague found its way to the Byculla House of Correction, Bombay, the professors and students of the Grant Medical College volunteered to go to the jail and submit to inoculation in the presence of the prisoners. This had the effect of inducing the greater number of the inmates to follow their example.

Of the 175 uninoculated, Professor Haffkine reported "twelve took the plague and six died, while of the 148 inoculated, two only were attacked and both recovered." In the course of a few weeks some 8,000 persons submitted themselves for treatment. In another town, Lower Damaun, 2 100 persons were inoculated, while three times the number refused to submit, and between March and the end of May, 1,400 deaths occurred among the uninoculated. This large number of deaths, when compared with the 2,100 inoculated week by week, and supposing that they remained as susceptible to plague as the former, should have lost at least 382 individuals; whereas the actual number of deaths was only 36, representing a reduction of 89 2 per cent. A striking and convincing enough statement in favour of inoculation, giving encouragement to the hope that the termination of this third outbreak of plague is not far off.

The Plague Commission at Bangalore examined many witnesses as to the efficacy of Professor Haffkine's serum and the consensus of opinion as to its efficacy is considered to be very satisfactory. Two lady doctors, indefatigable at work among the women and children, spoke strongly in favour of inoculation. In the Northwest Provinces, the sanitary commissioner reports periodical outbreaks of a disease the symptoms of which correspond very closely to the less known form of plague, the pneumonic form. It is in most districts termed "Maha-mari." In the Mysore State there is little abatement of plague, which still shows a high death-rate. In the Hyderabad States there is no marked remission. In the Madras Presidency and the Central Provinces the disease, although pursuing a persistent course, is of a less severe character. In Bangalore, where for a time it raged so severely, a satisfactory and gradual decline is reported, while in Belgaum and Hubli it is fast disappearing. The Plague Commission held three sittings in Calcutta, and will make a second tour of the plague stricken districts of Bombay.

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# Correspondence

We do not hold ourselves responsible for the opinions of our correspondents.

## THE EXAMINING BOARDS AND PRELIMINARY EDUCATION.

*To the Editor of* THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the letter of the Registrar of the General Medical Council, which appears in your last issue, the incorrectness of the figures given in the report of the Education Committee with regard to cases of "deficiency in general education," reported by the Examining Boards of the "Navy, Army, and Indian Medical Services," is admitted, and it is explained that the limitation of these reports to the three services was due to an oversight in the drafting of the report which has, however, already been issued to the public in the half-yearly volume of the Council's minutes, has been made the subject of general comment in the Press, and has been officially communicated to this College. The oversight is, to say the least, unfortunate, as the report, in the form in which it was presented to the Council, was calculated to convey a most erroneous impression as to the extent of the alleged "deficiency in general education" attaching to persons who had registered as medical students on the certificates of this College.

It is now stated that the figures given in the report comprise the whole of the cases reported by the various Examining Boards, "including those for the Navy, Army, and Indian Medical Services," and that out of these 14 are those of candidates who had passed their preliminary examination at the College of Preceptors. With regard to the accuracy or otherwise of the figures given in the table in the registrar's letter, it may be sufficient to say that the total number of cases reported is, after the most careful examination of the published minutes, found to be, not 58 but 84, or exclusive of cases not traced, 65. The number of the cases attributed to the College of Preceptors is apparently arrived at by including some cases in which under the old 'piecemeal" regulation of the General Medical Council candidates were registered on certificates obtained from more than one examining body. As it would be impossible to say whether the subject of "English," in which the spelling test is usually included, was passed at one or the other examination, it seems only fair that all such cases should be eliminated, and the number for which the College of Preceptors may be held to be responsible would then be reduced to 11—11 cases in seven years out of a total of 2,133 candidates who, during that period have come on the Medical Students' Register by means of College of Preceptors' certificates. The proportion of cases traced to the College is therefore represented by the fraction 11-2,133, or about ½ per cent. The total number of medical students registered during the past seven years amounts to 12,526. The average of traced cases of deficiency would therefore be 1 in 193, or ½ per cent., the same proportion as that attributable to the College of Preceptors. But if only the number of those who have qualified on one or other of the *junior* or *preliminary* examinations in the United Kingdom be considered, the proportion would be 65 out of 8,467, or 1 in 130, or about ¾ per cent.

The proportion of reported cases of "deficiency in general education" among candidates who have qualified during the same period on certificates of the Irish Intermediate Education Board is represented by the fraction 3-166, or nearly 2 per cent., which is a somewhat different ratio from 11 2,133. Nevertheless, this examination is retained on the list, as are also the public entrance and other pre-graduate examinations of Trinity College, Dublin, with a proportion taken together of 4-150, or nearly 3 per cent The mere statement of these facts reduces the whole matter to its true proportions, and exhibits in the clearest light the triviality of the charge that has been brought against the College of Preceptors' examination, and made so prominent a feature in the report drafted, as was stated by the chairman of the committee, Dr. MacAlister.

I am, Sir, yours truly,
H. W. Eve,
Dean of the College of Preceptors.
College of Preceptors, Bloomsbury Square, W.C.

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## PRINCE OF WALES'S HOSPITAL FUND.

*To the Editor of* The Medical Press and Circular.

Sir, – A curious thought occurs to me with regard to the distribution of this Fund which is generally supposed to be under the direction of Sir Henry Burdett. This gentleman has been for many years an uncompromising advocate of uniformity in relation to all hospital matters, and publications are issued under his auspices for the furtherance of this praiseworthy principle.

One is forced to ask what is the basis of uniformity which has guided the award to two hospitals—("the London" and "Guy's")—of a third of the whole sum intended—at least, according to the ideas of subscribers for the relief of some eighty or ninety.

I am, Sir, yours truly,
January 2nd, 1899. X.

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## BOGUS MEDICAL DIPLOMAS.

*To the Editor of* The Medical Press and Circular.

Sir, - It is certainly alarming to medical practitioners who have industriously spent the greater part of their lives and fortunes in acquiring a license to practice their profession, to see day after day companies and mechanics such as the Spectacle makers and nurses of the Obstetrical Society successfully placing themselves before the public—so far as the general public can judge by their high sounding titles—with Fellows and Members of the different departments or branches of the Medical Profession. It is my experience when the public hear of a midwifery nurse with a diploma that they regard her in every respect, owing to her training of which the diploma is accepted as a guarantee, to be as capable of seeing a woman through the intricacies of her confinement as any registered medical practitioner, and needless to add this little simple-minded fallacy has the nurses fullest connivance.

It is to be feared, too, that ophthalmic surgeons, with their hard earned Fellowships and degree honours, will experience similar trouble from the Diplomate or Fellow of the Spectacle Makers' Company, and that the titles will be simply sought in many cases to parade before the public with a view to deception. However, anything that would tend to misconstrue the honour attached to the present day hard-earned medical or surgical Fellowship is to be deprecated in itself, but if "faked" honours of the obstetrical and spectacle class should lead, as some would suggest, to the abandonment of such justly honourable titles, the result would be an enormous loss to medical education, as with such post-graduate honours would disappear all incentives to further medical education, and members of the profession would have to content themselves with the diplomas of their final students' examination. Unqualified assistants are a thing of the past but the Spectacle Makers' Company and Obstetrical Society are reviving them in an infinitely worse and more dangerous form. Few, if any, of the unqualified assistants were ever so ignorant of the science of their business as the midwife with the diploma, why then not allow them to get a diploma in this branch of the profession and practice it? Why should the unqualified assistant labour under sexual disabilities?

I am, Sir, yours truly,
Medicus.

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# Literature.

## CATTLE TUBERCULOSIS (*a*).

This little work is all it pretends to be, and more, since it is not only a guide to laymen, but also to medical men and veterinary surgeons, for it gives them in a concise and readable form all they require to know about this dire malady for everyday practice.

It points out very truly that the general professional man and the public are just beginning to wake up to the importance of this disease respecting public health. A fact which Professor Gerlach, late director of the Berlin Veterinary School tried to bring prominently before the public more than twenty years ago from the experiments he had then carried out; and this was followed up in this country by a pamphlet on "Tuberculosis from a Sanitary and Pathological Point of View," by Dr. George Fleming, F.R.C.V.S., late Principal Veterinary Surgeon to our Army in 1881. Dr. Creighton, we believe, conclusively demonstrated some fifteen years or more ago the identity between human and bovine consumption, still, it is only within the last few years, we may even say months, that this has been generally accepted. However, we think a perusal of this little work of 77 pages, will do a good deal to convince those who still have any doubts on the subject, if they will only take the trouble to read it especially with regard to the dangers of feeding young children and animals on milk containing the bacilli of tubercle, which hitherto has received so little attention from those in authority.

It is divided into chapters dealing with the causes, symptoms, and prevention of tubercle, the inspection of such meat, and how tuberculous carcasses should be used, and last (but not least, to the owners of such animals) the necessary means of preventing any very great loss, and stamping the malady out from our herds.

There are also some very instructive statistical tables showing the percentage of animals affected, as well as its distribution in the various organs of the body. Altogether the work is carefully collected and put together, in fact it is a *multum in parvo* on tuberculosis, and we strongly recommend all those connected with public health, stock raising, and dairy work to obtain a copy and carefully read it.

## TAYLOR'S MANUAL OF THE PRACTICE OF MEDICINE. (*b*)

This popular text-book of the Practice of Medicine has now expanded to the dimensions of 1,002 pages. The

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(*a*) "Cattle Tuberculosis. A Practical Guide to the Farmer, Butcher, and Meat Inspector." By T. M. Legge, M.A., M.D., and Harold Sessions, F.R.C.V.S. London: Bailliere, Tindall and Cox. 1898. Price 2s. 6d. net.

(*b*) "A Manual of the Practice of Medicine." By Frederick Taylor, M.D., F.R.C.P., Physician to, and Lecturer on Medicine at, Guy's Hospital, &c., &c. Fifth edition. London: J. and A. Churchill. 1898.

continuous popularity of its progress is the very best evidence that can be supplied of its importance as a guide book to the student and the practitioner.

Besides the revision of the general text, the "introductions to Diseases of the Nervous System and to Diseases of the Blood, and the subjects of Aphasia and Ringworm," we have additions to the text of the former editions in the articles on Glandular Fever, Diver's Paralysis, Enthromelalgia, Angeioneurotic Œdema, Hypertrophic Pulmonary Osteo-arthropathy, and Tubercle of the Skin. A separate section is devoted to Diseases of the Mediastinum; and Filarial Diseases and hæmo-globinuria have been transferred to Diseases of the Lymphatic System and of the Blood respectively.

In addition to the textual modifications, by which the author has carefully and conscientiously brought his subjects up to the present standard of scientific attainments and practical requirements, we are told in the closing paragraph of the preface that "It has been thought advisable to make a change in the style of the printing of the work, and it is hoped that the larger page, with a clearer type, will be found an improvement.' We congratulate Dr. Taylor on the result of his labours, and feel assured that this convenient and beautifully printed manual will continue to enjoy its well-merited popularity.

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## Medical News.

### Medical Reform.

At a well-attended meeting of practitioners of Rochester, Chatham, Strood, New Brompton, Sittingbourne, and districts, held at St. Bartholomew's Hospital on the 23rd ult., at which a paper was read by Mr. R. B. Anderson, F.R.C.S., explaining the policy of the Corporate and Medical Reform Association, the following resolutions were enthusiastically and unanimously passed: —"That this meeting of registered medical practitioners of Rochester, Chatham, Strood, New Brompton, Sittingbourne, and district, supports the principles and policy of the Corporate and Medical Reform Association, Limited, and will co-operate collectively and individually, by every constitutional means, in promoting its measures" "That this meeting of registered practitioners, members of or joining the Association, hereby resolves itself into a district society of the Corporate and Medical Reform Association, Limited, for that district." A memorial to the General Medical Council on the subject of the illegal granting of certificates having been signed by the twenty-three members present, the meeting terminated with votes of thanks to Mr. Anderson and the chairman, Mr. Vincent Bell.

### The Mortality of Foreign Cities.

The following are the latest official returns, and represent the last weekly death-rate per 1,000 of the several populations:—Calcutta 22, Bombay 40, Madras 41, Paris 18, Brussels 19, Amsterdam 16, Rotterdam 17, The Hague 13. Copenhagen 16, Stockholm 16, Christiania 19, St Petersburg 24, Moscow 30, Berlin 16, Hamburg 16, Dresden –, Breslau 22, Munich 26, Vienna 20, Prague 26, Buda-Pesth 20, Trieste — Rome 15, Turin (10 days) 14, Venice 19, Cairo —, Alexandria —, New York (including Brooklyn) —, Philadelphia 16.

### Royal London Ophthalmic Hospital.

Sir Squire Bancroft has kindly promised to tell the story of Charles Dickens' Christmas Carol at St. Martin's Town Hall on Thursday afternoon, January 12th, at 3 o'clock in aid of the Royal London Ophthalmic Hospital. The Right Hon. Sir John Lubbock, Bart., M.P., F.R.S., &c. (president of the hospital) will preside. Tickets can be obtained from the Secretary, Royal London Ophthalmic Hospital, Moorfields, E.C.

### Vital Statistics.

The deaths registered last week in thirty-three great towns of England and Wales corresponded to an annual rate of 17·8 per 1,000 of their aggregate populations which is estimated at 11,218,378 persons in the middle of this year. The deaths registered in each of the last four weeks in the several towns alphabetically arranged, corresponded to the following annual rates per 1,000:—Birkenhead 14, Birmingham 19, Blackburn 17, Bolton 21, Bradford 16, Brighton 18, Bristol 17, Burnley 13, Cardiff 10, Croydon 13, Derby 13, Edinburgh 18, Glasgow 18, Gateshead 15, Halifax 19, Huddersfield 14, Hull 15, Leeds 17, Leicester 12, Liverpool 22, London 17, Manchester 23, Newcastle-on-Tyne 18, Norwich 15, Nottingham 20, Oldham 20, Plymouth 18, Portsmouth 14, Preston 21, Salford 25, Sheffield 18, Sunderland 17, Swansea 30, West Ham 14, Wolverhampton 12. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 2·6 in Bolton and 2·9 in Nottingham; from whooping-cough, 1·1 in Halifax and 1·3 in Preston; from "fever," 1·0 in Salford, 1·3 in Brighton and in Bolton, and 1·4 in Norwich: and from diarrhœa, 1·1 in Plymouth. In none of the large towns did the death-rate from scarlet fever reach 1 per 1,000. The 115 deaths from diphtheria included 46 in London, 17 in Leeds, 10 in Swansea, 7 in Sheffield, 6 in West Ham, 6 in Liverpool, 4 in Brighton, and 3 in Cardiff. No death from small-pox was registered in any part of the United Kingdom.

## PASS LISTS.

### University of London.

The following are the official lists of candidates who passed the examinations this month under the specified headings:—

#### M.D. Examination.—Medicine.

Percy Edward Adams, Arthur Percy Allan, B.S., John Hervey Bodman, B.S., William Francis Victor Bonney, B.S., John Arthur Oswald Briggs, Maud Mary Chadburn, Frederick Nesfield Cookson, Montague Dixon, B.Sc, Robert William Dodgson (Gold Medal); Edward Guy Dru Drury, B.S., George Richard Elwin, Arthur Henry Evans, B.S., John William Haines, B.S., Arthur Heath, Alfred Howell, Tom Harold Hunt, B.S., James Hussey, William Henry Jewell, B.S., John Llewelyn Jones, B.S., Cuthbert Henry Jones Locyker, B.S., Antony Alexander Martin, B.S., Elizabeth Jane Moffett B.Sc., Eldon Pratt, George Basil Price, B.S., William Thomas Gordon Pugh, B.S., Alfred William Sanders, William George Savage, B.Sc., Herbert John Scharlieb, B.S., Alfred Walter Sikes, B.S., B.Sc., Edmund Ivens Spriggs; William Henry Butter Stoddart, B.S., Francis Hugo Thiele, B.Sc., Evan thomas, B.S., Edwin Josiah Toye, B.S., B.Sc., Ethel May Vaughan, B.S., Wilfred Brougham Warde, Thomas Henry Wells.

#### B.S. Examination.—First Division.

Thomas Varley Cunliffe, Joseph Geo. Emanuel, B.Sc., John Preston Maxwell Donald John Munro, Winifred Secretan Patch, B.Sc., Ernest William Spink.

#### Second Division.

Louisa Garrett Anderson, John Smedley Boden, Elizabeth Honor Bone, Harold Wilson Bruce, Arthur Stanbury Cobbledick, Ernest Coleman, Lucinda Catherine E. Forster, Leonard Gilbert, Ernest Geo Leopold Goffe, Arthur Stanley Green, Joseph Percy Hall, Lionel Edwin Charles Handson, Harry Edward Hewitt, John David Jenkins, Jn. Cyril H. Leicester, M.D., B.Sc., Frank Charles Lewis, James Laidlaw Maxwell Mary Elizabeth Pailthorpe, Francis Riley, Harry Sinigar, M.D., Florence Ada Stoney, Russell Henry Jocelyn Swan, Walter Hy. Maxwell Telling.

#### M.S. Examination.

Charles Herbert Fagge, Charles E. Mackenzie Kelly, M.D., John Stretton Sloane, B.Sc., William Turner.

#### M.B. Examination.—Examination for Honours.—Medicine.

First Class.—Thomas Jeeves Horder, B.Sc., Gold Medal, St. Bartholomew's Hospital: Henry Gwynne Lawrence, Scholarship and Gold Medal, St. Mary's Hospital; Russell Henry Jocelyn Swan, Guy's Hospital.

Second Class.—Frederick Fenn Elwes, Middlesex Hospital; William Layard Griffiths. B.Sc., University College; Frank Charles Lewis, St. Mary's Hospital.

Third Class.—Elizabeth Honor Bone, Royal Free Hospital; Harold Douglas Singer, St. Thomas's Hospital.

#### Obstetric Medicine.

First Class.—Thomas Jeeves Horder, Gold Medal, St. Bartholomew's Hospital; Henry Gwynne Lawrence, St. Mary's Hospital; J. Preston Maxwell, Scholarship and GoldMedal, St. Bartholomew's Hospital.

Second Class.—Joseph George Emanuel, B.Sc., Mason C. and Queen's and Gen. Hospitals, Birmingham; Frank Charles Lewis, St. Mary's Hospital.

Third Class.—Victor Evelyn Collins, Guy's Hospital; Donald John Munro, Guy's Hospital; Henry Peet, Yorkshire College; Arthur Geo. Grant Plumley, Med. Sch. and Univ. C. Bristol and Guy's Hospital; Francis Riley, Westminster Hospital.

#### Forensic Medicine.

First Class.—Victor Evelyn Collins, Guy's Hospital; Thomas Jeeves Horder, Gold Medal, St. Bartholomew's Hospital.

Second Class.—Leonard Gilbert, St. Thomas's Hospital; Arthur Stanley Green, R. C. Surg. Ireland and Meath Hospital; Harry Edward Hewitt, St. Thomas's Hospital; Francis Seymour Lloyd, St. Mary's Hospital; Harold Douglas Singer, St. Thomas's Hospital.

# Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

**Original Articles** or **Letters** intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

**Reprints.**—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before the type is broken up.

**Reading Cases.**—Cloth board cases, gilt lettered, containing twenty-six strings for holding the numbers of The Medical Press and Circular, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

**Local Reports and News.**—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

### "MUSIC HATH CHARMS," Etc.

A **correspondent** sends the following festive effusion :—It has been suggested that music might prove a useful adjunct (in some cases, at least) where the usual routine treatment by medicine had not proved satisfactory. I venture to suggest the following well-known airs as being suitable for the cases enumerated, viz. :—

Retarded labour from inertia ("Coming through the rye").
Chronic aphonia ("The lost chord").
Melancholia ("The heart bowed down").
Epilepsy ("Let me like a soldier fall").
Cases of chronic deafness ("Come back to Erin").
Pyrexia ("McCoolin").
Cases of doubtful diagnosis ("Oh dear, what can the matter be?")

A. D.

**Indignans.**—You are quite right in your supposition. Any private person is entitled to have an article analysed by the Public Analyst, on payment of a fee not exceeding half a guinea (Sale of Food and Drugs Act, 1875, Sect. 12—14). At the time of purchase he must inform the vendor of his intention to have the article analysed, and must offer to divide it into three parts, to be then and there separated, marked, sealed or fastened up. One portion is then to be handed to the vendor, one sent to the analyst, and the third retained by the purchaser. If the article be found adulterated such private purchaser may prosecute. Should the local authorities neglect their duty it is thus possible for a private individual to set the law in motion in the interests of the public Before undertaking any such step, however, he will do well to make himself thoroughly acquainted with the conditions and outlines of the special Act above quoted.

**Regius.**—The endeavour to stamp out quacks or quackery has never been remarkably successful. Even before the days of Henry VIII. the charter of the Royal College of Physicians of London gave them power to restrain all persons from practising the faculty of medicine in the City of London or within seven miles thereof without the college licence, under a penalty of £5, and by a statute in the reign of Henry VIII. which confirmed this charter it was further enacted that "No person shall be suffered to exercise or practise in Physick through England without a licence from the college, except he be a graduate of Oxford or Cambridge, which hath accomplished all things for his form without any grace," but it is to be noted that no mention is made of any penalty. Somewhat similar provisions were made as to the practice of surgery, but whether these antiquated statutes could now be enforced is a matter which experience alone can settle.

## Meetings of the Societies and Lectures.

### Wednesday, January 4th.

**Obstetrical Society of London.**—8 p.m. Specimens will be shown by Dr. Lea, Dr. Addinsell, and Dr. J. Phillips. Papers:—Dr. Donald: A Case of Ectopic (Intra-ligamentous) Gestation at the Seventh Month in which the Fœtus was Extracted by Vaginal Incision.—Dr. D. Robinson: Vulval Discharges in Children.

### Thursday, January 5th

**Harveian Society of London** (Stafford Rooms, Titchborne Street, Edgware Road), 8.30 p.m. Mr. H. Marsh: On the Subsequent History of Cases in which Adhesions have formed in Joints, the Peritoneal Cavity, and other parts.

### Friday, January 6th.

**West London Medico-Chirurgical Society** (West London Hospital, Hammersmith W.).—8.30 p.m. Mr. R. Lake: The Treatment of Laryngeal Phthisis.—Mr. J. R. Lunn: Two Cases of Optic Neuritis associated with Mastoid Disease.—Dr. J. Allan: A Series of Twelve Tracheotomies for Laryngeal Diphtheria in Young Children, with Nine Recoveries.

**Laryngological Society of London** (20, Hanover Square, W.).—4.30 p.m. Annual General Meeting Election of Officers and Annual Reports. Cases will be shown by Dr. S. Spicer. Dr. D. Grant, Mr. C. Symonds, Dr. B. Baron. Mr. M. Agar, Dr. Tilley, Sir Felix Semon, Dr. W. Williams, Mr. W. Wingrave, Mr. A. Thorne, Dr. St. Clair Thomson, Dr. W. Hill, and others. 8 p.m. Dinner at the Cafe Royal.

**Royal Academy of Medicine of Ireland.**—Dr. Purefoy: Myomatous Uterus. Dr. Glenn: Intra-ligamentous Cyst of Left Ovary; Tuberculous Tube and Cystic Right Ovary; Removed by Abdominal Section. Dr. Jellett: Mymatous Uterus undergoing Carcinomatous Degeneration. removed by Panhysterectomy. Papers: 1. Report of Rotundo Hospital Maternity for past year. 2. Report of Rotunda Gynæcological Hospital. 3. Dr. More Madden: Treatment of Malignant Disease of the Uterus.

### Tuesday, January 10th.

**West-End Hospital for Diseases of the Nervous System** (73, Welbeck Street).—4 p.m. Dr. Harry Campbell: Cases of Locomotor Ataxy, with Observations on its Treament.

## Vacancies.

Birmingham City Asylum.—Junior Assistant Medical Officer unmarried. Salary £100 a year, with board, lodging, &c.

County Asylum, Rainhill, near Liverpool.—Assistant Medical Officer. Salary commencing at £100 per annum, with furnished apartments, board, attendance, and washing.

Finsbury Dispensary. Goswell Road. London.—Resident Medical Officer for one year. Salary £100 per annum, with furnished residence in the institution, attendance, coals, and gas.

Govan District Asylum.—Junior Assistant Medical Officer. Salary £100 a year, with board and residence. Applications to the Medical Superintendent, Hawkhead Asylum, Paisley.

Kensington Dispensary.—Resident Medical Officer, unmarried. Salary £125 per annum, with furnished apartments, coals, gas, and attendance. Applications to the Honorary Secretary, 21, Lower Phillimore Place, Kensington, W.

National Hospital for the Paralysed and Epileptic (Albany Memorial), Queen Square, London —Pathologist. An annual honorarium of 50 guineas. Also House Physician. Salary £100 per annum.

Nottingham General Hospital.—House Physician. Salary £100, rising to £120, with board. lodging, and washing.

Royal Southern Hospital, Liverpool.—Resident Junior House Surgeon. Salary £60 per annum.

Royal United Hospital, Bath.—House Surgeon. Salary at the rate of £60 per annum, with board, lodging and washing.

Somerset and Bath Lunatic Asylum, Cotford, Taunton. Assistant Medical Officer for five years, single. Salary commencing at £120 per annum, with furnished apartments, board, fuel, lighting, and washing.

Sunderland Infirmary.—House Physician. Salary £80, rising £10 annually to £100 with board and residence.

Township of Toxteth Park.—Senior Assistant Medical Officer for the Workhouse and Infirmary. Salary £100 per annum, with board, washing, apartments. Applications to the Clerk to the Guardians, 15, High Street, Liverpool.

## Appointments.

**Burd, Cyril P.**, M.R.C.S., L.R.C.P. Assistant House Surgeon for the Salop Infirmary. Shrewsbury.

**Cole, J. W. E**, L.R.C.P.Lond., M.R.C.S., Assistant Medical Officer for the Infirmary of the City of London Union.

**Davies, Richard**, M.D., Ch.M.Edin., M.R.C.S., L.R.C.P.Lond., Medical Officer of the Cheltenham Union Workhouse.

**Gard, Henry**, L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Medical Officer for the Northern District of Devonport.

**Hogg, J. B.**, L.R.C.P., L.R.C S.Ed.. Inspector of Hospitals for the Insane in Queensland and Medical Superintendent for the Goodna Hospital for Insane, Queensland.

**Hutchinson, M. M. L.**, L.R.C.P., L.R.C.S.Irel., Medical Officer for the Buckhurst Hill Sanitary District of the Epping Union.

**Jones, R.**, L.K.Q.C.Irel.. L.R.C.S., Health Officer and Public Vaccinator for Eaglehawk, Victoria, Australia.

**MacDonald. M.**, M.B., Ch.B.Glasg.. Officer of Health for the Burgh of Greenock.

**Macgregor, G. R.**, M D.Aberd., Medical Officer of Health for the Bingley Urban District.

**Mason, J. J.**, L.R.C.P. L.R.C.S.Ed , Medical Officer for the Bollington Sanitary District of the Macclesfield Union.

**Melland, C. H.**, M.B.Lond., M R.C.S., Resident Medical Officer for the Manchester Royal Infirmary.

**Roberts, E. D. D.**, M.B., L.R.C.P., M.R.C.S., Medical Officer for the Workhouse and the First Sanitary District of the Dursley Union.

**Scholefield, G E.**, M.D.Ed., D.P.H.Vict , Medical Officer of Health by the West Lancashire Rural District Council.

## Births.

**Wright.**—On Dec. 24th, the wife of W. Southey Wright B.A., M.R.C.S., of Park View, Carshalton, of a son.

## Deaths.

**Magoris.**—On Dec. 26th, at the Seamen's Hospital, Royal Albert Docks, Nicholas Magoris, M.D.. aged 80, late Surgeon to the P. and O. Steam Navigation Co.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

Vol. CXVIII. WEDNESDAY, JANUARY 11, 1899. No. 2.

## Original Communications.

# THE SURGERY OF THE GALL-BLADDER.

By J. McARDLE, F.R.C.S.,
Lecturer in Surgery, St. Vincent's Hospital.

(*Continued from page* 644, *last vol.*)

### Hydatid Cyst Simulating Distended Gall-Bladder and causing Obstruction.

Case VI.—Miss O. B., æt. 24, came under my care suffering from severe pain in the abdomen, and chiefly in the right lumbar region. She had had severe vomiting, and had become greatly emaciated. The bowels could not be got to act properly, although flatus passed occasionally. On examination I found a tumour occupying the right hypochondriac region, and extending downwards to the anterior superior spine; it was tender on pressure, dull on percussion, and could be moved upwards and laterally with freedom, but could not be drawn downwards below interspinous line. It moved up and down with the respiratory act. An indistinct fluctuation could be detected, and, although the tumour felt ovoid, the dulness was encroached upon below and on the left side by an irregular area of resonance. Owing to the ease with which the tumour could be felt through the quadratus lumborum it was thought to be of renal origin, but bimanual examination under ether enabled me to discover the kidney, normal in position and size, lying well behind and on a higher level than the tumour. There had been no jaundice, no history of recurring colicky pains, and so gall-stone trouble was unlikely. I decided that it was a hydatid connected with the under surface of the liver, or a distended gall-bladder.

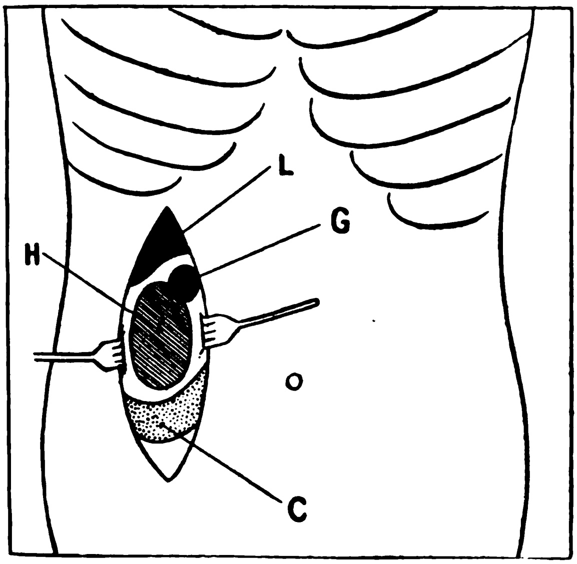


Fig 6.

*Operation.*—Assisted by Mr. Tobin and Dr. Alfred Smith, I opened the abdomen in the right semilunar line. I found the omentum adherent to the abdominal wall, and with some difficulty detached it, to find that it was closely connected behind to the tumour. So firm were the adhesions that I was obliged to resect a portion of the omentum. On turning down the stump of the omentum the tumour was exposed. It proved to be a hydatid as large as a fair sized melon, and somewhat like it in shape. It was surrounded, as in Fig. 6, by the colon, which was firmly adherent to its lower and left surface. The gall-bladder presented, as at G, Fig. 6, green and distended, and the tumour could be traced to the fissure of the gall-bladder, where it compressed the cystic duct and caused partial obstruction, leading to the distension observed.

The cause of intestinal trouble was very apparent when the colon (C, Fig. 6) was exposed. I found it dark purple in colour and firmly adherent to the lower and left lateral aspects of the tumour. The adhesions were very vascular, and during separation, rather free bleeding occurred. Most of this was controlled by packing with very warm gauze sponges, but at several points double ligatures were necessary before section of unusually firm attachments could be carried out. The most difficult part of the operation was the separation from the liver and gall-bladder, and one very large vessel—a branch extending from the cystic artery—was with difficulty secured; at the root of the tumour many vessels required ligature. When the tumour was removed a great cavity existed below the liver, into which the colon bulged. This cavity was tamponed with iodoform gauze, and the greater part of the abdominal wound closed with silk-worm gut sutures.

Owing to the low vitality and the protracted nature of the operation the patient did not rally rapidly, but on the second day after the procedure she seemed nothing the worse of its gravity. For some days there was rather free sero-sanguineous discharge. This ceased after removal of the gauze drain, and on the thirteenth day, when the sutures were removed, the wound was soundly healed.

From this time recovery was rapid, and since there has been no vomiting or intestinal distress of any kind.

Case VII.—Miss R., æt. 22, came under my care on March 3rd, 1898. She had been operated on several times for the purpose of relieving what appeared to be at one time ovarian trouble, at another intestinal. Obtaining no relief she consulted me, and on examination I found her looking at least 35 to 40 years old, dragged, worn and ashen grey, in appearance she was much wasted and complained that after any exertion acute abdominal pain set in a little above and to the right of the umbilicus, and any food, especially meat, also brought on this pain. There was not much vomiting, but she suffered greatly from flatulence, and after the pain persisted for any length of time an uneasy sensation occurred between her shoulders and down her back; the urine was loaded with lithates, and she found it very hard to overcome persistent constipation. There was deep-seated tenderness under the right costal arch and in this neighbourhood an ill-defined tumour could be felt.

*Operation:* I made a vertical incision in the right semilunar line three inches in length. Immediately on opening the peritoneum the gall-bladder presented in the wound, it was greenish in colour and much larger than normal I laid it open freely there was a copious discharge of fairly normal bile, and with the flushing scoop I removed 24 good sized calculi. The course of this case was uneventful, the wound was completely healed in the third week, and from the date of the operation until the present she has never had the slightest return of the old trouble, and now eight months after operation she has gone back to her proper age so far as her appearance goes.

**Case VIII.**—Mrs. C B. was sent to me by Dr. Moorhead, of Tullamore, on May 14th, 1898. For years she had had recurring attacks of abdominal pain, of late these had been so frequent and annoying that her life became intolerable. Jaundice was very marked, and the history showed that it had varied in intensity. During the last few months she was at times perfectly free from pain, but suddenly a fit of vomiting would come on to be followed by intermitting attacks of violent pain under the right costal arch, free purgation, followed by morphia, used to relieve her, but only temporarily. Worn out with distress, she consented to have anything done that would give her a chance of relief. She was so wasted that many people thought that the jaundice was the result of carcinoma of the liver, but on examination I found the liver dulness normal, and I could detect the gall-bladder projecting as low as the umbilicus.

*Operation on May 20th.*—Expecting to find many adhesions, I made a free opening after Billroth's method, and thoroughly freeing the colon, pylorus and the gall-bladder, I drew the latter, which was very much enlarged, well into the wound, and passing my finger along the duct I discovered a large stone fixed therein. I now opened the gall-bladder, and gave exit to a considerable quantity of muco-pus scarcely stained with bile, with this twenty-four fair-sized calculi came away, and after some difficulty I was enabled to remove the one which was fixed in the duct. The cause of difficulty in its removal was the peculiar projections which were fixed in the mucous membrane. This stone is depicted at A Fig. 7. For many days bile discharged in very large amount, and owing to the low vitality of the patient several weeks elapsed before recovery was complete, but from the moment the gall-bladder was emptied pain ceased, and a gradual restoration of health set in, and she left hospital well on June 17th.

**Case IX.**—On May 30th, 1898, Mrs. L., æt. 40, was sent to me by Dr. Keelan, of Dunleer, who diagnosed the case as one of gall-stones. The history extended over some years and the attacks were typical only that the pain was of a more excruciating character than usual. This I found as in Case No. XI. was due to the fact that the calculi were mulberry in shape (B Fig. 7), and they must in passing have greatly irritated or even torn the gall-ducts, owing to their roughness. Jaundice had been intermittent in this case, and when she came to me she was deeply bile stained.

*Operation, June 3rd.*—In this case I adopted Kocher's incision and on reaching the gall-bladder I found much difficulty in bringing it to the surface Its walls were thidk and greyish blue in colour. Fixing it with toothed forceps, and packing well round it with gauze sponges I opened it freely, much semi-gelatinous material came away, and flushing out with sterile water removed seven mulberry calculi. They were very rough, and no trace of facet on any of them (*vide* Fig. 7). I sutured the peritoneum carefully round the wound of the gall-bladder, as it could not be brought to the surface, then closed the remainder of the peritoneal opening by buried suture, a long strip of iodoform gauze was now placed in the gall-bladder and the rest of the abdominal incision was closed with silkworm-gut suture. Recovery was very rapid, the patient being up and about on the 11th day. She left the hospital on June 23rd the wound being thoroughly healed.

**Case X.**—Mrs. M. C., æt. 38, came under my care on November 1st, 1898, complaining of persistent pain under the right costal arch, it was particularly marked after eating meat, and came on about half an hour to an hour after meals. There was rarely any vomiting, but still patient gradually emaciated and became exceedingly weak. She also complained of pains across the umbilical region, especially after any exertion. Double ovariotomy had been performed on her by Lawson Tait some years ago, since that time the pains above referred to seemed to increase. She now consulted Treves, Cullingworth, and others, all of whom believed her troubles were due to the adhesions. Laparotomy was twice carried out on her, adhesions being broken down on each occasion, but without any relief of the symptoms. When she consulted me her face was dark in colour, drawn and anxious-looking, the very sight of food caused nausea, and the pain was so great after taking anything that she practically avoided nourishment altogether. On examination I found the right rectus muscle rigid, there was no tenderness on pressure, the stomach was resonant and much distended. The pain had now become paroxysmal in character, and looking upon it as a case of gall-stones, I opened the abdomen by Kocher's subcostal incision; I found numerous adhesions of the colon to the lower edge of the liver and front of the pylorus, and on reaching the gall-bladder I found it distended, here and there a stone could be felt floating in the fluid. On examining the cystic duct I found an ovoid calculus impacted as shown in Fig. 8. I opened the gall-bladder in the ordinary way, and removed a number of medium-sized facetted calculi. Grasping the duct between the index and middle finger of the left hand and insinuating a blunt-pointed elevator between the large calculus and the wall of the duct I was enabled to prize it into the bladder and remove it; now bile welled up into the wound showing that the duct was free, and after flushing the gall-bladder thoroughly with sterile water I sutured it in the ordinary way to the abdominal wound. There was a copious discharge of bile for the first few days, this

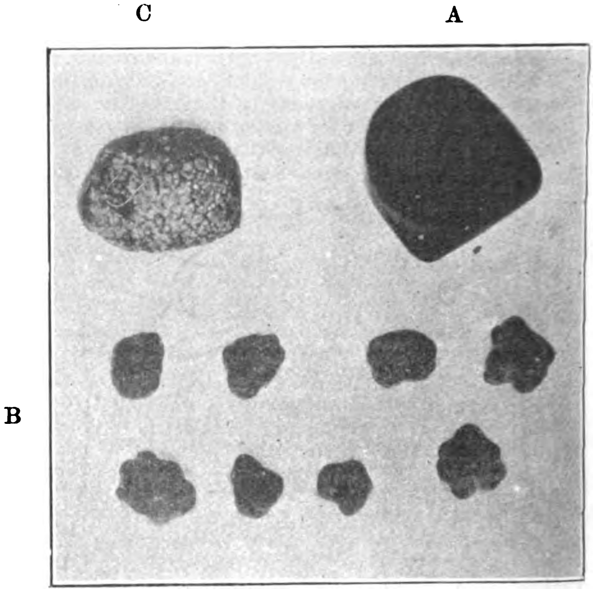


Fig. 7.

gradually lessened, and by the third week the wound was fairly healed. From the day after the operation the patient had no pain whatever, and in the fourth week she left for home able to take her ordinary meals without experiencing any inconvnnience. The large stone found in the duct is depicted at c. Fig. 7. It is rough and round at both ends, there is an attempt at facetting.

Case XI.—Mrs. S., æt. 30, consulted me in February, 1898, about an uneasy feeling she had in the epigastrium which at times became unbearable. Her friends noticed that when this pain was severe profound collapse occurred, and for days after she was very prostrate. They did not at the time mention to me that the seizures were epileptic in form; there was no jaundice, but before these attacks vomiting was very troublesome. On examination of the abdomen I found a fulness under the right costal arch, which disappeared on elevating the hips and making pressure from the front; it would suddenly reappear when the patient was raised into the erect posture. The diagnosis I made at this time was that the attacks were brought on by gall-stones of very irregular outline being caught in the ducts in their passage to the intestines. The doctor in the country did not see his way to agree with this diagnosis, and so the patient was kept under observation by him until early in November, 1898, when she came to Dublin looking very much worse than when I first saw her. A few days after her arrival in town I was called to her hotel to see her in one of these attacks, I found her in a most deplorable condition, with a pulse too quick and small to count, a dark ashen grey look in her face, screaming with pain, which came at intervals and caused her to twist into a heap on the bed. Under the influence of morphia this pain subsided, and on November 20th I admitted her to the private hospital, No. 10, Holles Street, where on the 23rd I opened the abdomen by an oblique sub costal incision. There were numerous adhesions of the gall-bladder to the abdominal wall and the colon; on drawing the gall-bladder into the wound it was exceedingly dark in colour and very tense; on opening it a black gelatinous mass rolled out into a tray placed to receive it, and with it many gall-stones were expelled, the shape of these is depicted in Fig. 9. Several of them were fixed in the cystic duct, and owing to their shape I had great difficulty in removing them; ultimately with the aid of a scoop I was enabled to displace them and flush them out. After thorough flushing I sutured the gall-bladder to the wound as usual, laid a short drainage tube and closed the incision. During the evening, after operation, she had several epileptic seizures, which yielded to proper treatment. Next day found her with a normal temperature. Since that time there has been no recurrence of the troubles which made her life so miserable before. In this case I found a large stone encysted in the wall of the gall-bladder, as shown in drawing.

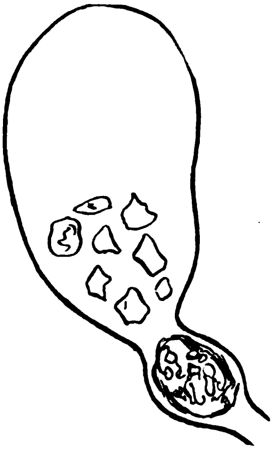
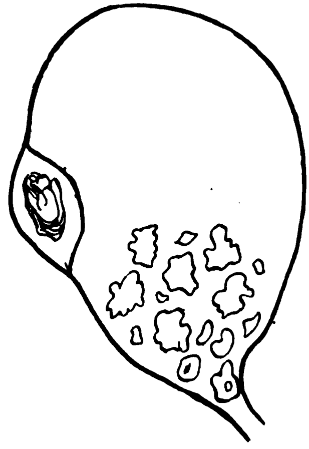


Fig. 8.

Case XII.—Mrs. H. came under my care on March 1st, 1898, complaining of intense pain in the right side and extending inwards as far as the umbilicus. This pain was greatly increased after walking for any length of time, and was frequently attended by vomiting of considerable quantities of bile-stained fluid. The bowels never acted without physic, and sometimes many days elapsed before aperients would have any effect. She was greatly cyanosed, was very breathless and corpulent. Examining under ether I found the right kidney displaced inwards and forwards, but could not detect the gall-bladder, although I had suspected trouble there. On March 11th I made a long oblique sub-costal incision. The liver projected below the ribs a considerable distance, and was adherent to a great mass of the omentum which was spread out along its anterior border. On separating the adhesion I found the hepatic flexure of colon greatly thickened and fixed to the front of the right kidney by dense bands of adhesion. On separating these, and drawing the colon downwards, I found strong bands fixing the pylorus and gall-bladder (which was thick and shrivelled up) to the back of the transverse colon. These adhesions were now separated, and pushing the large intestines well in the abdomen I foundthe stomach enormously down distended with thickened walls an dcovered by greatly engorged vessels. On exploring the gall-ducts I could discover no calculi, and as the gall-bladder was empty and much contracted I did not think it wise to do more than free it thoroughly and push it up into its proper position. Replacing the kidney in the loin, and seeing that the pylorus was thoroughly freed, I closed the abdominal wound entirely.



Fig, 9.

In this case there was pain and distress for some time after operation; it was difficult to secure proper action of the bowels, but by the persistent administration of alkaline aperients, matters progressed favourably although slowly; and on May 5th she left for home in good health. This was evidently a case in which abscess in the gall-bladder had excited a localised peritonitis and then discharged into the intestine.

Case XIII.—S. L., æt. 52, came under my care on May 4th, 1998, complaining of epigastric pain, frequent fits of vomiting, rapid loss of flesh, and general prostration. There was no jaundice, but her face was dark grey in colour, and her eyes were suffused; her tongue was brown and dry, and she suffered from persistent constipation. For some weeks pain had increased and extended to the right side under the ribs. This region was now tender on pressure and there was a fulness below the right costal arch, The temperature was high in the evening, up to 99¼; and was sub-normal in the morning, as low as 97·2. On examination under ether I found a fluctuating tumour which presented between the right costal cartilage and the umbilicus. Upon the history of the general condition I looked upon this as a case of suppuration of the gall-bladder. On May 11th I opened the abdomen by vertical incision in the right semilunar line, brought the gall-bladder to the surface. After breaking down adhesions and opening it I gave exit to twelve ounces of thin muco purulent material. After flushing out with warm boracic solution I explored the ducts and found them thickened but containing no stone. I fixed the gall-bladder in the ordinary way to the abdominal wall, and enclosed the incision at its lower part. For the first twenty four hours only thin sero-purulent fluid came away, then some bile appeared in the dressings, the discharge of bile continued until the 24th. On the 30th, the wound being quite healed, the patient left for home relieved of all her distressing symptoms.

**Case XIV.** - E. O. came under my care on June 8th, 1898, having been in another hospital under medical treatment for six months. She was æt. 19, well developed and healthy looking. She complained of intense pain under the right costal arch, occasional attacks of vomiting of clear bitter fluid. Constipation had been marked all through the case, and her strength had failed very much, owing to inability to take food regularly. There was great resonance under the right ribs and extending across the abdomen and upwards as high as the left nipple where the sound was tympanitic. Distension of the stomach with gas proved it to be enormously dilated, and on auscultation this gas passed through the pylorus with a continuous whistling sound showing that something interfered with the proper action of the valve. I could detect no tumour in the hypochondrium, but believing that the trouble in this case was the result of adhesions succeeding either gastric ulcer or gall-bladder, I carried out a laparotomy on June 20th, the incision being in the right semi-lunar line. The large and small intestine were so twisted up and adherent on the right side that I found great difficulty in separating them. On pushing the small intestine downwards, and excising a large mass of greatly thickened omentum, I was enabled to free the colon from adhesions deep down in the fissure of the gall-bladder. The withdrawal of this portion of the intestine enabled me to see the cause of the intense pain. In this case the pylorus was thickened, exceeding vascular, and there were numerous adhesions fixing it, and the beginning of the duodenum to the lower aspect of the gall bladder which was empty, grey in colour, and small in size, but very thick walled. After freeing the pylorus thoroughly, I closed the abdominal wound. On the eighth day the wound had healed completely, and from the time of the operation no vomiting occurred. There was still some pain complained of in the right side, but after a fortnight this completely disappeared, and then mild aperients were effectual. This patient made satisfactory progress, and the trouble which had rendered her miserable for several years occasioned her no further uneasiness.

(*To be continued.*)

◆

**Mr. Mitchell Banks**, of Liverpool, opened last week a new operating theatre in the West Derby Union Infirmary.

## Vienna Clinical Lectures.

# PSEUDOTETANUS.

By Prof. ESCHERICH,

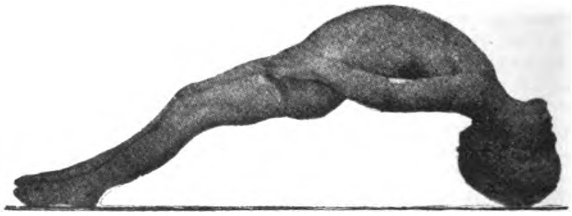
Graz

**Gentlemen**, – I present to you a case of considerable interest, illustrating in a forcible manner, a series of papers which I contributed some time ago to the French medical press, under the title "Traité des Maladies de l'Enfance." In these essays I endeavoured to prove from cases coming directly under my own observation, that there are many spurious forms of traumatic tetanus which I ventured to designate "Pseudotetanus," a form that is neither tetanus or tetanic, but probably more nearly allied to the former than the latter. The principal features of the disease are the tonic intermittent contractions of the trunk muscles leaving the arms comparatively free, differing in this respect from tetany. The following case will better illustrate my remarks than a lengthy discourse on abstract principles.

Sanetti, S., æt. 5, with no hereditary weakness in the family history, had had typhoid fever last year from which he had quite recovered. On July 10th, 1898, the mother observed the boy had a stiff neck, of which, however, little notice was taken that day. Next day this stiff or cramped condition extended down the back to the lower limbs. Vomiting of brown-coloured matter accompanied these phenomena. On the third day the jaws became fixed, which led to his being brought to hospital.

He was admitted on July 12, 1898. He was well nourished and healthy looking, except for the characteristic phenomena of traumatic tetanus. The boy lay in bed with all the muscles of the neck, back and legs perfectly tense, giving him the appearance of a statue. The muscles of the face were stiff, the teeth tightly locked, and the lower extremities, the feet being in the pede-equino position. The arms, however, were under voluntary control, though the movements were slow and limited. At first these tonic stiff contractions were continuous, but later on the attacks were separated by intervals of varying duration, of which advantage was taken to feed the patient.

On the recurrence of a paroxysm an unusual phenomenon occurred which was photographed at the time, and is now reproduced in the accompanying illustration. Whether this was due to spontaneous action or psychical irritation extending along the spinal muscles cannot yet be determined, but it was observed at the time that the features of the face were drawn or contracted as when it is exposed to a strong blinding sunlight. The head was drawn back, the spine curved, with the centre of curve posteriorly, till the crown of the head and point of the toes supported the whole body making the typical *arc en cercle* of hysteria. In this condition the upper part of the arm was pressed against the body, while the lower part was flexed or extended, sometimes alternately, while no tetanic symptoms were observed in the fingers. The muscles



of the entire body were as hard as marble, and stood out under the skin as firm ridges, the cutaneous surface meanwhile being covered with a cold clammy perspiration. These attacks ranged in duration from a few minutes to hours at a time, while the diaphragm would become so rigid as to endanger life from a similar condition existing in the other respiratory muscles. As might be expected, the breathing was irregular, ceasing either with inspiration or expiration, but at no time were there laryngo-spasmodic sounds to be heard.

During the height of a paroxysm the child would become cyanotic, the lips and eyelids having a reddish blue colour, the eyes projecting, as if under the influence of carbonic acid narcosis. These attacks continued with more or less intermission from July 14th to 24th.

The patient preferred to lie on his side or in a prone position which he seemed to think relieved his sufferings. During the whole of this period he had little or no sleep from the frequency of the attacks, while food and fluids had to be introduced into the stomach by means of a tube. The physical exertion he underwent really demanded a larger supply than in ordinary health.

On July 24th the contractions and attacks subsided so much that he could be fed with a spoon. On August 1st the greater part of the trunk was relaxed though the feet were still stiff. Slight attacks continued off and on till August 5th, when the patient seemed for the first time to be "himself again"

On August 20th, the patient could stand without assistance, but with the legs wide apart; movements in the arch of the foot being now possible. On the 24th he was discharged from the hospital apparently healthy and well.

During the whole time of these attacks there was no fever and no disturbance of the vegetative functions; the sensorium was perfectly clear though the patient articulated speech with great difficulty and in a brief, jerky manner. Occasionally spasmodic contractions were observed of the muscles of deglutition, but these were not constant. The facial phenomena could not be tested on account of the rigidity, neither could Trousseau's symptoms be elicited. The galvanic stimulus showed no altered condition of reaction either during chloroform narcosis, or in the interval of rest. No exalted state was detected by this means, but with mechanical stimuli the result was different. If the hand were firmly rubbed along the muscles of the arm an idio-muscular wave was immediately observed. The skin and tendon reflex were decidedly increased. During the severest attacks he complained very little of pain, except on several occasions in the neck.

*Treatment.*—This consisted mainly in tentative measures. Antispasmine in doses of 0·3 grms. was given without any perceptible benefit. After this bromide of potassium was administered in doses amounting to 4 and 5 grms. per day, *i.e.*, from 60 to 80 grs.; this acted as a sedative, but did not check the attacks. In severe attacks chloral hydrate enemata proved beneficial but their effect was very evanescent. It may safely be asserted that medication had little or no effect on the disease.

The connection between tetanus and tetani may be distinguished in this case by the absence of hyper-excitability to the galvanic current, and the absence of the pathognomonic phenomenon of Trousseau. On the other hand the reaction to mechanical stimulus, as well as the tendon reflex, was decidedly increased. The wide distribution of the spasms with lock-jaw, forcibly reminded one of traumatic tetanus, though the etiology was decidedly against this assumption.

On referring to my former records I find that this case, in common with the others, was associated with severe phenomena and a favourable result, and occurred, like all the others, in the hottest season of the year.

We cannot fairly estimate the frequency of occurrence of these cases, because so few of them have been recorded in the whole range of pediatric literature, yet I am inclined to believe that in milder form they are not very infrequent, though it is probably rare to meet with cases as well marked as the above.

# The Harveian Lectures, 1898.

# ON DISEASE AND ITS TREATMENT AND THE PROFESSION OF MEDICINE IN THE YEAR 1899. (a)

By WM. EWART, M.D., F.R.C.P.,
Senior Physician to St. George's Hospital, and Joint Lecturer on Medicine to the Medical School; Senior Physician to the Belgrave Hospital for Children.

## Lecture III.—EDUCATION AND MEDICAL PRACTICE.—(*Concluded.*)

### The Academical and the Utilitarian Idea.

The present system might be regarded as "academical" to a fault. The subjects are dealt with, as it were, in compartments. The pupil is taken through each of them from its beginning to its end. But often he might, perhaps, have done more for himself had he attempted less.

Too often, also, the teaching of valuable elementary subjects is practically divorced from their uses; and when the time comes when the chemical, the physiological, and the biological learning and methods might have been of practical value they have been forgotten. This would seem to suggest the desirability of associating, though not at too early a date, a medical purpose with the teaching of anatomy, physiology, biology, and chemistry, and to render their applications more clinical. Method, which represents the academical idea, is essential. Any of the sciences well learnt, but particularly anatomy and physiology, would serve this educational need. But the utilitarian or professional idea looks to those few great principles and facts without which no physician or surgeon ought to trust himself to work, as those upon which the main stress ought to be thrown in the teaching of the sciences. With these at his command, the pupil might progress by imperceptible degrees to a higher level of scientific and clinical efficiency, and the acme of his scientific training would be the study of practical pharmacology, which combines all the other clinical sciences. We do not notice any progression of this sort in our present system. Whilst elementary physiological matters are imperfectly grasped, some of the most difficult problems, those which tax the expert, are made the study of the beginner. There is much to be said in favour of reserving these higher subjects as a reward for the veteran student.

The younger student's practical work in laboratories might with advantage be concentrated upon those methods which are of practical use, further knowledge being added upon a firm foundation of facts previously known. Thus, whilst avoiding the risk of a premature entry into the wards it might be useful to shift a great deal of the practical physiological work from the physiological to the clinical laboratory.

Work performed there in connection with the examination of the urine, of the blood, of the physical conditions of the normal organs, the study of the heart sounds independently of murmurs, of the respiratory sounds when uncomplicated by disease, of the position of viscera as recognised by palpation and auscultation, would never be regarded as wasted either by the student or later on by the practitioner, and would be useful additions to the practical work of physiology.

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(a) Lecture delivered before the Harveian Society of London Dec. 15th, 1898.

Clinical laboratories in connection with teaching hospitals are a great need for students and for research Whilst in this country most philanthropists have made it their ideal to supply a sufficient number of beds and have overlooked the real pauper in the hospital—science —and the real need, that of a knowledge how to cure the diseases which are put into those beds, a much clearer view of things has long prevailed on the other side of the ocean. Practical sense has made it obvious that the object of hospital treatment is not euthanasia, but recovery, the secret of which cannot be learnt without the means of study. When this need is more widely understood among us generosity will soon flow in this neglected channel.

### CLINICAL MEDICINE.

The cry from the obstetric side is, "Give us more time to train the clinical pupil in the most responsible and important part of his future practice"—a justifiable demand, but how can it be granted when clinical medicine itself is starved? Nominally three years are provided for clinical training. But too often after upwards of two years absorbed in preliminary studies, these subjects are forgotten, and may have to be learnt again at the expense of time properly belonging to clinical work.

The elementary clinical work seems to be too long delayed. After much time devoted to pure science and to examinations the pupil suddenly enters the wards unprepared. To him all clinical things are new. He is yet unfitted to utilise the advantages of a clinical clerkship which too often is conferred upon him at this stage. General elementary clinical practice is what he needs, and this he would quickly gain in the wards by contact with others of greater experience whilst completing his knowledge previously acquired in the practical work of physiology and chemistry, until he became able to take up with full profit the privileges of a clinical clerk, and study disease and its treatment in association with the physician, whose functions do not include the teaching of elementary methods. For lack of this, the most important part of his advantages as a clerk are often lost to him, and this accounts for the unfinished clinical condition in which so many have entered upon practice.

*Medical Education.*—Medical education would gain much in being made continuous by blending the clinical idea from a relatively early date with the scientific studies, and by keeping up a progression in the higher studies of anatomy and physiology. The student would find interest and meaning in each laboratory method, because shown to be connected with some clinical point, and his clinical anatomy and clinical physiology would remain his valued and lasting possessions.

*Clinical Anatomy.*—Anatomy, the "mathematics of medicine," will never cease to be indispensable and paramount among preliminary subjects, a fitting introduction to the most laborious profession. No part of anatomy is superfluous; but we cannot forget that entire subjects are being thrown overboard. Some parts of anatomy are of supreme importance throughout professional life, and the final examinations wisely require a knowledge both of surgical and of medical anatomy. But the average student has to learn these parts of the subject twice, because meanwhile he has been allowed to forget them. If this is the upshot, too much time has been claimed by anatomy at the beginning. The first year might suffice for undivided attention to the foundations of anatomy, whilst further instalments might be added by degrees and with a practical bearing. A study of the relations of parts might thus coincide with the teaching of operative surgery, and medical anatomy with that of practical medicine and of clinical work.

The long anatomical curriculum ought to lead as a net result to an accurate knowledge of those parts of the body with which we shall be professionally concerned. If the rest is to be finally forgotten, might not its teaching be compressed?

For the higher examinations, a late application to anatomy has always been necessary, and this shows that the suggestions thrown out are not absolutely unpractical.

*Clinical Physiology.*—Similar considerations apply to what I may term "clinical physiology." In physiology we use too little our great opportunities of studying man. What might not Harvey have accomplished had he been armed with our present instruments and methods of investigation? What should we think of a practical course on the circulation which did not include listening with the stethoscope to the heart sounds and learning accurately where they are to be listened for? Or shall we deal practically with splanchnology, and not make ourselves familiar by palpation and by percussion with the position of the various organs?

All this is the physiology which is essential; not abstruse, not difficult nor repellant; and these physiological observations, though so important and indispensable, are of a purely elementary nature They might afford an easy rise to the higher, truly difficult physiological inquiries for which many a young student is at first totally unprepared, and remains to the last unappreciative, whilst the living body appeals to every intelligent youth. The advantages of such a system would be great and would tell at both ends. Early in his career the student would be awakened to a professional interest in studies which would henceforth assume for him in all their theoretical details a practical purpose. The gain at the other end would be incalculable. Instead of his helplessness in approaching the bedside, the novelty of the situation and its strangeness would have long been removed. He would feel the confidence of an observer, and might proceed to truly clinical studies of disease instead of wasting the clinical opportunity upon mere instrumental practice at the wrong time.

### CENTRALISATION AND THE ONE-PORTAL SYSTEM.

The continued agitation for reform has been a prominent feature of recent years. In this the profession has shown its earnestness in the cause of progress. Centralisation is the question of the day; it lies behind most of our present problems, and in particular of those relating to University teaching, to the multiplicity of schools, to the variety of examining bodies, and to the relative value of the titles conferred by examination. But we may be well advised in not departing more than is unavoidable from the opposite system, perhaps less perfect in its form, but more fertilising, a system to which we owe that which we are. Let us beware of sacrificing the vitality and spirit of our great professional bodies to the doubtful advantage of a monotonous uniformity.

The one-portal system was some years ago even more urgently needed than it now is. Further improvement is necessary, but it is a question whether any radical change is indispensable. All that is practically wanted might be attained by all the corporations raising the standard of their examinations to a uniform level which would obviate any downward competition between them, and at the same time would exclude from the profession, if possible at the entrance examination, those who are not thoroughly equal to its responsibilities, so that none but the fittest could get their names on to the *Medical Register.*

### THE PLACE OF THE PROFESSION, ITS SERVICES AND ITS REWARDS.

*The Service to the Individual and to the State.*—I have dwelt upon the altruism of the profession in its constant war against disease. The character of the personal service rendered by its individual members is well known to us. It is often true, and not alone on the field of battle, that life itself is offered in the hope of saving life. There is little wonder that our profession should supply a shorter average of life than any other. Alone, the medical men is never allowed to be ill; and he is singular in continuing to work while ill. No other profession claims that its labour shall be carried on at night and on holidays, and to this must be added the constant exposure to infection and to other risks.

But it is not sufficiently realised that the work done by the profession in saving the lives of individuals and in checking the spread of disease is a direct service and a direct gain to the State Has its practical value been fully recognised? We enjoy, it is true, and are thankful for the favour and the protection of the State. But beyond charters and privileges such as are granted to great commercial associations working for their own profit and only indirectly for the good of others, little has been bestowed upon us. On the basis of this service we might as a profession have been in a position to treat with the State. This was the custom with the ancient guilds. No such bargain has ever been submitted from our side. Men of medicine have parted with their "mystery" without even thinking of an equivalent, which has not been proposed from the other side in the shape of any practical recognition.

Thus whilst other professions act on the principle *do ut des*, the great fruits of medical science which prosper our days of peace and ensure the success of our wars are a free gift to the State. And that profession which alone shares with the Church the direct care for the welfare of the community has little share in its honours.

*The Deserts of the Profession.*—Yet, having regard to the value which the individual sets upon his own life, to the actual value which the lives saved represent to the State, and to the untold boon conferred upon suffering humanity, it is difficult to see what recognition could be adequate. In a younger world, with such a record, healers of the sick would have walked as gods among men.

From the individual, the medical attendant receives an honorarium only, in acknowledgment of a debt which cannot be entirely paid. By the State this acknowledgment of debt is hardly made and the honorarium is scantily bestowed, though statesmen admit that without a healthy population there can be no national greatness.

*The Place of Medicine among Professions.*—Precedence between professions and their social status are regulated by custom, and there is no desire among us to disturb these ancient traditions. It may be said of all professions that they have risen in dignity. In the case of medicine, the rise in worth as estimated in vastly increased knowledge, in usefulness as judged from the amount of human life saved, and in influence as regards the practical reforms administered by the State under our guidance, has been out of all proportion to any position which it has ever held.

The end of the last century witnessed a revolution in France which brought to the front tumultuously the social layers by whom the chief work of the world had been carried on without recognition. Less hastily, but with unfaltering step medicine has been marching towards its proper place in the front rank of the profession. What is the medical profession in the State? Nothing. What should it be? The chief and most important influence; for it was truly said, "*Sanitas Sanitatum et omnia Sanitas.*"

*The Reward: its Deeds and its Dignity.*—The power silently wielded by our profession is ever increasing, and must give it importance and ultimately a foremost position. For the present its reward lies in the consciousness of this fact, imperfectly realised by our fellow men; and also in its dignity, in its intellectual work, and in a knowledge that its ministrations are indispensable as well as beneficent. In this isolation and this consciousness of power there is a superiority.

The profession is a self-made aristocracy of usefulness, whose distinction is not exclusiveness but the widest sympathy, whose strength is not privilege, but prodigal self-sacrifice. Let the estimate placed upon it by its members never fall beneath its great aims and achievements. Our part as its representatives is one of increasing loyalty and self-dignity. This duty lies before each of us, and its fruits are within our own grasp, as may be seen by the success of combined action whenever it has been attempted.

In addition to Pandora's legacy to our race, there is for our profession a large inheritance of charity as well as of faith in the progress of humanity, and in its own destinies. These things that we see and know cannot much longer escape the notice of the people and of their leaders.

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SIR JAMES REID, Bart., K.C.B., has been appointed by the Prince of Wales Physician in Ordinary to His Royal Highness, in succession to the late Sir William Jenner.

# Clinical Records.

## WESTMINSTER HOSPITAL.

### *Enteric Fever without Symptoms.*

DR. MURRELL called attention to a case of enteric fever in which there were practically none of the ordinary symptoms of that disease. The patient, æt. 24, was admitted on the sixth day of illness, and complained of nothing but slight headache, a little cough, and some dryness of the throat. The temperature at 4 p.m. on admission was 101·8, and at 12 p.m. 102·4. On the following day the lowest temperature, at 8 a.m., was 100·2, and the highest, at 8 p.m., 102·4. On the next day, the 8th of the illness, the temperature at 8 a.m. was 98·0, and at 8 p.m., 102·6. On the 9th day the highest temperature was 101·4. On the 10th day it was 97·8 in the morning, and 101·6 in the evening. From that day until the 15th day the temperature was always normal in the morning, and rose to 101 deg. in the evening. After the 15th day the temperature was never above 100 deg., and from the 21st day onwards was normal.

During the whole of the 42 days the patient was under constant observation he looked perfectly well. He was bright and cheerful, and complained of nothing but the inconvenience of being kept on a diet of milk and beef-tea.

His bowels were regular, and there was not a single motion indicative of typhoid.

No spots were seen either on the abdomen, or on any other part of the body.

There was no fulness in the abdomen, and no gurgling in the iliac fossa.

There were no abnormal signs in the chest.

The only definite sign was a slight enlargement of the spleen.

Widal's reaction was obtained on the 14th day.

It was thought that the fever might be tuberculous in origin. Against this were the facts that (1) there were no abnormal signs in the chest, and (2) that repeated examination of the expectoration failed to detect tubercle bacilli.

The patient was hoarse, and it was suggested that there might be tuberculous disease of the larynx. The cords were examined, but no indication of tubercle could be detected. The hoarseness was probably the result of his occupation—a street-hawker. It was suggested that the fever might be syphilitic in origin, but its duration was against it, and there was no history or indication of the presence of the disease. The only conclusion that could be arrived at was that it was a case of enteric fever of so mild a description that there were no symptoms and no signs, with the exception of (1) the temperature; (2) the enlargement of the spleen, and (3) the typhoid reaction.

Cases of ambulatory typhoid are well-known, but many of these ultimately run a very unfavourable course.

Cases of apyrexial typhoid have been recorded by Dreschfeld, but in most of these there were other well-marked symptoms, such as diarrhœa and hemorrhage from the bowels. Cases of typhoid in which so few symptoms present themselves from first to last are rare, or at all events, are rarely recorded.

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SIR W. MCCORMAC, Bart., K.C.V.O., Sir William Turner, F.R.S., Dr. Lauder Brunton, and Dr. W. McEwen have been elected honorary members of the St. Petersburg Academy of Medicine.

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MR. T. T. BUCKNILL, Q.C., who has been appointed a judge of the High Court, in succession to Lord Hawkins, is the second son of the late Sir J. C. Bucknill, M.D., F.R.S., the pioneer of the volunteer movement. The new judge was born in 1845, and is at present the Member of Parliament for the Epsom division of Surrey, in the Conservative interest.

# Transactions of Societies.

## OBSTETRICAL SOCIETY OF LONDON.

Meeting held Wednesday, January 4th, 1899.

The President, Dr. Cullingworth, in the Chair.

### SEVEN MONTHS' EXTRA-UTERINE FŒTUS REMOVED BY VAGINAL INCISION.

**Dr. Donald**, of Manchester, related the case of a patient, æt. 33, admitted July 20th, 1898. Married. Since about a year she had been regular until January 30th. She had a slight discharge in February, and in March there was bleeding for three weeks. The abdomen began to swell and the breasts enlarged, and lastly the fœtal movements became perceptible. On admission there was marked abdominal tenderness, the patient was very thin and anæmic, and there was an abdominal tumour reaching four inches above the umbilicus, firm below but elsewhere somewhat indefinite in outline. A loud *souffle* was audible, but the fœtal heart could not be heard. By vaginal examination the posterior fornix was found to be occupied by a hard mass, evidently the fœtal head. These facts were made out while she was resting in the hospital for a fortnight. He experienced some difficulty in deciding what would be the best course to pursue, the patient suffering considerably from pressure symptoms. Before deciding to remove the child through a vaginal incision, he thought it best to make an abdominal incision in order to ascertain the whereabouts of the placenta. He operated on August 18th, and immediately on opening the abdomen he came down upon a large bluish mass, which was unquestionably the placenta, and this he took every care not to disturb. He then introduced a large sterilised pad into the abdominal wound, and made an incision through the posterior fornix with scissors. He came upon the fœtal head, which it was evident could not be directly removed without considerable damage to the soft parts, so he perforated and crushed it, after which the fœtus was removed. The cavity left was plugged with gauze. There was considerable hæmorrhage from one corner, which was controlled by large pressure forceps. The patient made an uninterrupted recovery, except that on the removal of the gauze alarming hæmorrhage occurred, which was arrested by the reposition of the plug. Sloughing and suppuration of the placenta did not take place for several weeks, and then some weeks elapsed before it had all come away. At no time, however, did her condition give rise to any anxiety. She was discharged well on November 12th. He commented on the unusual position of the fœtus. The peritoneal covering of the gestation sac was continuous below with the parietal layer of peritoneum, in fact its relations were exactly those of an intra-ligamentous cyst. It was evident that pregnancy had developed in the folds of the broad ligament, and that in all probability rupture had occurred at the time when she had the hæmorrhage lasting three weeks in March The objections to the vaginal method were that the operator was liable to tear through the placenta or cut into some of the large vessels; it was also asserted that the risk of sepsis was greater than by the abdominal method. The first of these objections was the only serious one, and for this reason he thought it was advisable to make out the situation of the placenta before operating *per vaginam*, even if in order to do so an abdominal incision was necessary. When this point had been cleared up he thought that the vaginal method was a comparatively easy and safe way of removing the fœtus.

**Mr. Alban Doran** agreed on the importance of ascertaining beforehand the site of implantation of the placenta, which indeed was the main point of the paper.

**Dr. Galabin** thought the vaginal incision offered certain advantages in comparison with the abdominal method. By the latter method it was generally necessary to stitch the gestation sac to the edges of the abdominal wound, thereby greatly prolonging convalescence. This, moreover, left a weak point in the abdominal wall. These objections did not apply to the vaginal method, and if a sinus remained for a time it was not productive of any great inconvenience.

**The President** observed that with regard to the incision through the roof of the vagina the author might claim to be somewhat of a pioneer in this country. The author was, he believed, the first to remove early ectopic gestations through the vaginal roof. He recalled a case of peculiar interest which the author had placed on record, the patient being a *danseuse* who had professional reasons for wishing to avoid a scar on the abdomen and the sac was therefore opened through the vagina with success. He asked what the author supposed was the source of the hæmorrhage when the tampon was removed.

**Dr. Donald**, in reply, pointed out that if one had attempted the operation in this instance through the abdomen the operator could hardly have avoided disturbing the placenta with disastrous results. Operating as he had done through the vagina the operation was practically extra-uterine. The hæmorrhage appeared to come from the edges of the sac.

### VULVAL DISCHARGES IN CHILDREN.

**Dr. Drummond Robinson** read a paper based on a series of 54 cases of vulval discharges in children with clinical and bacteriological observations thereon. He described the gonococcus and the means of distinguishing it from other intra-cellular diplococci. He had been enabled to discover this organism in 41 out of the 54 cases. The affection was often markedly transmissible and thus epidemics occurred, the infection being passed on from child to child either by manipulations or possibly by the use of the same chamber utensils. The affection was most commonly observed under the age of five, and 39 of the 54 of the patients observed by him were under that age, only four being over ten. It varied very much in respect of duration, and painful micturition was a common symptom. Vaginitis, on the other hand, was uncommon. He pointed out that he had had to rely mainly on the microscopic appearances as the gonococcus was very sensitive to changes of temperature, and unless special precautions were taken its vitality would be destroyed before it could be cultivated. The culture, however, had been successfully carried out by several foreign observers.

**Dr. Handfield Jones** said he had seen a large number of these cases of inflammatory affections of the genitals in children. The inflammation was usually limited to the vulva or to the neighbourhood of the hymen, and in but a small proportion did it invade the vagina. He observed that if gonorrhœa were the source of the trouble one would expect, as in the adult, to find a rapid extension of the disease along the whole length of the genital tract, causing salpingitis, &c He had remarked that a large proportion of the children affected in this way were delicate, and it was met with seldom in strong, healthy children, as for example, in country children. Although the disease was common, involvement of the inguinal glands was very rare, whereas, in ordinary gonorrhœa these glands were commonly involved. Moreover, it seemed that in a large majority of the cases very simple hygienic measures effected a cure in a short time, while in typical gonorrhœal infection the cure was long and difficult. He had seen a few cases of undoubted gonorrhœal infection where men had attempted to violate children. The contrast between the acute course of the one and the mild course of the other was very marked. On the whole he thought that in this connection nothing was more deceptive than "facts."

**Dr. Boxall** suggested that in view of the large proportion of these cases in which a diplococcus was found it was strange that so few instances of the conjunctiva being affected had been noted, especially as with children when there was pruritus such conveyance of infection was exceedingly likely. He thought that the clinical evidence was not much in favour of these cases being gonorrhœal.

**Dr. A. Routh** commented upon the comparative rarity of vaginitis in these cases, and when present he suggested that in some cases it was not improbably the result of infection conveyed by the finger of an incautious examiner.

**The President** observed that even in adults vaginitis was not common in association with gonorrhœa, indeed, it was quite exceptional. Gonorrhœa usually attacked he vulva and the cervix uteri, the vaginal mucous membrane not lending itself apparently to infections. He had not remarked any particular tendency of the inflammation to attack the urethra.

Dr. Robinson, in reply, agreed that vaginitis was a very rare complication of gonorrhœa in the adult female, but he could not agree that the urethra was seldom attacked. His experience was that this was usually the case, the cervix being attacked next in point of frequency, then the vulvo-vaginal glands, and lastly the vagina.

The President pointed out that the difference might be accounted for by the fact that the statistics upon which the author relied were based on the examination of prostitutes, and not upon the ordinary run of out-patients.

Dr. Robinson added that in his own experience the subjects had not been principally delicate or unhealthy children. One could not be absolutely certain if one relied exclusively upon the microscope, but there were difficulties in the way of culture tests. Nevertheless, when one found an intracellular diplococcus in a discharge from the genital tract the chances were greatly in favour of a gonorrhœal origin Personally he thought the evidence was in favour of a gonorrhœal origin, and the cases showed that the disease in children differed in many respects from the disease as it occurred in adults

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## ROYAL ACADEMY OF MEDICINE IN IRELAND.

### Section of Surgery.

Meeting held Friday, December 9th, 1898.

The President, Mr. R. L. Swan, in the Chair.

### ADJOURNED DISCUSSION ON SIR THORNLEY STOKER'S PAPER ON "COXA VARA."

The President said he was doubtful whether as a disease, or as a special disease, it was worthy of the great argumentative accuracy and talent that had been spent upon it. Sir Thornley Stoker had said that they might couple these cases of osteo-malacia occurring in adults with coxa vara – a disease of childhood and adolescence. He himself had never seen osteo-malacia, because his experience of any deformed condition of the femur had been an accentuation of the natural convexity of the femur from the habit of leaning on the left leg. He did not think that any practical surgeon would mistake morbus coxæ for coxa vara in infants or children, as coxa vara is a symptom of rachitis, and there would be other conditions, he thought, to mark the difference.

Mr. Lentaigne questioned whether some of the cases of so-called morbus coxæ in early stages, which had been successfully operated on, were not merely cases of coxa vara He had recently seen a case of coxa vara, which he thought might easily have been mistaken for early hip-joint disease.

Mr. T. Myles did not agree that the condition of coxa vara was easily diagnosed from morbus coxæ, for until the condition was described the mistake must have occurred a great many times. As yet the condition had not been accurately defined. Apparently it is applied to all cases in which there is a change in the normal angle of the femur. If caused by osteo-malacia or rickets he thought that it could not be called a separate disease. He thought it extraordinarily like morbus coxæ in the early stage.

Mr. Croly said that he failed to see why coxa vara could not be diagnosed from morbus coxæ. He had seen many dozens of cases of morbus coxæ treated, and could not say that coxa vara had ever attracted his attention. What proof was there that cases which had been treated as morbus coxæ were really coxa vara? He did not believe that such had happened. He believed that cases which he had treated as morbus coxæ were morbus coxæ.

Sir W. Thomson said that the condition had undoubtedly been overlooked, and was different from morbus coxæ. He did not see why—although he admitted that there are certain cases in which there is plenty of evidence of this general condition – one could claim rickets as a cause when the condition is confined to the neck of the femur, and there is no evidence whatever in the rest of the skeleton of any rachitic condition. But he was satisfied that any condition in the neck of the femur which would lead to softening, whether inflammatory or pre-tuberculous, is sufficient to allow straightening of the neck or the reduction of the angle.

Sir Thornley Stoker, in reply, said that the subject was a new one, and, of course, there was room for difference of opinion. Those who had differed from him would, he thought, find their contentions answered if they read his paper.

### THE OPERATIVE TREATMENT OF HERNIA.

Mr. M'Ardle brought forward the subject of the radical cure of hernia, basing his communication on the results in 342 cases. The ages of the patients ranged from 8 months to 85 years. Of this number but one died, and that was an instance of umbilical hernia in a man of 65, very stout, and with weak heart and atheromatous arteries. Mr. M'Ardle advocated:—1. Free opening up of the inguinal canal, so as to have complete control of the internal ring. 2. Interrupted suture of the internal oblique conjoined tendon to Poupart's ligament, leaving the cord in its normal position. The sac might be ligatured, sutured, or drawn through the external oblique after Kocher's method, but the fundus should be removed, as it could serve no useful purpose however placed. It was a grave mistake in Kocher's method to bring the sac down, and cause it to act as a wedge in the anterior part of the inguinal canal, and in all these cases where the sac was puckered, twisted, or invaginated, its retention was a danger, as proved by many instances of necrosis of the sac, delay of healing, and even of death. Mr. M'Ardle's belief is that the method of dealing with the sac is of no moment so long as we exclude the dangerous and ineffective methods mentioned. A Bantock's ligature placed on the neck close to the internal ring brings the peritoneum to its normal condition. Mr. M'Ardle stated his conclusions as follows:—1. Without opening up inguinal canal no complete operation can be performed. 2. It is a matter of little importance what you do with the hernial sac; it has no bearing on the case; a new sac forms with the greatest readiness, if at any point the mid-stratum of the abdominal wall is defective. 3. There is no evidence in favour of opposing the arrangements of Nature by displacing the cord. 4. To properly reconstruct the canal, the internal oblique and conjoined tendon should be brought down to Poupart's ligament, not merely to the edge of the external oblique. 5. The complete overlapping of the pillars of the external ring forms a firm basis of support for the healing of the underlying conjoined tendon.

Mr. Croly believed that closure of the internal ring is the most important part of the operation for the radical cure of hernia. Slitting up the inguinal canal and suturing it without closing the internal ring is not sufficient, and would be followed by return of the hernia. He himself liked the displacement method of Kocher best, and his experience of that operation was that the method was excellent.

Mr. T. Myles said that it had to be decided which of two fundamental principles one proposed to adopt in performing the radical cure of hernia—whether it was intended to rely merely on reposition of the sac and super-imposition of an obstacle at the commencement of the inguinal canal, or whether it was intended to ignore the sac and rely on an attempt to restore a condition analogous to that of healthy persons. He believed that every case of acquired hernia has a congenital basis as its origin. The force which prevents the descent of a hernia, by the exercise of that same force occludes the channel through which the hernia would descend—in other words, the canal is valvular. The greater the pressure within the abdominal cavity in a properly formed individual the more forcibly will the posterior wall be applied to the anterior wall of the canal. In every case of hernia the distance between the external and internal rings is diminished. The internal ring, in cases of hernia, is always larger than normal owing to defect of development of the conjoined tendon. If this theory is correct, then any attempt to prevent descent of hernia by manipulation of the sac would end in failure. He failed to see exactly what Mr. Croly and Mr. Ball, in a recent article, meant by closure of the internal ring, and the approximation of the superficial and deep structures of the canal. The internal ring, as it existed in cases of inguinal hernia, really had only one border—viz., the edge of the conjoined tendon. So far as the mere dealing with the sac is concerned, he condemned Mr. Ball's method. Twisting of the sac in Mr. Ball's method produced a vortex and a smooth lining membrane over it. He thought that necrosis of the sac could only occur when an enormous redundant mass of tissue is left below. In the first place, a tissue is left which is bound to die; and in the second place, a hindrance to the second step of the operation is left. He agreed with Mr. M'Ardle in the first part of his operation, except that he did not make the incision so long. He did not like Halsted's operation. His own opinion was that a radical cure could be made in a man who has an approximation to a normal inguinal canal.

Mr. **Ball** did not believe a smooth surface of peritoneum could be obtained by any method in which a ligature is applied to the neck of the sac, no matter how high up it is put, and there will be always left a depression above the ligature through which a subsequent hernial sac can be produced. One should aim at the obliteration of any depression at the point where the neck of the sac originated from the peritoneum, and also at the efficient closure of the inguinal canal. He thought it improbable that any suture which brings the anterior pillars of the ring together will cause any union between them. But the fascia derived from the fascia transversalis, which comes down, as a rule, on the hernial sac, is a vital structure, and any operation dealing with a hernial sac must tear the sac away from this tube of fascia, and suturing of the inguinal canal must occlude this long canal of fascia. He was now in the habit of doing a slight modification of his operation as originally published, which was suggested to him by Kocher's operation. After bringing down the sac, and twisting it till the sac and neck were sufficiently twisted to occlude the whole length, and to throw into folds the peritoneum surrounding the inguinal canal, a silk suture is passed up through the inguinal canal and brought out through the entire thickness of the abdominal wall, and out through the skin. The needle is threaded on the other end of the silk, and is passed up, and brought out through the skin at a point on the same level about an inch above the apex of the external abdominal ring. On dealing with that loop, what might be called the "bite" of the stump is caught, which is pulled up in the subperitoneal tissue at the back of all the abdominal muscles, and is fixed at a certain point by tying the suture over a little lead button, where it can remain for eight or ten days. If the fundus is of moderate size it will lie in the apex of the abdominal ring. In the further steps of the operation the fundus of the sac, together with the spermatic cord, is pressed backwards round the edge of the conjoined tendon towards the peritoneal cavity, and a curved needle, threaded with silk, is passed through all the lateral structures of the inguinal canal. By his method the sac was directed upwards to the point where it is fixed, and if that tends to dilate, it tends to dilate against the strong muscular abdominal wall, instead of against the weak inguinal canal.

Mr. **Tobin** urged that one ought to try to get a new union and smooth closure for the opening in the radical cure of hernia, and attempt to bring back the parts to a condition in which, if forces were applied, there would be no spot on which there would be a particular drag. He thought that a more even surface could be obtained by applying a ligature round the sac than by Mr. Ball's method.

Mr. **M'Ardle**, in reply, said that he still believed the only way to cure hernia was to close the middle stratum of the abdominal wall. It was necessary to secure the neck of the hernial sac by all means, but that was not the one desideratum. Mr. Croly, he thought, had been mistaking the neck of the sac for the internal abdominal ring. Ligature will not secure the ring, because there is nothing to ligature. It was to make the valvular condition of the wall more perfect that he carried out his operation. He emphasised the fact that not alone did the structures which he had mentioned join, but that the external pillar united to the internal pillar. This he had proved by subsequent dissection for other things. Regarding the question of the fascia transversalis, in any operation the needle used to bring together the conjoined tendon, the transversalis, and the internal oblique take in the transversalis fascia, and also the subperitoneal fatty tissue. The similarity of Mr. Balls method to Cheyne's was very marked as described by himself. The question of the bladder is very important. The bladder might be pulled up without any peritoneum behind it, so that the muscular tissue of the bladder comes out behind the sac. It could not be detached, for if this were done it would be detached from its peritoneal covering above.

The Section then adjourned.

## WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

Meeting held January 6th, 1899.

Dr. S. D. **Clippingdale**, President, in the Chair.

Mr. **Lake** read a paper on the

TREATMENT OF LANRYNGEAL PHTHISIS,

based on a series of 160 cases. He did not enter into any discussion of methods of treatment he bad not tested. Clinically the cases could be resolved into groups. each of which derived benefit from slight modifications of treatment.

He particularly dwelt upon the advantages of intratracheal injections in cases of superficial ulceration and slight swelling, but admitted of its uselessness alone in cases of greater severity.

The case was discussed by the President, and Messrs. McAdam Eccles, James, and Atkinson.

Mr. J. R. **Lunn** read a paper on

"TWO CASES OF DOUBLE OPTIC NEURITIS" ASSOCIATED WITH MASTOID DISEASE.

Case I. a boy, æt. 11, complained of giddiness and severe pain in the right ear from which there was a little offensive discharge. He appeared to be quite deaf. Behind the right ear was a fluctuating swelling. In two days the patient became delirious and then maniacal, and the swelling behind the ear became larger. Under an anæsthetic a perforation of the membrana tympani was discovered. The mastoid cells were trephined and found to be full of offensive, cheesy material. The operation was necessarily extensive, and at the end of the excavation the pulsating lateral sinus could be seen. The patient made a good recovery and the optic neuritis soon cleared up.

Case II. a girl, æt. 14, who had suffered from ear trouble since an attack of measles and scarlet fever when 7 years old. Behind the right ear was a fluctuating swelling, and from the meatus flowed an offensive discharge. Deafness was marked. The right membrana tympani was perforated, and both optic discs showed signs of optic neuritis. The right mastoid process was trephined, and much sclerosed bone had to be removed before the offensive caseous matter could be reached. The patient made a good recovery, and the optic neuritis soon disappeared.

The paper was discussed by the President, Mr. Lake, and Dr. Batten.

Dr. **James Allan** showed a specimen of hypertrophied prepuce. Dr. Allan also read a paper on "Twelve Cases of Tracheotomy for Laryngeal Diphtheria in Young Children, with Nine Recoveries." The details of the operation were discussed, and stress was laid on those points which the author considered important. It was shown by reference to a case that tracheotomy sometimes gives the most brilliant results in apparently hopeless cases. The indications for the operation were discussed, and the dictum "When in doubt operate at once" was quoted with approval.

The paper was discussed by the President, Dr. Gibbes, and Messrs. Lunn, Lloyd, Atkinson, and McAdam Eccles.

## BRADFORD MEDICO-CHIRURGICAL SOCIETY.

### MEETING HELD AT THE ROYAL INFIRMARY, DECEMBER 20TH, 1898.

The President, DR. BERRY, in the Chair.

**Dr. ENRICH** gave a demonstration of microscopic sections from a series of ovarian tumours. He mentioned that the malignant or non-malignant character of a tumour could not be determined until operation; also that in the same tumour there could be demonstrated a change of type from innocent to malignant; and further, that in the ovary itself, although it may not apparently be involved in the tumour, yet malignant disease may be demonstrated microscopically.

**Mr. HALL** remarked that a tumour may exist for years without showing symptoms of malignancy, and advocated early removal of all tumours as soon as diagnosed.

**Mr. HALL** read a paper on the

OPERATIVE TREATMENT OF BREAST CANCER.

He expressed the opinion that there was a brighter future for the surgical treatment of breast cancer than for that of any other form of malignant disease, provided only that the disease was recognised early, and that a thoroughly radical operation were performed. He contended that the bad results of operation in the past were the result of imperfect removal, and pointed out how greatly the percentage of cure had increased since the introduction of the more extensive methods of operating. The aseptic treatment of wounds rendered it possible to undertake these operations without grave risk to life. The reader of the paper then gave a summary of the results of different surgeons from 1870 to 1898, and contrasted the 5 per cent. of cures obtained by Billroth in the earliest decade with the 50-60 per cent. obtained by Halsted, Watson, Cheyne, and others in the last few years. Billroth's cases, published in 1878, showed an immediate mortality of 24 per cent., while Halsted's series of 133 cases, between 1889 and 1898, recovered without any death from the operation. Bennett May recorded in 1897 78 cases without a death. Allusion was made to the researches of Heidenhain, Stiles, and others on the course of the lymphatics of the breast, and the conclusion was stated that no operation can be deemed satisfactory unless not only the breast and axillary glands are removed but also the lymphatic channels which run in the pectoral fascia. Halsted's operation was selected as fulfilling these requirements. A description of Halsted's operation was then given, and diagrams shown illustrating the steps of the procedure. It was stated that very little loss of function followed the operation, and that it was generally possible, owing to the large mass of tissue removed, to cover in the wound without undue tension on the skin. Mr. Hall said that in the older method of operating the pectoral muscle, after being stripped of its fascia, became much infiltrated with fibrous tissue, and consequently suffered considerable loss of function. The idea that the operation would be accompanied by an increased immediate mortality was negatived by the results of operators who have used it. Mr. Hall contended that by no other method could the contents of the axilla be so easily and safely removed in consequence of their being fully exposed to view and the possibility of employing scalpel and forceps instead of the finger. The question of operating on cases, which were too far advanced to hope for a cure, was then discussed. Operation as a palliative measure was advocated in all cases where there was a reasonable prospect of removing the whole growth, and in which the operation would not be exceedingly dangerous to life or leave a hopeless functional result.

Mr. HORROCKS remarked that he thought in most cases the operation was unnecessarily severe, and thought that the pectoral fascia could be removed without removing the whole muscle. He said that the results of operation in cases of atrophic scirrhus should not be grouped with the results in rapidly growing cases, as the prognosis was so much more favourable, and consequently statistics of mixed cases were unreliable.

Mr. ALTHORPE said that the more favourable results of later years as compared with the results of earlier operations were in part due to improvement in operative technique, whereby the immediate mortality of operations was much reduced.

Dr. BERRY asked if it was a fact that cases in which suppuration occurred were more likely to be followed by a cure than those in which primary healing followed.

Drs. Heine, Wood, Bell, and Arnold Evans also offered remarks.

Mr. HALL, in reply, expressed the opinion that it was not possible to remove the pectoral fascia completely while leaving the muscle behind. He said that possibly the apparently better results in cases which suppurated were due to the circumstance that the suppuration might be produced by a very extensive handling and bruising of the tissues consequent on an extensive operation.

Dr. J. H. BELL read notes of a case in which hæmatoporphyrin had appeared in the urine. The case was one of a nervous affection accompanied by insomnia, and sulphonal had been given to induce sleep. The sulphonal had been given in 10-grain doses, but the patient had continued the administration when no longer under medical advice.

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## France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, January 7th, 1899.

### TYPHOID FEVER.

A SERIOUS epidemic of typhoid fever is reported as existing among the troops at Cherbourg, especially affecting the Marines. The number of cases at present under treatment at the Naval Hospital exceeds 300. The infection is believed to be due to ingestion of water from the river La Divette, and instructions have been issued for precautions with the view to prevent the further spread of the epidemic.

### THE FEVER SCARE AT NICE.

It is stated that the hotel proprietors of the South of France are suffering severely from the absence of the usual English and American winter visitors, and that the majority of the leading hotels are being carried on at a heavy pecuniary loss. The fever scare at Nice, I understand on good authority, arose thus: A certain rich newspaper proprietor, who shall be nameless, rented his Riviera headquarters from the Mayor of Nice, whose private property it was. On expiration of the lease he, as landlord, doubled the rent, and refused to let it for less. Thereupon the former occupant removed to Monte Carlo, and threatened to have his revenge. Straightway there appeared letters in the *Times* and other leading English and American newspapers inaugurating the fever scare. It is obviously impossible to control the accuracy of this rumour, but countenance is lent to the assertion by the letters of Dr. Allan Sturge and other resident medical men utterly denying that there has been lately, or is, any fever in the Riviera. That there has been a mild attack of "Fashoda fever" cannot be gainsaid, but this national ferment has ceased; indeed, it may be affirmed that among the thinking portion of Frenchmen it never existed, and from recent personal knowledge I can testify that the Riviera was never so well drained or so well supplied with pure water as now, whilst the hotel accommodation is all that can be desired. I have thought it well to make these remarks in the interest of invalids and others seeking health who have been deterred from going to the Sunny South by newspaper correspondence which in any case is not above suspicion.

### TREATMENT OF ARTERIO-SCLEROSIS.

M. Lancereau presented, at the meeting of the Académie de Médecine, a young woman with generalised induration of the skin, and a man suffering from chronic rheumatism, gout, and arterio-sclerosis. In the woman the skin of the face had lost its elasticity, was smooth, brilliant, and indurated, while the teguments of the neck and trunk were so thickened that the movements of the arms and the respiration were considerably impeded. Under the influence of iodo-thyrine, administered in progressive doses (ten to sixty grains a day), the patient improved rapidly. After four months of this treatment, the skin of the face recovered its normal aspect, that of the trunk and the neck became more elastic, and the movements of the arms greatly facilitated, so that the woman, who for the last two years was incapable of any kind of work, could now use her needle without the slightest trouble.

In the second patient, the iodo-thyrine acted like a charm on the rheumatic pains and the osteophytes, while the arterial tension diminished, and the peripheric arteries lost their hardness and their sinuous appearance.

### Tuberculosis of the Testicle.

M. Reynier read a paper on a case of tuberculous disease of the testicle treated by castration and resection of a large portion of the vas deferens in a man, æt. 26. In order to be able to remove a sufficient length of the vas deferens, the operator had to incise the inguinal canal and turn aside the peritoneum. It should be remarked, the speaker said, that frequently in practising castration for tuberculous disease of the testicle the section of the vas deferens was not made high enough; persistent fistulæ were the result. In three cases he was obliged to resect a second time the canal Generally speaking, he believed that one should not hesitate to operate as completely as possible in the above affection, which was by no means benign, for in spite of the best general treatment it might infect the lungs if allowed to develop.

### Lupus (Erythematous).

A well-known professor recommends in the treatment of lupus (erythematous) applications of proof spirit. A young woman suffering from this affection was treated by cauterisation, but the patch always remained a bright red. Lotions of proof spirit were applied, and in a few weeks the malady disappeared completely. Of five other cases thus treated, four were chronic, the fifth acute. Three of the former were cured in a few weeks, but the fourth was only slightly improved as the patient had not been able to treat himself properly. However, it was in the acute case that the alcohol seemed to have acted particularly well. The lupus occupied almost the whole surface of the face and invaded the neck, down to the sternum. At the end of four weeks of the alcohol lotions no trace of the eruption was left, and had not returned up to the time of writing (six months).

The treatment consisted simply in passing over the parts a plug of cotton imbibed with proof spirit or, what was preferable, in a mixture of

Proof spirit
Sulphuric ether } ʒj.
Spirit of peppermint

The liquid is allowed to evaporate on the skin, and the lotion repeated as often as possible by the patient himself, during the day.

### Hæmoptysis.

Prof. Davezac, of Bordeaux, has treated with success hæmoptysis in two tuberculous patients with subcutaneous injections of serum and gelatine (2 per cent.). In one case he injected into the outside of the thigh five cubic centimetres (one drachm) of the solution, and the hæmoptysis ceased. Double this dose was injected in the second case, with a similar favourable result.

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## Germany.

[From our own Correspondent.]

Berlin, January 6th, 1899.

### Principles of Treatment of Tuberculosis of the Bones and Joints.

In a paper on this subject in the St. Petersburg *Med. Wochensch.* Dr Paul Klemm lays down the following as fundamental points of treatment. Diagnosis in the earliest stages of the disease is of the highest importance. The most important primary treatment is absolute rest of the parts in bed and plaster of paris. On retrogression of the symptoms the plaster of paris dressings may be changed for such as allow of walking. Every manual redressment of any abnormal position involves an uncontrollable serious danger as regards the patient. It is contrary to reason to be a partisan of either operative or conservative treatment. This does not depend on the taste of the surgeon, but on the condition of the patient which demands varied therapeutical measures corresponding to the condition of the diseased limb. Injections of iodoform are highly to be commended, if it is possible to bring the remedy into contact with the diseased parts. Tuberculous suppurations require removal of the pus by puncture or incision, with subsequent treatment by iodoform. Operation is justifiable when febrile movements were present or a suppuration, caused by advance of the tuberculous mischief, threatens to weaken the patient. Typical resection, with the exception of that of the hipjoints, is well avoided; arthro and arthrectomy, as well as local extirpation, should be preferred. In principle the formation of firm ankylosis is to be selected in preference to mobility. General treatment is an important factor in the management of tuberculosis. The highest ideal requirement in the treatment of surgical tuberculosis lies in the foundation of sanatoria standing midway between holiday colonies and hospitals, open the whole year, and devoted exclusively to the treatment of tuberculosis.

### Revolver Injury of Brain and Removal of Missile.

In connection with the report of a successful case in which the site of the bullet was determined by Röntgen illumination, and thereupon removed, Med. Rat. v. Burckhardt, in the *Med. Korrosep. Blatt, des Wurtemb. Ærzt. Landesverein*, the operator passed on to discuss the subject from a wider point of view. In 1854 Von Bruns published his work on the surgical diseases of the brain and its coverings. He therein shows that the principle of not searching too minutely for the missile in the brain, as had been shown by numerous observation that the retention was not injurious, was wrong. He was able to show that in the supposed recovered cases, after a lapse of time varying from months to years, changes took place, in consequence of the pressure of the bullet, that led to the death of the patient. The collection of Bradford and Smith, which embraced the cases of gunshot injury to the brain, supported the views of v. Bruns. They found where the bullet was removed a mortality of 33 per cent.; where it was left in, a mortality of 54 per cent.

V. Bergmann, in his work "Ueber die Einheilung von Pistolenkugeln im Hirn nebst Bermerkungen zur Behandlung von Schusswunder," advocates strongly abstention from interference in recent injuries where the skin opening is small, and this even in times of fever, except in a few cases, as, for instance, where the meningeal artery is injured, or when symptoms are present of irritation in the neighbourhood of the motor region.

V. Burckhardt, on the other hand, in all cases of bullet injury to the brain, except those in which there is no hope of retaining life, lays open the bullet track. If the track extends into the brain he removes the bullet if its situation can be ascertained, and that is facilitated by the Röntgen rays.

He then cleanses the wound with simple sterilised water, and always leaves in a drainage tube. He attributes great importance to leaving in the drain. He only recommends this plan of treatment, however, in times of peace, where every assistance and all necessary appliances are at hand. If these are not procurable he recommends the course of v. Bergmann, simple aseptic dressing. In the field especially this plan is the only proper one.

### The Degree of Doctor of Medicine.

The decree of the Prussian Ministry, according to which the degree of doctor can only be granted after the Staat's examen has been passed, the degree itself not being a legal licence, came into force on October 1st. The other German States have now followed the example of Prussia. The different governments are now seeking to establish uniform regulations for the granting of the M.D. degree.

### School Medical Officers.

This subject is coming again to the front. The urban School Deputation having laid a series of proposals before the magistracy. These are to the effect that a school medical officer shall be appointed to every six schools; that all children shall be examined before admission; that sick children be examined and certificates granted where necessary; that every fortnight the medical officer shall attend at the school, when the teacher can get advice and children be presented for examination. At the request of the master he must visit the school either during or outside the hours of instruction, and he must communicate with him whatever is amiss. Anything observed can only be published with the consent of the School Board. The honorarium proposed is £25 per annum.

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## Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, January 6th. 1899.

### Renal Colic.

AT the Gesellschaft der Aerzte, Schnitzler exhibited a patient, æt. 18, who had suffered on many occasions from excruciating pain in the left flank, in which a distinct swelling could be felt on palpation. During one of these severe attacks he was brought to hospital, after which it was observed that the quantity of urine was much reduced. This reduction culminated in painful anuria, and finally an operation was decided upon. After the kidney was exposed, the pelvis was found to be distended by a large number of calculi, one of which had entered the ureter, and become firmly impacted. After their removal the wound was packed with gauze, and the patient rapidly recovered.

It may be well to call attention to a physiological phenomenon in this case which should not have occurred if the dicta of physiologists are to be accepted.

The right kidney was, and still is, perfectly healthy; then why should such painful anuria have arisen, when one kidney can be removed altogether without any bad effects? Reflex action is the positive reply, and this must be accepted in the absence of any other obvious cause. In opening the kidney, Schnitzler advises the incision to be made on the convex margin of the organ, where it always heals up quickly, leaving no fistula.

### Disposition and Predilection.

Hofbauer read a paper to the society on the disposition to, and predilection of, disease in the human organism. Many diseases acted particularly on individual organs, either chemically or bacterially, and this could be predicted as soon as the nature of the disease was known. Again, other diseases had a predilection to become metastatic, which was not uncommon in the infectious diseases. The fundamental principle of our assumptions is that a weakening change must be induced in the tissue, probably resembling that of a contused wound where no solution of continuity exists, although severe changes are induced.

It follows as a corollary that these changes form a nidus for the microbe to germinate, and so fortify itself for a successful attack on the whole organism. It is not necessary that the vitality of the cell should be reduced as in inflammatory centres; where the vital force is high we have the same disposition to take up the morbid virus. We are, therefore, forced to the conclusion that there are several factors in "disposition and predilection," but the most potent of these is "active hyperæmia."

Nothnagel complained that Hofbauer had not approached this interesting subject with the comprehensive grasp that it deserved. Before proceeding to discuss "disposition," the properties and conditions of protoplasm, its affinity for and antagonism to poisons which are circulating in the blood should be considered.

Professor Neumann said that it was a notorious fact that the tertiary phenomena of syphilis had a "disposition," or preference, to appear on the site of the secondary efflorescence. He had no doubt that the early changes in the tissue and vessels had reduced the resistance of those structures, rendering them liable to the subsequent attack.

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## The Operating Theatres.

### ST. THOMAS'S HOSPITAL.

CHOLEDOCHOTOMY.—Mr. BATTLE operated on a female, æt. about 50, who had been under the care of Dr. Sharkey for symptoms of cholecystitis, which had been considered to be due to the presence of a gall-stone. The attack, about two months before the present admission, had been accompanied by pain over the region of the gall-bladder and some fever. This had subsided, and the patient had returned to her work, but had been compelled to seek re-admission to the hospital on account of a return of the pain in the region of the gall-bladder. She had not had jaundice, nor was she known to have passed any gall-stone. On examination of the abdomen a rounded swelling the size of an egg could be felt in the right linea semilunaris below the head of the umbilicus. This was very hard, and its surface slightly irregular; it was also very tender. Between this, which was evidently in contact with the abdominal wall, and the liver, there was an area of resonance. It was evident that the gall-bladder was distended and inflamed secondarily to a block in the cystic duct, and this was thought to be a gall-stone. At Mr. Sharkey's request Mr. Battle explored the swelling through an incision in the right linea semilunaris. The gall-bladder was found enlarged and its wall much thickened; it was adherent to the omentum and to the hepatic flexure of the colon. An incision of its fundus (after care had been taken to isolate it from the peritoneal cavity by means of sponges and gauze), gave exit to mucus which was bile stained; the wall was about a fourth of an inch thick and rather friable; no stone was present in the gall-bladder itself, but when the finger was passed along the cystic duct a stone could be felt about four inches from the fundus; the apex of the gall-bladder and its continuation into the duct, as well as the duct itself, was markedly tortuous, and the mucous membrane considerably thickened, for this reason no forceps could be made to grasp the stone when passed from within, as the mucous membrane overlapped it so much. It was considered advisable to incise the duct over the stone and remove the calculus through the opening thus made; this necessitated a rearrangement of the gauze and sponge packing, the use of large retractors and the enlargement of the original incision; even then it was difficult for Mr. Wallace (the Resident Assistant Surgeon) to lift the liver and bring the stone in such a position that the duct could be incised over it, and stitches afterwards put in. A stone about the size of the last joint of the little finger was removed and the duct appeared quite free beyond, so that the stitches were inserted after Lembert's method, and the opening closed. It was considered best to suture the fundus of the bladder to the abdominal wall, and this was done in the usual way. There was some difficulty in attaching the gall-bladder as it readily tore when the sutures were tied at all firmly. A drainage tube was put into the gall-bladder and surrounded with gauze packing. The remainder of the abdominal incision was closed with interrupted sutures in three layers. Mr. Battle said that the tumour before examination at the operation felt as if it were full of gall-stones, the hard irregular surface conveying that impression to the touch. The removal of the stone was difficult, he pointed out, owing to its distance from the surface, whilst the swelling of the mucous membrane prevented its removal from within by means of forceps. Although the duct was apparently completely cleared, it was thought better to drain for a time through the fundus rather than close the opening at once, as it was possible that some swelling of the mucous membrane might result from the manipulation of the forceps.

It is satisfactory to state that the patient has continued to make satisfactory progress since the operation.

### ROYAL FREE HOSPITAL.

Operation for the Radical Cure in which the Hernia was associated with Latent Tubercle of the Peritoneum and with Peritoneal Cyst.—Mr. Battle operated on a boy, ten years of age, for a left scrotal hernia of some months' duration. Three years ago the patient had undergone an operation elsewhere for the radical cure of a hydrocele of the cord, and the scar of the operation was still visible. The hernia was a reducible one. On opening the sac it was found to contain a little fluid and also a large sized peritoneal cyst with flaccid wall. At the lower part of the sac was some cicatricial tissue, near which was situated a large nodule the size of a split pea; numerous other nodules of smaller size were scattered on the peritoneum lining the sac, and could be felt on the parietal layer when the finger was introduced into the peritoneal cavity. The sac was dissected up and removed, the method of Bassini being employed in closing the opening. Mr. Battle remarked that the general condition of the boy had not led one to suspect the possibility of the condition found, neither was there anything in his family history showing a tendency to tubercle, he had always enjoyed good health, and there had been no abdominal symptoms.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 11, 1899.

## STATE REGULATION OF MARRIAGE.—I.

Among the dreams of reformers there is one that has probably been often fondly dwelt upon, though few have had the courage to proclaim it. It is the plan of checking the growth of disease and crime by preventing the engendering of offspring by those who are diseased in body or in mind. In the present state of public opinion such a dream is undoubtedly Utopian, yet "the thoughts of man are widened with the process of the suns"; and who knows whether the twentieth century may not see this somewhat misty dream crystallising into a reality? We should, perhaps, have to look to our cousins across the Atlantic for the actual framing of laws directed to this end; for many plans of social reform have taken bodily shape on that go-ahead soil; and if many of them have, like the Salt

Lake City, become dissolved in the overwhelming tide of popular feeling, some of more substantial structure may perhaps abide. Our contemporary, the *Journal of the American Medical Association*, has three contributions to the subject in one of its December issues. Dr. A. H. Burr writes on "State Regulation of Marriage for the Prevention of Communicable and Hereditary Diseases;" Dr. T. H. McCassy takes for his theme, "How to Limit the Over-production of Defectives and Criminals;" whilst Dr. D. R. Brower offers "Suggestions on the Limitations and Treatment of Juvenile Criminals." All three papers were read in the section on State Medicine at the forty-ninth annual meeting of the American Medical Association; and among them we may count up four main plans for the improvement of the rising generation, as follows:—1. Better training of children; 2. The reform of punishment so as to make it corrective rather than vindictive; 3. Asexualisation; 4. Regulation of marriage by exacting medical certificates from the contracting parties. Of the first two plans it may be said that there is everything in their favour, and nothing against them; and with this we may dismiss them from present consideration. The plan of asexualisation has no doubt arguments to support it; but there is much to be said on the other side. Dr. McCassy himself acknowledges that it is not reliable. "Oriental people, including the Turks," he says, "have tried this treatment among the Eastern eunuchs and have no confidence in it as a method of reform. The eunuchs were shameless, melancholic, and often suicidal, as well as defective in courage, gentleness, and remorse." Nevertheless, he advocates the practice, which would, he thinks, speedily limit the dissemination of disease, vice, and crime, if applied to defectives and criminals. He would approve of it also as a punishment for rape; and of this it may at least be said that the punishment would fit the crime. But we venture to affirm that apart from all scientific objections, the rock on which any legislation directed to this end would split, is the one of sentiment in the mind of the public; and that it is no more likely to become a legal practice than would be the provision of a lethal chamber for the suppression of idiots. We have, lastly, the State regulation of marriage. Dr. Brower contends that "the marriage licence, in addition to present requirements, should demand evidence that both parties are in good health, that they are not inebriates, not epileptic, not tuberculous, not insane, not criminals, not paupers, and that they have no active venereal disease." Dr. Burr holds the same view, believing that "the public good demands that every candidate presenting himself or herself for a licence to marry should be required to file a certificate of health from a legally qualified examining physician, showing freedom from hereditary diseases, like insanity or epilepsy, from all active tuberculous infections, and from communicable venereal diseases." There is so much involved in these two paragraphs that, to facilitate discussion, we must narrow down the subject. The disqualifications enumerated fall into three distinct categories; 1. Inebriety, pauperism, and criminality; 2. Insanity, epilepsy, and tuberculosis; 3. Gonorrhœa and syphilis in the communicable stages. Further, any legislation would have two objects in view: (*a*) The safeguarding of the health of the contracting parties; (*b*) The prevention of the birth of diseased children. Let us look at each of the three categories in this dual aspect. 1. *Inebriates, Paupers, and Criminals:* As regards the first of the two objects, the safeguarding of the health of the contracting parties, there is no occasion here for legal interference; for in the first place a person's health is not affected, except quite indirectly, by marrying a drunkard, a criminal, or a pauper; and in the second place, any person marrying such an one must do so with a full knowledge of the fact, and can hardly expect to be relieved of the responsibility of his or her folly. As regards the second object, it may be safely asserted that drunkenness, crime, and pauperism depend for their development much more upon early surroundings than upon heredity; indeed, it is doubtful whether the assignment of responsibility for the fostering of criminal tendencies to heredity is not entirely due to the confusion of hereditary influence with the influence of early vicious environment in the parental home. 2. *Insanity, Epilepsy, and Tuberculosis:* Here also it may be affirmed that a person's health is not affected by marrying an insane, epileptic or tuberculous individual; so the first object does not apply. On the other hand, there is no doubt that the children of the insane and epileptic have as their heritage a tendency to the development of these and other diseases; and for this reason people so afflicted ought not to marry. But this result is hardly to be attained by legislation; it is rather to be hoped for as the outcome of the education of the laity as to the dangers involved. Moreover, Nature provides her own safeguard for the race by ordaining that families with the taint of insanity tend to extinction. Tuberculosis has to be considered rather by itself. In many cases it does not develop till after marriage, and it would be scarcely practicable to prohibit marriage to persons with a tuberculous history. Further, the children of tuberculous parents may be themselves healthy, especially if due attention be paid to their surroundings. The effective working of such a scheme as that recently approved and patronised by the Prince of Wales will probably do more to limit the spread of this national scourge than could be hoped for from a law preventing the marriage of tuberculous persons. We must reserve the consideration of venereal diseases in an acute stage for a future article, as they occupy a very different position to other diseases in regard to marriage eligibility.

## UNCHRISTIAN CHARITY.

The announcement that managers of the Liverpool Ladies' Charity have decided to enlarge the scope of the rules so as to admit "in exceptional circumstances, after careful investigation," single women in their first confinement, brings into painful prominence the cruel and uncharitable rigour of the regulations of the majority of these institutions in respect of unmarried women. In some lying-in hospitals they are altogether placed under a ban and even the more liberal only concede accommodation at a first confinement. Under pretence of withholding assistance from the profligate, the Christian ladies and gentlemen who manage these institutions harden their hearts against sinning but unfortunate women in their hour of need, and leave them to the cold charity of the streets or the workhouse. Is this Christian charity? Certainly not such as we understand it. The true basis of Christian charity is to be found in the parable of the adulterous woman, and we would repeat for the benefit of these good persons the invitation extended to those alone who have *not* sinned. There is no obvious reason why the ethical standard which obtains in most general hospitals should not also obtain in lying-in institutions. We do not refuse admission to the drunken prostitute who has been run over or who has been badly injured in a public-house brawl. We do not turn away the unrepentant burglar who has broken a limb in some nefarious exploit; nor do we decline to diagnose and treat an applicant who is suffering from cerebral tumour as the result of immorality in the forgotten past. Why, then, this rigour against hapless women whose unhappy fate is often but the outcome of demoralising surroundings and the want of moral training? The whole principle is wrong. Medical charities have to do with patients, not persons, and it is not for us to re-enact the Pharisaic policy of walking by on the other side, avoiding all contact with impurity. Let us scrutinise the fear professed lest the assistance of unmarried women during labour should serve to encourage vice. Do these well-meaning ladies and gentlemen imagine that girls deliberately, and with malice aforethought, become pregnant? Do they suppose that these girls in yielding to vicious instincts are influenced one way or the other by their prospects of admission, should occasion arise, into a lying-in hospital? No, if a girl becomes pregnant, her first thought is to rid herself of her burden, even at the price of health and even life itself, and it ought to be our object to stem the rising tide of infanticide by providing an asylum for women who are tempted by so many, and such grave reasons to resort to criminal practices in order to obviate the prospect of having to trespass on the grudging hospitality of the lying-in hospital. The same well-meaning but misguided policy forbids the admission into the wards of our general hospitals of women suffering from primary syphilis, with the result that thousands of women who would gladly avail themselves of an opportunity to place themselves under treatment are thrown back on the streets, there to infect countless thousands of the incontinent who, in their turn, infect many innocent and otherwise respectable persons. This pseudo-morality, which is as unchristian as it is cruel, should be cast aside in favour of a higher and more enlightened conception of our duties and responsibilities towards the frail and the unfortunate. There can be no better opportunity of obtaining a hold on these women than at such a time. Their spirit is broken by the sufferings incidental to their condition, they realise, perhaps for the first time, that the ways of the transgressor are hard, and the moment is a favourable one for appealing to whatever good remains in their nature. The hospital, indeed, is not the proper place for respectable married women. People should not be encouraged to marry until they are in a position to face this necessary sequel of marriage, and it is a sorry service to them to entice them into engagements which they are not in a position to fulfil. We can understand a maternity charity to providing medical attendance for married women at their homes when circumstances justify this course, though even then the door is opened wide to the most flagrant abuse. The great argument however is, after all, that it is sheer brutality to refuse admission to a woman in labour simply because she is unprovided with her marriage lines or because experience has not imparted to her the virtue of continence. The profligate do not have children, or in but small proportion; it is the silly artless girl whose passions are stronger than her reason, who commits herself, and her fate should appeal to us quite irrespective of her moral status.

> Comment le sauriez vous, âme chaste et tranquille
> A qui la vie est douce et la vertu facile. . .
> Vous ne comprenez pas, n'ayant jamais eu faim
> Qu'on renonce à l'honneur pour un morceau de pain.

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## SCHOLASTIC HYGIENE.

One of the most noteworthy discoveries of late years in connection with the spread of disease was the recognition of the influence of schools in the propagation of certain infectious diseases. Even now, authorities are not unanimously agreed as to the influence of school aggregation in the dissemination of diphtheria in spite of the most conclusive statistics and of the fact that common sense would lead one to expect that every social circumstance which brings children into more or less intimate contact must needs favour the inter-communication of all diseases, including diphtheria, that are susceptible of this method of transmission. The law compels parents to expose their offspring to the risks inseparable from school life under existing conditions, with the result that a very large proportion of the money spent in isolating cases of infectious disease when discovered is wasted for the simple reason that very mild cases escape recognition, and therefore notification, though fully capable of infecting their immediate surroundings. The habits of very young children and the promiscuous use of lavatory and other appliances and utensils offer every facility for the propagation of disease, and as we can hardly hope to eradicate these habits some other means must be found to lessen the risks entailed by these huge aggregations of highly inflammable material. First of all, it is important that the teachers should be instructed in the principles of hygiene, so that they may be enabled to take an intelligent interest in the application of the principles to school life. The subject ought to be made a compulsory one, or, failing this, special inducements should be offered to them to acquire a knowledge thereof by providing courses of lecturers by competent men, and by making efficiency in this subject a passport to advancement. A practical knowledge of this subject is conceivably more important in the teacher at an elementary school than the possession of an university degree, seeing that the one is of immediate practical importance, while the other, at any rate for primary schools, is not. We have already mentioned that the control at present exercised over the spread of the disease among the young is largely inoperative because of the fact that the disease may escape recognition for a time or, if mild, even altogether, leaving the sufferers free to spread disease far and wide without let or hindrance. The only effectual way of obtaining information respecting this class of cases is the systematic examination of scholars by a medical officer appointed for that purpose. There is the less reason for delaying this measure seeing that in other respects medical inspection of the scholars is eminently desirable, notably in regard to defects of the eyesight and other special senses, as well as in regard to physical and mental shortcomings of a nature to call for special appliances and care. This obligation is beginning to be dimly recognised, but we are not yet, apparently, within measurable distance of the school medical officer becoming an established institution. The question of expense is unworthy of serious attention, first, because, as education is compulsory, it is the duty of the State to eliminate all avoidable risks, and, secondly, because prevention is always cheaper and more satisfactory than cure. Among the minor but nevertheless important precautions the use of slates, slate pencils, and sponges ought to be forbidden. Slates have long been incriminated as possibly fertile sources of contagion, in fact, as generally used, they are often plate cultures of pathogenic microbes. Lead pencils and pens should take their place, and each scholar should be taught jealously to keep his writing utensils for his personal use, the loan or transference thereof being strictly forbidden. All school property belonging to a scholar known to be suffering from an infectious disease left in a school should be forthwith destroyed or disinfected, and all books regularly taken home by pupils should be covered in brown paper, such covering to be renewed at stated intervals. Lastly, the school premises should be so constructed as to be readily and thoroughly cleansed and the process of cleansing, at frequent and stated intervals, be effectually supervised by a responsible person. It is only by attention to such details as these that we can hope to stem the tide of disease and to reduce the mortality from this source. We cannot possibly remain with folded arms in presence of these unquestionable risks. Medical control is indispensable if we are to eliminate foci of infection and to graduate the measure of instruction to the intellectual calibre of each pupil. There are signs of the evolution of a healthy public opinion on these points, and in time no doubt sufficient pressure will be brought to bear to compel the attention which the subject requires and deserves.

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# Notes on Current Topics.

### The Royal Army Medical Corps.

IN a letter signed "Pirwane," addressed to the *Daily Graphic*, the writer calls attention to certain facts that should be borne in mind by the fathers of young doctors aspiring to a military career. The recent warrant, although, perhaps, doing all that was necessary and desirable in the matter of corps and rank did not deal with anything else. It did not remove any of the anomalies referred to in the letter quoted. The chief among these are the financial loss incurred by junior officers of the R.A.M.C. serving in India, the withholding of travelling allowance from officers in India, nothwithstanding the frequent moves to which the junior officers in particular are subjected, the withholding of horse allowance from officers under field rank in India, where the climate and extent of ground to be covered render a horse an absolute necessity for the proper performance of the duties, and the refusal to grant a charge allowance to officers in charge of station and section hospitals in cantonments, and of section field hospitals on active service. These are obviously unjust, and might easily be rectified. It might be thought that the mere pointing out of these defects to the Government would ensure their removal. We know of the case of a medical officer who contracted fever owing to his endeavouring to perform his sanitary duties in cantonments on foot. Had he waited till the cool (?) of the evening to make his inspections he could not possibly have got through with his work. One principle in the Army is the more responsibility the more pay. Yet medical officers (R.A.M.C.) in charge of large station hospitals, or section hospitals, or section field hospitals, receive no extra remuneration; regimental officers on detached command, or performing duties of quartermaster, paymaster, &c., draw extra pay. Indian medical officers detached in charge of sections of native field hospitals, under identically the same circumstances as British field hospitals, receive extra pay. Why, then, not officers of the R.A.M.C.? It is sincerely to be hoped that these matters will be properly adjusted so that the *cadre* of officers of the R.A.M.C may be filled without unnecessary delay.

### The Life Risks of Soldiers.

AN interesting paper is communicated to the December number of the *United Service Magazine* by Captain Triggs, the purpose of which is to show that the rates charged by insurance companies on the lives of military officers is excessive. The author points out that, whereas the mortality of officers on foreign service is 15 per 1,000 annually, that of such officers on home duty is only 5 per 1,000. Thus the mean of the greatest and least risks is only 10 per 1,000, which is admittedly not greater than that of the best lives, on an average, at home. Nevertheless, he complains that the insurance companies, while they impose heavy risks upon officers going abroad, make no abatement for them when at home, although, in consequence of the physical examination to which they have been subjected before admission to the Service, and in consequence of the very favourable conditions of their lives when at peace and at home, they may be regarded as very choice lives for the insurer. As to the risks of officers in actual war service, he points out that chances of death vary enormously, having been in the South African war of 1879, 64 per 1,000, and in the Egyptian campaign of 1885, only 1 per 1,000. Captain Triggs also dwells upon the fact that, of late years, the risks of transport and of foreign service has been greatly reduced, the carriage of troops being now almont as rapid, certain, and salubrious as that of passengers by the best liners, and the sanitary arrangements both at sea and in station being infinitely safer for the soldier than they ever were previously. The exceptional risk of a general war might readily be covered by an additional rate, for the time, of 5 per cent.

### A New Midwives' Bill.

Some more tinkering has been attempted in the direction of legislation for midwives. A new Bill has been drafted by the so-called Midwives' Bill Committee. In brief, the Bill provides that henceforth no woman shall call herself, or habitually practice for gain, as a midwife unless she has obtained a licence; and that in order to be licensed, she must *inter alia* produce evidence either (1) of having undergone a proper training and subsequent examination, or (2) of having (at the time of the passing of the Bill) been in *bona-fide* practice as a midwife. The Bill does not render it illegal for any person to assist a lying-in woman in an emergency. A central midwives' board is constituted under the Bill, the chief duties of which will be (1) to organise examinations of a uniform standard; (2) to regulate, supervise, and restrict within due limits the practice of midwives; and (3) to investigate charges of malpraxis, negligence, or ignorance against midwives. Furthermore midwives under the Bill are licensed, and not registered; also the habitual practice of midwifery for gain, by women not licensed, is declared to be illegal; lastly, the area within which a midwife may practice is, in order to facilitate supervision, limited to that of the local supervising authority from whom she has obtained a certificate authorising her to practice. We note also that the Bill is not intended to apply to Scotland or Ireland, and that nothing in it applies to legally qualified medical practitioners. Inasmuch as the Bill has been drafted in accordance with the recommendations of the General Medical Council, there is likely to be less opposition to it on the part of the profession than has been the case on former occasions. There is some difference between a "Licensed" midwife and a "Registered" one, at all events in name, and this, such as it is, may dispose of the fear that the proposed new legislation will have the effect of introducing an inferior order of medical practitioners which has always been the primary objection to previous attempts of the kind. We have not space to publish the Bill *in extenso*; but those of our readers who are interested in the subject may obtain a copy of it by applying to Messrs. Howell and Co., 87 Malden Road, Kentish Town, enclosing two penny stamps.

### The Abuse of Friendly Societies in Australasia.

The Intercolonial Medical Conference, summoned to consider the relations between the medical profession and the friendly societies, met in Melbourne in November last, and several important resolutions were discussed and adopted. It will be remembered that, as a preliminary step to holding the congress, a schedule of questions was issued to all the practitioners in the colonies bearing upon the points at issue, and replies were invited thereto. Question No. 9 inquired for information respecting well-to-do patients who belonged to the friendly societies, and the evidence forthcoming upon this subject was remarkable. A few examples are here appended: "A leading banker, with £5,000 per annum"; "A retired publican, worth £20,000"; "a hotel-keeper, worth £5,000 (he paid a Melbourne consulant 50 guineas for one visit," "a solicitor, worth £1,600 per annum, who is also a large property owner." "A gentleman with probably the largest produce business in Victoria, ex-Mayor, splendid mansion in suburbs, pays me 14s. 6d. per annum." "I have attended as a lodge patient a man worth £70,000." According to the societies' rules, all the members are attended for an inclusive sum of 3d. per week; that is to say all the rich patients above mentioned had for this sum a medical man at their beck and call throughout the year. The *Intercolonial Medical Journal of Australasia*, in discussing these facts in the November issue, asserts that the abuses of the friendly society system are of such a pronounced nature that it is a matter of astonishment that the practitioners concerned should have submitted to them for so long.

### A Case of Poisoning by Hyssop.

An inquest held last week at Birmingham on a woman who had died after taking an infusion of hyssop, and the case is of interest inasmuch as no previous case of death from this cause has, as far as we are aware, been recorded in this country. It seems that the deceased had taken hyssop during labour on a previous occasion on the advice contained in an old medical work in her possession. She was expecting to be confined again on the 31st ult., and sent for a penny packet of hyssop, of which she drank an infusion. Serious symptoms soon followed, and Dr Leech was sent for, but was unable to avert the fatal result. The chemist who sold the drug stated that the packet contained fifteen doses. Dr. Leech described the symptoms from which the woman was suffering when he was called to her. The lips were blue, the complexion dusky, and the hands were swollen. Labour was in progress, and the child was still-born. He had been unable to find any record of a similar occurrence in English literature, but he mentioned that in a French medical work which he had consulted he found an account of three deaths from taking hyssop (hyssopus officinale, N. O. labiatæ), adding that a series of experiments on dogs showed that a much smaller dose than that taken by the deceased proved fatal to these animals. The dose actually taken in this instance was about 160 grains, including a large proportion of the flowers. A verdict of death from misadventure was returned.

### The Fever Scare at Nice.

Our correspondent in the Riviera, alluding to the rumours that typhoid is unusually prevalent this year in that part of France, throws discredit upon their authenticity, and relates an anecdote which may or may not afford an explanation of their currency. Such information as we have been enabled to obtain from private sources lends colour to the view that these rumours are the outcome of the mischievous tendency which afflicts so many people to write about things of which they know little or nothing. On the other hand, the French have largely themselves to thank if such tactics prove successful in deterring travellers from visiting their sunny south. Reading between the lines, the denials of the authorities amount to this: "There is no typhoid fever, and if there were, we should say the same thing." It is, indeed, the fatal policy of persistently disguising matters of this sort until further secrecy is impossible that has shaken public confidence in duly authorised reassuring statements. In England, thanks to our system of notification, such tactics are impracticable, and the authorities of European health resorts in favour with English and American travellers will do well to inaugurate a system which will enable them to authenticate their statements by statistics which shall command confidence.

### Consumptives as Hotel Visitors.

The *Bournemouth Guardian* is naturally not a little agitated and distressed by a letter signed "Bournemouth," recently published in a London newspaper. The writer stated that a man in the last stages of consumption left his hotel, and that "within an hour from his leaving the room it was re-let, this time to a young lady." It is not clear that the incident thus narrated happened in Bournemouth, although the local editor evidently regards the matter in that light. Behind it all, however, lies the bare skeleton of a grisly tragedy that is being enacted every day of our lives, not only in the hotels of Great Britain, but throughout the civilized world. From the very nature of things a certain percentage of the travelling public must always, consciously or unconsciously, be affected with communicable diseases. To the credit of hotel management generally, it may be believed that the systematic order and cleanliness which stamps the latterday *regime* reduces to a minimum the risk of these undesirable infectious legacies from visitor to visitor. Fortunately, although phthisis is due to a specific bacillus, its ordinary routes of infection are such that it is not likely to be communicated in a bedroom that has been thoroughly cleaned and provided with clean bedding. At the same time it would be advisable, wherever possible, to disinfect the room and its contents. To put the matter plainly, an hotel patient is not likely to spit about his bedroom, and it is in the sputa that the chief danger lies. The public require education upon these points, for there can be no doubt that many worthy persons sin in ignorance, and have not the least idea they may hand on their terrible malady to others. We trust the day may not be far distant when every self-respecting sufferer from pulmonary consumption will carry a small spit-flask charged with some antiseptic to disinfect the sputa.

### The Plague at Madagascar.

The plague continues to rage at Madagascar, but fortunately it does not show any tendency to spread far from the regions where it first made its appearance. Since the beginning of November, at which date the epidemic broke out, there have been in all 204 cases, with 132 deaths. This number is made up of 23 creoles, 69 natives, 39 Asiatics, and 2 Europeans. A sanitary cordon is rigorously applied around Tamatava, and the great Government works are at a standstill. The capital has been placed under medical control, and drastic sanitary measures are strictly enforced.

### Poor-law Barbarity.

Bumbledom, although happily more or less scotched, is, nevertheless, far from dead. The guiding principle that has prevailed under the *régime* of Sir Hugh Owen has been to make administration a harsh and repulsive, iron-bound system, with a view, apparently, of frightening persons out of becoming or of remaining paupers. An excellent illustration of this position is afforded by the Marylebone Board of Guardians, who, in return for a night's lodging demand from a "casual" the breaking of ten hundredweight of stones or the grinding of ten pecks of corn. To perform that task means nine hours hard and continuous work. How an ill-fed man is to make that effort without sooner or later wrecking his constitution is a problem that does not appear to have entered into the consideration of the Marylebone Board. For a well-fed and strong man to set about such a labour would be unwise, and a thousand times more so for the tramp who is usually physically unfit for any sustained laborious work. There can be little doubt that many forms of aneurysm and other kinds of circulatory diseases, to say nothing of varying organic mischief, might be set up by the imposition of arduous manual work upon the waifs and strays of the casual ward. We say nothing about the iniquity of making a profit out of this pathetic class of human wreckage, for that is the effect of demanding a day's labour in return for accommodation worth no more than a few pence. When shall we have a Local Government Board that will fix and control such matters as diet, exercise, and labour upon some scientifically ascertained medical data?

### Adulterated Milk.

Of all the mean and persistent frauds perpetrated upon the community there is none more cruel and deserving of condign punishment than the adulteration of food. To add to the irony of the thing, the offence can be readily detected, and all the legal machinery for successful prosecution is at hand. Therefore, it is, above all things, preventible; yet, like infectious diseases, it is not prevented. Take the case of milk, the adulteration of which is, beyond a doubt, carried on to an enormous extent throughout the kingdom, largely at the expense of the poor. This fraudulent practice is the source of profits that would make the mouth of an average Jew water, so that it is not surprising that certain milk-vendors are ready to encounter the odium and loss of repeated fines. At the Thames Police Court, last week, an old offender in that direction was fined £6, but we venture to suggest that the penalties inflicted should be rapidly cumulative in severity up to a certain point, when they should invariably be replaced by a long term of imprisonment. The present apathy of vestries has much to do with the prevalence of milk frauds. It is to be hoped that the new spirit of the Local Government will tackle this subject of adulteration firmly, and begin by overhauling the Somerset House analyst's department.

### Corporal Punishment of Lunatic Patients.

The Hoxton House Lunatic Asylum has recently come in for an unpleasant share of public attention in connection with a police-court case. A female attendant at that institution was charged with assaulting two of the patients, and it was proved that she whipped both of them in a bathroom with a cane, one on the body, the other on the hands. She did not report the circumstance to anyone in authority at the Asylum. The magistrate remarked that no doubt the patients were exceedingly troublesome, but, as they did not know what they were doing, it was all the more imperative that they should have the kindest treatment. He allowed the defendant the full benefit of the Act by imposing the lowest penalty – namely, 40s. in each case. One would hardly imagine that nowadays such a barbarity as the whipping of lunatics could have existed outside the pages of a novel. What would the late Charles Reade have said of this Hoxton lunatic attendant with her harridan temper?

### Medical Fees at Inquests.

In a letter addressed to the *Western Morning News*, Mr. Waterfield, practising at Stonehouse, calls attention to an anomaly in the payment of fees to medical witnesses at inquests, of which we must confess we were previously ignorant. Having been called upon to give evidence on two occasions – the inquest having been adjourned – he naturally expected to receive two fees, but, to his surprise, he was informed that however many attendances a medical witness may put in, he can only claim one fee. This decision is rendered the more absurd by the fact that the jury receive double sets of fees, but on the matter being referred to the County Council, the coroner's decision was confirmed. Mr. Waterfield suggests that in future the only course will be for medical witnesses to refuse to give evidence on the second occasion before being paid their second fee, but in view of the powers possessed by the coroner to compel witnesses to answer questions, we doubt if this method would prove successful. The matter is one which should be taken up by some organised body of medical men with the view, first of all, of testing the legality of the decision, and if this be established to obtain an amendment of the law the injustice whereof is obvious.

### A Worm-Infected Gaol.

Some interesting and curious facts have just been published by Captain Fearnside, I.M.S., regarding the cause of a high mortality rate in one of the prisons in India, that at Cananore, with which he was connected. Before Dr. Fearnside took charge the death rate among the inmates from intestinal disorders had been very high for many years; in 1893, for example, the mortality was as much as 47 per 1,000 from this cause alone. However, while making a post-mortem examination upon a prisoner in 1894, who had died of diarrhœa, he found a mass of 37 round worms at the ileo-cocal valve. Acting upon this hint he afterwards resorted freely to the use of santonin, as the result of which the cases of diarrhœa, enteritis, and dysentery at once underwent a considerable reduction. As showing the remarkable prevalence of the parasite in the gaol, he states that in 1896, 255 prisoners passed between them the huge number of 2,703 worms, an average of ten each. This plague of worms does not so far appear to have been amenable to preventive measures.

### When Chloroform is to be Preferred.

Dr. Miron I. Marsh, in discussing the conditions in which chloroform is to be preferred as an anæsthetic insists on the following:—In organic diseases of the nervous system and in atheroma occurring in persons of advanced years. In chronic or acute inflammatory affections of the respiratory tract, such as severe bronchitis, asthma, emphysema, or advanced tuberculosis. Also in protracted operations about the nose, mouth, or pharynx, which necessitate the nose and mouth being uncovered. In operations performed with artificial light (other than the electric incandescent), unless the source of illumination is at a sufficient distance. Even with chloroform, however, it is undesirable to operate in the vicinity of gas lights on account of the irritating vapour to which its decomposition gives rise. The same reason applies when the galvanic cautery is to be used in the neighbourhood of air passages. Chloroform is preferable to ether in all cases of renal disease, whether acute or chronic, in chronic alcoholism, and n both infancy and old age. It is much better than ether during labour, and in puerperal eclampsia when an immediate effect is required.

### Changes in the Blood after Removal of the Thyroid.

**Every** detail—chemical, physiological, and pathological—bearing on the effects of removal of the thyroid gland is of interest in view of the importance which this gland has of late assumed in physiology and therapeutics. Dr. A. G. Levy has recently published the results of a series of observations made by him on the changes induced in the blood of dogs by removal of this organ. It is generally recognised that the numerous and diverse phenomena following removal of the thyroid are caused primarily by a pathological condition of the blood. This pathological condition consists in the absence from the blood of a thyroid secretion which is necessary either to the normal metabolism of the tissues or for the purpose of neutralising some poisonous product or products of metabolism. The most salient feature of his results is their inconstancy, and this indeed applies to all the phenomena following thyroidectomy. It is striking how one symptom often predominates over others, sometimes even to the exclusion of the others. A diminution either in hæmoglobin or red corpuscles, or in both, is a usual but not invariable result, but there does not appear to be any direct relationship between the intensity of the anæmia thus induced and the severity of the symptoms in general. The proportion of white corpuscles undergoes manifest increase almost from the first, and the specific gravity of the blood always falls after thyroidectomy, as might be inferred from the existence of anæmia. The percentage of fibrin in the blood of a thyroidectomised animal is invariably found to be increased, sometimes to a considerable extent. With regard to the solid constituents of the blood there appears to be a varying loss of certain non-proteid substances and a varying gain in others, for throughout the proportion of loss of proteids to that of solids is inconstant. It follows that an exact determination of the conditions which tend to produce in some dogs a partial immunity from the evil effects of thyroidectomy is still to be effected, but it may be assumed that irregularities in the quantitative changes in the blood of different animals after thyroidectomy are analogous to the variation in the general symptoms which result therefrom.

### The Unqualified Dispenser.

**A woman** died at Stockport last week from the effects of an overdose of morphia contained in medicine. The medical man in attendance states that his dispenser made a mistake in making up his prescription, he having put in *fifty grains* of morphine instead of one and a half. We should infer from this that the dispenser must have been totally ignorant of the lethal properties of large doses of the drug or he would not have committed such a fatal blunder. It is a fact that few, if any, of the dispensers employed by medical men have had any training to fit them for the duties and responsibilities they undertake, but as medical men technically do not "sell" their medicines, unless they happen to keep an open surgery, the Pharmacy Act does not apply to their establishments.

### Fleas as Plague Carriers

**Just** as the common fly and the mosquito have been accused as being disease carriers, so a similar *role* is now being attributed to the ubiquitous flea The particular disease for the dissemination of which the flea is being made responsible is the plague in India. The insect, it is stated, absorbs the bacillus, and then takes the first opportunity, in the ordinary course of business, of discharging the micro-organism into the blood of a human being. Researches upon this subject have been undertaken by M. Simond, and the results published in the *Annals of the Pasteur Institute*. Whether the latter be accepted as trustworthy or not, the suggestion is nevertheless one which is worthy of full inquiry by independent observers M. Simond claims to have determined by his investigations that the plague is only with extreme difficulty propagated by infection through the digestive tract, and that it is very exceptional for the disease to be disseminated by contact with cutaneous wounds or through infection of the mucous membrane of the lungs. Hence it would seem that by the method of exclusion, the author has been led to attribute the dissemination of the disease to the *pulex irritans*.

### Pulmonary Asymmetry.

**At** an inquest held on Wednesday last at Bermondsey on the body of a man who had succumbed to the rupture of an aneurism, Dr. Mulqueen, who made the post-mortem examination, stated that the deceased had only one lung, the deficiency being evidently congenital. This one lung seems to have answered the purpose however, for the deceased was 42 years of age, and had never complained of any respiratory trouble. It is to be hoped that this apparently unique abnormality will receive the attention which it merits by reason of its scientific interest.

### What is the Lunacy Law?

**The** conclusion of the case at Kingston-on-Thames, when a medical man was indicted for having received a lunatic in an unlicensed house, comes as a surprise. An eminent lunacy expert came forward and stated that the action of the accused met with his sanction, and further admitted that he had started a subscription fund in a medical journal to defend the present action. This appears to amount to an open defiance of the law, which is based on a sufficiently clear and sound principle, namely, to prevent possible fraud and infringement of personal liberty in unlicensed houses. We confess it seems to us a mystery how any man of standing in the medical profession could come forward and practically impeach that administrative position and advise illegal opposition to the Lunacy Acts. Perhaps there may be some explanatory circumstances, legal or otherwise, with which we are not acquainted. Any way, the counsel for the prosecution stated that his sole object was to ensure respect for the provisions of the Lunacy Act. That being so, an appeal may be confidently expected from the acquittal returned by the jury in this case at the Surrey Quarter Sessions.

## The Ninth International Congress of Ophthalmology.

The Ninth International Congress of Ophthalmology will take place in Utrecht on August 14th, and four following days. The work of the session will be divided into three sections: (1) anatomy, pathological anatomy, and bacteriology; (2) optics and physiology; (3) clinical methods and operations. The committee of organisation of the Congress are as follows:—President, Dr. Argyll Robertson, of Edinburgh; Secretary-General, Mr. George A. Berry, of Edinburgh; and Professor M. E. Mulder, Professor M. Straub, Professor W. Koster, Professor H. Snellen. The official languages will be English, French, and German.

## Court Appointments.

The Queen has appointed Sir Richard Douglas Powell, Bart., M.D., F.R.C.P. to be one of her Majesty's Physicians in Ordinary, in succession to the late Sir William Jenner. Dr. James E. Pollock, and Dr. Thomas Barlow, Physician to the Household, have been nominated Physicians Extraordinary to her Majesty.

"In arduis fidelis" is to be the new motto of the Royal Army Medical Corps. The old familiar emblem of the serpent and rod, representing the art and practice of medicine, is to be discarded, and replaced by the serpent alone as the future badge of the newly-created corps. This latter, with the motto already given, is to be entwined in a laurel wreath surmounted by the Royal crown.

Lord Lister, P.R.S., has been awarded the Harben gold medal for 1899, of the Royal Institute of Public Health, in recognition of his eminent services to preventive medicine.

Dr. John B. Hamilton, of Chicago, editor of the *Journal* of the American Medical Association, died on Christmas Eve last. He was 51 years of age, and at the time of his death was Professor of Surgery in the Rush Medical College, Chicago. The cause of death was some acute abdominal disorder, for which an operation was performed.

## Scotland.

[FROM OUR OWN CORRESPONDENT.]

The Inebriate's Act, 1898.—This important statute came into operation on January 1st, 1899. Meantime a committee, to frame regulations for the proposed Inebriate Reformatories in Scotland, and generally to advise the Secretary for Scotland as to the methods of working the Act, is sitting. At first there was no medical man on that committee. The Royal Colleges of Physicians and Surgeons of Edinburgh and the Glasgow Faculty of Physicians and Surgeons pointed out this omission to his Lordship, who at once requested the presidents of those Corporations to name a medical man who "would command the confidence of the profession." They nominated Dr. Clouston, who accordingly has been added to the committe.

Glasgow Royal Infirmary.—Lately this institution has with its sister institutions come in for very large sums for extension, the last donation being for £1,00 from Mrs. John Elder, who by her munificent gifts has already placed Queen Margaret College on a firm foundation, and succeeded in raising sufficient funds in addition to establish the anatomical and other practical departments of the College. The other large sums left to the Infirmary were bequests from deceased friends to the institution. Besides these, which have been received as bequests and donations, the public have liberally subscribed, the latter may, however, be considered as for current expenses, in other words, what the directors name ordinary expenses, and may be used up in defraying the extravagance in which the institution is carried on, and no doubt at the next annual meeting the report will as usual show a deficiency both in the ordinary and also in the extraordinary accounts. Year after year these expenses increase. How is it? Is it because the present class of nurses is of a higher standard? The patients' ailments greater and more serious and severe than formerly? or that the "bacilli," the "bacteria," and the endless variety of "vibriones," "micrococci," *et hoc genus* are more expensive to kill and destroy them than formerly? Microbes get the blame for a great many things done nowadays, although the invisible atoms may be innocent. In these remarks we may be stirring up a hornet's nest, but this may be remedied by the simple process of crushing the said hornets. We have no wish to lessen the good that the Royal or any of the infirmaries are doing or may do, but it may be stated as a fact that patients have left the infirmary simply because after going they not only obtain insufficient aliment but are passed over from day to day without treatment. The matter and reason that such obtains should be well looked into, but we fear will never take place as there is such an exclusive tenure of office of all the officials.

## MEDICAL SOCIETY OF LONDON.

The meeting on Monday evening last (January 9th) was devoted to a paper by Sir William Broadbent, on "The Conduct of the Heart in the Face of Difficulties." He pointed out that a very large proportion of the cases of functional disturbance of the heart's action were due to interference from without, as from a distended stomach and the like. More serious was the condition engendered by peripheral obstacles as when there was high arterial tension. He insisted on the extreme susceptibility of the heart to changes affecting the nervous system, and said it behoved them in each case to distinguish which of the two factors, nervous and gastric, predominated, the better to direct treatment. He laid down the cardinal principle in the treatment of cardiac affections, whether functional or organic, that much more relief could usually be afforded by devising means of reducing the stress or eliminating obstacles than by directly stimulating the heart to overcome them. He emphasised the value of venesection in the treatment of heart affections associated with heightening of blood pressure in the veins and right heart, especially if followed up by a calomel purge.

Dr. Sansom insisted on the importance of the nervous factor in disturbance of cardiac function, and pointed out that the condition of the heart muscle was less important than was usually held. He alluded to the ill-effects of administering digitalis when the heart was under stress and concurred in the view that the great thing was to relieve rather than overcome that stress.

Dr. T. Williams related cases to show the influence of a dilated stomach on the cardiac function, and Dr. Morrison pointed out that the three factors in producing cardiac disturbance were the muscle, the nervous system and the blood, any one of which might predominate in a given case.

Dr. Symes Thompson pointed out the grave significance irregularity of the heart's action, though the patient's elings in this respect were no guide to the severity of he lesion.

**Dr. Macguire** discussed the assistance of the heart's ction afforded by the negative pressure developed on nspiration and explained the existence of the exaggeated short breathedness in emphysematous persons by he reduction of this negative pressure. He also explained the production of the pulsus parodoxus in the same way, as the effect of this negative pressure on a weakened ventricle.

**Dr. Calvert** mentioned that senega, which was usually described as a stimulating expectorant, and was given in cases of chronic bronchitis, was contra-indicated in the presence of cardiac complications by reason of its depressing action on the organ.

**Dr. Robert Jones** asked what was the relationship between the heart and the action of certain toxins, particularly the toxins of fatigue.

**Sir William Broadbent** then replied.

# Correspondence

We do not hold ourselves responsible for the opinions of our correspondents.

## THE MARRIAGE OF OVARIOTOMISED PATIENTS.

*To the Editor of* The Medical Press and Circular.

Sir,—There is a strange omission in the line of argument you adopt in your leader on this subject, one of much importance, and for its illustration we may take the least complicated illustration at hand, a case of rapidly growing double cystoma; such as cystic disease of both ovaries, or of soft œdematous myoma in a young woman. Of such I have a large collection of stories I could tell you if space permitted, which I think would prove that your view is wrong alike in the eyes of the church, the law, and of mankind.

The argument used by the United States Court is perfectly sound, and the position in which a woman is placed by senile atrophy is perfectly analogous. I have already, and in your own columns, narrated one instance in such full detail that I regret to say the case was identified by some persons interested, and I had a mild reproof for the fulness with which the case was given. It was a case where I convinced a prince of the Church that he was wrong in prohibiting the marriage of a young lady from whom the appendages had been removed, when he himself had performed the marriage ceremony when the bride had long since passed child-bearing. So much for the Church, and by Church I, of course, mean that of Rome, the only church which has ever discussed and drawn up decisions on such questions.

I have a large number of stories I could tell you of the chivalry of men, many of the stories being extremely pathetic in detail, who not only married the women to whom they were engaged after it was explained to them that surgery had removed the last surviving hope of maternity, but of many who have had to be consulted as to the performance of such an operation, and who have willingly consented to a measure of necessity for the benefit of the women they loved, for the saving of their lives. I never knew one of those men break his troth. So much for the opinion of men.

As for the law, the principle of the law on the matter in question is clear as day in England. If the husband could claim a reduction of the marriage, it could only be when fraud was perpetrated upon him deliberately, when he could prove that knowing that some operation had been performed on his intended wife he asked if both ovaries had been removed, he was informed that only one had been, or that nothing had been done to interfere with her chances of becoming a mother. But even here the difficulty would arise in the question. Would the disease for which the operation was performed have already induced sterility! and we should have to answer, certainly, in the two cases I have taken as illustrations, and in certainly ninety-five per cent. of the cases in which removal of the appendages should be performed. Because, if this were not considered and this is the serious omission you make, we should have to decide that the cure of disease should result in divorce, whilst the disease itself would not.

One in six of all adult women in England who marry prove to be sterile. A very large mass of these cases derive their sterility from arrest of growth of the uterus — infantile uterus. They do not know of any reason why they should not marry, and they marry and lead sterile lives. They are anxious to become mothers, and they wander from one obstetric physician to another, till some one divides the cervix and puts in a stem pessary, after which the case takes a surgical aspect, becomes one of double pyosalpinx, and the appendages are removed. These cases have come to me in hundreds. I operated on one yesterday, and I have seen two fresh ones this morning. The original disease or deformity caused the sterility, and should be as much a reason for annulling a marriage as the stem pessary, which made the sterility perfectly certain or the subsequent and necessary removal of the deformed and diseased organs. So with cystic ovaries. I have known them in existence long before marriage, and marriage take place while they were in a quiescent condition. Subsequent growth rapidly involved double ovariotomy and confirmed the already existent sterilisation. But what a preposterous proposal it would appear to any Court of Law, to the merest tyro of a lawyer, to suggest that the remedy should justify a divorce decree, whilst the disease should not The fact of the matter is that it is persistently ignored that the diseases for which ovaries and tubes are removed have already destroyed all chances of maternity, and that the surgical interference only confirms what the disease has already established.

To rule our divorce law in any other direction than that I have indicated would be to go back to the old law of the Jew, in which sterility was ample justification for putting away one wife and taking a few more. Whether this would prove a happy reversion I do not know, but it is a step our law-makers are not at all likely to take.

I am, Sir, yours truly,
Lawson Tait.

195, Newhall Street, Birmingham.

## HÆMORRHAGE IN INTERNAL URETHROTOMY.

*To the Editor of* The Medical Press and Circular.

Sir,—I regret that through pressure of work I was unable to reply in last week's Medical Press and Circular to the letter of Mr. Myles published in the issue of December 24th on the above subject.

In calling attention to the danger of hæmorrhage after internal urethrotomy Mr Myles was, I consider, perfectly justified; and I am entirely in accord with him in thinking that in the surgical text books and monographs on the subject of stricture of the urethra sufficient attention is not directed to this danger, or the means by which it may be successfully combated. It was for this reason that, in my criticism of his original paper, I gave in the Journal of December 21st full details of a case of alarm- hæmorrhage that had occurred in my own practice after performing this operation, and of the means that I had found effectual in controlling it.

But my criticisms were entirely directed against his uncompromising condemnation of internal urethrotomy; his views as to the pathology of stricture, what happens when this operation is performed, and the object with which it is undertaken. These criticisms remain unaffected, and are in no way altered by Mr. Myles's explanations, or by his erroneous imagination of my having limited my remarks to stricture in the anterior urethra.

I did not consider it necessary to explain that my criticisms had reference to stricture of the deep urethra, because (1) my remarks were applicable to stricture in any part of the canal; and (2) Mr. Myles specificially limited his observations to stricture in the deep urethra, and it was, of course, to these observations that my criticisms were directed, otherwise they would be meaningless.

Mr Myles comes to the conclusion that my remark had reference only to stricture of the anterior urethera because I use only Teevan's or Civiale's urethrotomer, as a rule; and he then goes on to state:—"I maintain that a stricture of the deep urethra cannot be divided by a Civiale's Instrument or any of its modifications, or by Teevan's urethrotome." Well, I must confess my utter astonishment that a surgeon of Mr. Myles's position and standing should maintain anything so erroneous. Both of these instruments were introduced for, and are capable of, cutting strictures in any part of the canal. Surely Mr. Myles cannot imagine that when, in my paper published in the issue of this journal of December 21st I referred to 87 internal urethrotomies that I had performed in the previous two and a half years by Civiale's and Teevan's instruments, these were for stricture of the anterior urethra only, and that I am in the habit of dealing with such cases to the exclusion of strictures of the deep urethra.

That both these instruments are capable ef dividing strictures in any part of the urethral canal is witnessed by hundreds of visitors to the operation theatre of St. Peter's Hospital annually, and if Mr. Myles, at his next visit to London will do me the honour of being present at some of my operations in hospital or private practice, I shall be happy to demonstrate to him the capabilities of these instruments in this direction.

I am, Sir, yours truly,

P. J Freyer.

46, Harley Street, London, W., January 7th 1899.

## "CIDER AND MICROBES."

*To the Editor of* The Medical Press and Circular.

Sir,—Should the statement of the French agricultural chemist, quoted in your journal of the 28th ult., that cider is germicidal prove to be correct, it will explain the freedom from cholera and choleraic diarrhœa that drinkers of sound cider enjoyed during the cholera epidemic in Somersetshire during 1848-1849. Sound cider is neither acid nor sweet.

In an article entitled "Cider for India," which I published in the *Medical Times and Gazette*, April 27th 1867, at the suggestion of my friend, the late Dr. Robert Smith, occurs the following passage:—"In the early history of the Epidemiological Society, Mr Tucker drew attention to the remarkable fact that the cider drinkers of Somersetshire, during the epidemics of cholera in that county, were particularly immune from this disease. We can not only bear Mr. Tucker out in his statement, but, after twenty years' experience, add another fact of equal significance - viz., that the same people are free from gout also, and in this respect afford a strong contrast to their beer-drinking neighbours."

With regard to the freedom from gout observed among drinkers of sound cider, I will refer your readers to my remarks on this subject, and those of Dr. Woods, of Philadelphia, quoted by Sir Alfred Baring Garrod, in the second edition of his work on "Gout and Rheumatic Gout," 1863, p. 591. My article, "Cider for India," was written at the time when the regulation beverage of the Indian soldier was being discussed in the House of Commons.

I am, Sir, yours truly,

January 2nd, 1899. Alfred Haviland.

## HERNIA OF THE VERMIFORM APPENDIX.

Sir,—In the "Operating Theatres" of The Medical Press and Circular of January 4th, a very interesting case of Hernia of the Vermiform Appendix from the practice of Mr. Battle, at St. Thomas's Hospital, is recorded.

The history given is a very typical one of hernia of the appendix in a femoral sac. This may occur in both the male as well as the female subject. It is not uncommon when it does occur for the appendix to become adherent at the neck of the sac, probably as the outcome of inflammation. The mouth of the peritoneal protrusion may thus be entirely blocked, and the communication with the abdominal cavity shut off. I have elsewhere (Trans. Path. Soc. Lond. vol. xlviii. p 87) recorded such a case.

Hernia of the vermiform appendix alone in the sac is undoubtedly a rare occurrence, but I venture to think that it is not so infrequent as is generally supposed. Moreover, when so herniated, I believe that, instead of inflammation being still more rare as a sequela, it is common for an appendicitis to ensue. Many of the cases recorded have been described as exhibiting the symptoms that have been considered to be indicative of a strangulated hernia, but if these be carefully looked into, they will very often, as in Mr Battle's case, show not the signs of intestinal obstruction but those of a local peritonitis, the consequence of a typical appendicitis, similar in every way to that which happens so frequently when the appendix is in its normal habitat.

I have in a paper (St. Barth. Hosp. Reports, vol. xxxiii, p 93) collected seven instances where there was undoubted inflammation of an appendix in either a femoral or an inguinal sac, and in the same paper sixteen other cases in which, although strangulation was said to have been present, I cannot help thinking that the symptoms in evidence were really the result of inflammation rather than of nipping of the tube.

Several other instances have been recorded since the publication of my short paper.

In at least three cases a foreign body, in two a piece of bone, and in the other a pin, has been found in the protruded appendix, and may have been the chief cause of the inflammation.

If strangulation does occur the signs and symptoms produced are those rather of a partial enterocele, or of strangulation of Meckel's diverticulum than those of complete acute intestinal obstruction.

I am, Sir, yours truly,

W. McAdam Eccles.

Harley Street, W., January 5th, 1899.

## CHLOROFORM AND ADENOIDS.

*To the Editor of* The Medical Press and Circular.

Sir,—The case of death from chloroform narcosis reported in your issue December 28th, 1898, like every previous death under an anæsthetic reported, confirms the truth enunciated by Snow fifty years ago, that unless the administrator of chloroform knows, at least approximately, the percentage of vapour he gives with *each inspiration*, he is a dangerous administrator, and should be held responsible for his imprudent action in taking upon himself the duty of administering a potent agent, of which, according to Snow, the undoubted highest authority on the action and safe administration of chloroform, 1 minim in the respired air, equal to 4·6 per cent of vapour, may cause sudden death, and 2 minims, equal to 9·2 per cent.; and 3 minims, equal to 13·8 per cent. of vapour, cause death with absolute certainty by paralysis of the heart, from which, according to this observer, recovery is impossible.

Snow has shown, and Dr. Waller recently confirmed his results, that in a child æt. 6, the slow and regular progressive administration of from 0·23 per cent., and not exceeding 1·5 per cent., of chloroform vapour, suffices to produce deep yet safe anæsthesia, and $\frac{1}{10}$ minim doses are sufficient to maintain the anæsthesia once induced without risk to the subject.

Last October it was my lot to witness two cases of Snow's systematic method of chloroform administration. 1. Female, æt. 3 years. Opening and scraping a suppurating gland in neck; under in four minutes; 42 minims of chloroform used in 17 minutes; average 2·5 minims per minute, equal to 0·12 per cent. of chloroform vapour. 2. A very nervous boy, æt. 14 years. Removing adenoid growths; under in about 8 or 9 minutes; 1½ drachms of chloroform used in 25 minutes; an average of 3·6 minims per minute, equal to 0·18 per cent. of vapour in the vapoured air.

Neither of them was an ideal patient. They both resisted inhalation, especially the boy, who persistently held his breath. Their breathing was a series of spasmodic gasps. Much care was consequently needed to prevent the inhalation of an overdose. The chloroform was, therefore, given continuously in about $\frac{1}{20}$ or $\frac{1}{10}$ minims, and never more than $\frac{2}{5}$ minim doses, until perfect anæsthesia was obtained. In these cases nearly one-half of the nount of chloroform used was wasted, for each dose eeting expiration is blown into the room. No sickness ad no ill effect followed the inhalation.

I am, Sir, yours truly,
A DISCIPLE OF SNOW.

London, January 6th, 1899.

## THE DISTRIBUTION OF THE PRINCE OF WALES'S HOSPITAL FUND.

*To the Editor of* THE MEDICAL PRESS AND CIRCULAR.

SIR,—Those responsible for the financial condition of he Metropolitan hospitals will thank you for the public spirited manner in which you have exposed the fallacious and partial basis of the awards of this fund.

In a letter to the daily press I took the position that many hospitals to whom awards were made are loaded with such conditions as to leave them "no better off than before." The editor of the *Hospital* for the current week remarks that my "statements and figures are equally inaccurate and unreliable." Permit me to quote for instances from two general and two special hospitals, which have received grants, to show that my statements are both accurate and trustworthy. I will do so in the form of a table, the figures being taken from "Burdett's Hospitals and Charities for 1898."

| Name of Hospital. | Award. | Condition. | Cost per Bed per Annum. | | | Total Cost. | Deficit. |
|---|---|---|---|---|---|---|---|
| | £ | | £ | s. | d. | £ | £ |
| Great Northern Central ... | 750 | to open 15 beds | 70 | 0 | 0 | 1,050 | 300 |
| London Temperance ... | 500 | „ 12 beds | 95 | 0 | 0 | 1,140 | 640 |
| City of London Chest... .. | 1,000 | „ 15 beds | 90 | 0 | 0 | 1,350 | 350 |
| N. London Consumption ... | 1,000 | „ 15 beds | 87 | | 0 | 1,305 | 305 |

Thus these four hospitals have to find nearly half as much again as the amount of their award in order to fulfil the condition of its bestowal.

I am, Sir, yours truly,
A HOSPITAL SECRETARY.

January 7th, 1899.

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# Obituary.

## DR. EDMUND DAVY, OF DUBLIN.

WE much regret to report the death of Dr. Edmund William Davy, which took place on the 4th inst. at his residence at Rathgar, he being then aged 72. Dr. Davy was son of Edmund Davy, F.R.S., and an immediate descendant of the great Sir Humphry Davy. He was himself a distinguished chemist, and held the professorship of Chemistry in the Carmichael College, and that of Medical Jurisprudence in the College of Surgeons, Ireland, for many years, having been also the usual adviser of the Government in medico-legal cases. He was a kindly gentleman, and greatly esteemed for both his professional and his social qualities.

## SIR JAMES MOUAT, K.C.B., M.D.

THE death is announced of Sir James Mouat, K.C.B., V.C., honorary surgeon to the Queen, who died on Wednesday last at his residence, Palace Gardens Terrace, Kensington. He was born in 1815, studied at University College, and was admitted a member of the Royal College of Surgeons in 1837, and a Fellow in 1852. He entered the medical department of the Army as assistant surgeon in 1838, and after nearly forty years' active service, retired in 1876. Sir James Mouat was surgeon to the 6th Dragoon Guards, and in the Crimea had medical charge of the general field hospital of the 3rd Division until the fall of Sebastopol. He was awarded the Victoria Cross "for having voluntarily proceeded to the assistance of Lieutenant-Colonel Morris, of the 17th Lancers, who was lying dangerously wounded in an exposed situation after the retreat of the light cavalry at the battle of Balaclava, October 25th, 1854, and having dressed that officer's wounds in the presence of the enemy."

## SURGEON-GENERAL STANHOPE BRUCE.

WE regret to announce the death, at the age of 68, of Surgeon General Stanhope Bruce, on the 2nd inst., at his residence in Ealing. Deceased, who was the son of the late Colonel Louis Bruce, was admitted a member of the Royal College of Surgeons, England, in 1853, and entered the Indian Medical Service. He was actively engaged both before and during the Indian Mutiny in 1858. In 1880 he was engaged as Brigade-Surgeon in the Afghan War. He subsequently acted as Principal Medical Officer of the Second Division Kandahar Field Force, and later of the Afghanistan Field Force. His distinguished services were recognised by various medals. In 1887 General Bruce showed symptoms of bulbar paralysis, and retired in consequence.

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# Laboratory Notes.

## AËRATED TABLE WATERS.

THE improvements in the manufacture of plant for making aërated waters has led to a great increase in the production, both on a large scale and at local factories. It is fairly certain that a considerable part of this increase is due to the impression that such waters are safer than ordinary water; and, indeed, the reputation in this respect of the aërated waters from some districts has led to a large demand for them in even distant parts of the kingdom. The general feeling that aërated waters are safer than non-aërated is correct to this extent, that the much smaller supply required by an aërated water factory can be provided under precautions which are never taken with the much larger volume of a public supply intended for all purposes. In recognising this advantage, however, it must be clearly remembered that the manipulation involved in bottling aërated waters introduces an element of risk which does not occur in the public supply. A case in point, which occurred recently, was that of a manufacturer who, becoming unwilling to use a polluted well for manufacturing aërated waters, proposed to do so for washing out the bottles, a course which would have been entirely incompatible with the purity of the water and was, in fact, abandoned on the advice of the analyst. Reputations for purity, on the other hand, have over and over again been shown to be entirely untrustworthy. As an illustration of this it may be mentioned that in the town of Maidstone there was a thriving industry of old standing in mineral waters, based on a reputation for purity; and this firm continued to export their products to all parts of the kingdom until the actual outbreak of the great epidemic.

We therefore come to the conclusion that it is desirable for the information of our readers to put forward some authentic and trustworthy information as to some of the brands most before the public. Our purpose is rather to assist those who desire the protection to which they are entitled than to criticise the manufacturers who do not give it, and our list will therefore refer more particularly to brands of the higher quality. The liability of aërated waters to convey infective disease has been thoroughly recognised for many years. The presence of carbonic acid in water, if it exercises any disinfectant effect, does so only after the lapse of considerable periods of time, and cannot be taken into serious account as a means of affording protection to the public. The results which we are about to publish are intended to indicate rather the natural character of the water which is used in the brands under examination than the precise merit of the finished product. It cannot be too strongly recognised that the first line of defence against infection is the purity of the water supply. The purity is in almost all cases liable by accident to be impaired, and the demand for the adoption of uniform and trustworthy artificial means of bacterial purification, such as Pasteur filtration, has been increasing, and, in our opinion, ought to increase until such means are universally adopted. In this way the public will obtain, and indeed has already begun to obtain, a second line of defence, and when it is uniformly adopted the impression that aërated waters are usually safer than the waters of a town supply will, for the time being, be justified Our present figures bear on the first line of defence; and as the purity of a water supply, though not lying in the chemical composition of the water, is best indicated by it, we confine ourselves to the results of chemical analysis.

"Mineral waters" are occasionally examined by public analysts under the Sale of Food and Drugs Act.

We are only able to find records for one year—namely, 1893, in which 168 samples were examined and 32, or 19 per cent were adversely reported on.

Unfortunately there does not seem to be any published record giving the reasons in all cases for their condemnation, the report only stating that in some cases lead was detected in small quantities.

## "CAMWAL" SODA WATER.

The Chemists Aërated Mineral Waters Association, Limited, have factories in different parts of the country (London, Manchester, Birmingham, Bristol, Harrogate, and Mitcham) at which they prepare mineral waters. The samples we have examined were prepared from the "New River" water. Our analyses also included samples of the latter.

*Label.—Camwal Soda Water.*

Physical Characters.

| | | | |
|---|---|---|---|
| Colour ... ... | Faint Blue | Taste ... ... | Normal |
| Smell (by Boudriment's method) ... | Normal | Suspended Matter . | None |

Chemical Characters.

| | Grains per Gallon. | | Grains per Gallon. |
|---|---|---|---|
| Total solids (dried at 120 deg. C.) ... | 37·0 | Saline Ammonia ... | Traces |
| Mineral Solids (re-carbonated) ... | — | Albumenoid Ammonia ... | None |
| Loss on Ignition .. | — | Oxygen Absorbed (in 15 minutes) . | — |
| Chlorides (as Chlorine) .. ... | 1·5 | Oxygen Absorbed (in 4 hours) ... .. | Traces |
| Hardness (total) ... | 16·0 | Poisonous Metals .. | None |
| Nitrites . .. | None | Phosphates ... ... | None |
| Nitrates (as Nitrogen) . ... ... | ·27 | | |

*Label.—New River Water (used by "Camwal").*

Physical Characters.

| | | | |
|---|---|---|---|
| Colour ... ... | Faint Blue | Taste .. ... | Normal |
| Smell (by Boudriment's method ... | Normal | Suspended Matter... | None |

Chemical Characters.

| | Grains per Gallon. | | Grains per Gallon. |
|---|---|---|---|
| Total Solids (dried at 120 deg. C.) .. | 24·6 | Saline Ammonia ... | ·008 |
| Mineral Solids (re-carbonated) .. | 18·2 | Albumenoid Ammonia ... ... | Traces |
| Loss on Ignition ... | 6·4 | Oxygen Absorbed (in 15 minutes) ... | — |
| Chlorides (as Chlorine) .. ... | 1·5 | Oxygen Absorbed (in 4 hours) ... | None |
| Hardness (total) ... | 12·5 | Poisonous Metals .. | None |
| Nitrites | None | Phosphates ... ... | None |
| Nitrates (as Nitrogen)... ... ... | ·275 | | |

## THE IDRIS MINERAL WATER COMPANY,

Pratt Street, Camden Town.

The water used is derived from a deep well, and for the sake of comparison we examined the soda water and the well water also, the figures obtained being given below:—

*Label.—Idris Soda Water.*

Physical Characters.

| | | | |
|---|---|---|---|
| Colour ... ... | Faint blue | Taste .. ... ... | Normal |
| Smell (by Boudriment's method) .. | Normal | Suspended matter ... | None |

Chemical Characters.

| | Grains per Gallon. | | Grains per Gallon. |
|---|---|---|---|
| Total Solids (dried at 120 deg., C .. | 73·5 | Saline Ammonia ... | 0·0028 |
| Mineral Solids (re-carbonated) ... | — | Albumenoid Ammonia ... ... | Traces |
| Loss on Ignition .. | — | Oxygen Absorbed (in 15 minutes) ... | — |
| Chlorides (as Chlorine) ... ... | 9·8 | Oxygen absorbed (in 4 hours | Traces |
| Hardness (total) ... | 8·0 | Poisonous Metals ... | None |
| Nitrites ... ... | Absent | Phosphates ... ... | None |
| Nitrates (as Nitrogen) ... ... | Traces | | |

*Label.—Water from Idris Well.*

Physical Characters.

| | | | |
|---|---|---|---|
| Colour ... ... | Faint blue | Taste ... ... | Normal |
| Smell (by Boudriment's method) ... | Normal | Suspended Matter ... | None |

Chemical Characters.

| | Grains per Gallon. | | Grains per Gallon. |
|---|---|---|---|
| Total Solids (dried at 120 deg. C.) ... | 41·0 | Saline Ammonia ... | None |
| Mineral Solids (re-carbonated) ... | 35·0 | Albumenoid Ammonia ... ... | None |
| Loss on Ignition .. | 6·0 | Oxygen absorbed (in 15 minutes) ... | — |
| Chlorides (as Chlorine) . ... | 8·0 | Oxygen Absorbed (in 4 hours) ... | None |
| Hardness (total) ... | 4·0 | Poisonous Metals ... | None |
| Nitrites ... ... | None | Phosphates ... | None |
| Nitrates (as Nitrogen) ... ... | Traces | | |

## MESSRS. ELLIS AND SON,

Mineral Water Manufacturers, Ruthio, Wales.

The water used is derived from a deep spring, the figures we have obtained on the water are given below:—

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*Label.—Ellis's Soda Water.*

Physical Characters.

| | | | |
|---|---|---|---|
| Colour ... ... | Faint blue | Taste .. ... ... | Normal |
| Smell (by Boudriment's method) | Normal | Suspended matter .. | None |

Chemical Characters.

| | Grains per Gallon. | | Grains per Gallon. |
|---|---|---|---|
| Total solids (dried at 120 deg. C.) ... | 86·6 | Saline Ammonia ... | Traces |
| Mineral solids (re-carbonated) ... | — | Albumenoid ammonia ... ... | ·0056 |
| Loss on Ignition .. | — | Oxygen Absorbed (in 15 minutes) ... | — |
| Chlorides (as Chlorine) ... .. | 1·0 | Oxygen Absorbed (in 4 hours) .. ... | 012 |
| Hardness (total) ... | 10·0 | Poisonous Metals .. | None |
| Nitrites ... .. | None | Phosphates ... ... | None |
| Nitrates (as Nitrogen) ... ... | 0·14 | | |

*Label.—Messrs. Ellis's Spring, Ruthin.*

Physical Characters.

| | | | |
|---|---|---|---|
| Colour ... .. | Faint blue | Taste ... ... ... | Normal |
| Smell (by Boudriment's method)... | None | Suspended Matter .. | None |

Chemical Characters.

| | Grains per Gallon. | | Grains per Gallon. |
|---|---|---|---|
| Total Solids (dried at 120 deg. C.) ... | 14·0 | Saline Ammonia ... | Traces |
| Mineral Solids (re-carbonated) ... | 11·0 | Albumenoid Ammonia ... ... | Traces |
| Loss on Ignition ... | 3·0 | Oxygen Absorbed (in 15 minutes) ... | Traces |
| Chlorides (as Chlorine) ... ... | 1·6 | Oxygen Absorbed (in 4 hours) ... | ·01 |
| Hardness (total) ... | 9·0 | Poisonous Metals ... | None |
| Nitrites ... ... | none | Phosphates... ... | None |
| Nitrates (as Nitrogen) ... ... | ·15 | | |

## MESSRS. ROSS AND SONS, LIMITED.

Mineral Water Manufacturers, Belfast and London.

The following figures were obtained on a sample of Messrs. Ross and Sons "Double Soda Water."

*Label.—Ross's Double Soda Water.*

Physical Characters.

| | | | |
|---|---|---|---|
| Colour ... ... | Faint blue | Taste ... ... ... | Normal |
| Smell (by Boudriment's method) ... | Normal | Suspended Matter... | None |

Chemical Characters.

| | Grains per Gallon. | | Grains per Gallon. |
|---|---|---|---|
| Total Solids (dried at 120 deg. C.) ... | 187·0 | Saline Ammonia ... | ·0056 |
| Mineral Solids (re-carbonated) ... | — | Albumenoid Ammonia ... ... | Traces |
| Loss on Ignition ... | — | Oxygen Absorbed (in 15 minutes) | — |
| Chlorides (as Chlorine) ... ... | 26·0 | Oxygen Absorbed (in 4 hours) ... | ·043 |
| Hardness (total) ... | 0·5 | Poisonous Metals ... | None |
| Nitrites ... .. | None | Phosphates ... ... | None |
| Nitrates (as Nitrogen) ... ... | Traces | | |

*Label.—Well Water used by Ross and Sons.*

Physical Characters.

| | | | |
|---|---|---|---|
| Colour... ... ... | Faint blue | Taste ... ... ... | Normal |
| Smell (by Boudriment's method) ... | None | Suspended matter ... | None |

CHEMICAL CHARACTERS.

| | Grains per gallon. | | Grains per gallon. |
|---|---|---|---|
| Total Solids ... ... | 17·0 | Albumenoid Ammonia ... ... | Traces |
| Mineral Solids ... | 12·0 | Oxygen Absorbed (in 15 minutes) ... | None |
| Loss on Ignition ... | 5·0 | Oxygen Absorbed (in 4 hours) ... | Traces |
| Chlorides ... ... | 6·1 | Poisonous metals ... | None |
| Hardness ... ... | — | Phosphates ... ... | None |
| Nitrites ... ... | None | | |
| Nitrates .. ... | Traces | | |
| Saline Ammonia ... | ·002 | | |

## MESSRS. SCHWEPPE AND CO.,

### Berners Street, London.

The following figures were obtained on a sample soda water prepared by Messrs. Schweppe and Co.:—

*Label.—Schweppe's Soda Water.*

PHYSICAL CHARACTERS.

| | | | |
|---|---|---|---|
| Colour ... ... | Faint blue | Taste ... ... ... | Normal |
| Smell (by Boudriment's method) ... | Normal | Suspended Matter .. | None |

CHEMICAL CHARACTERS.

| | Grains per Gallon. | | Grains per Gallon |
|---|---|---|---|
| Total Solids (dried at 120 deg. C ) ... | 66·2 | Saline Ammonia ... | 0·028 |
| Mineral Solids (re-carbonated) .. | — | Albumenoid Ammonia ... | 0·007 |
| Loss on Ignition .. | — | Oxygen Absorbed (in 15 minutes) | — |
| Chlorides (as Chlorine) ... ... | 4·3 | Oxygen Absorbed (in 4 hours) ... ... | 0·043 |
| Hardness (total) ... | 19·0 | Poisonous Metals ... | None |
| Nitrites ... ... | None | Phosphates ... ... | None |
| Nitrates (as Nitrogen) ... ... | 0·05 | | |

*Label.—Well Water used by Schweppe's Limited.*

PHYSICAL CHARACTERS.

| | | | |
|---|---|---|---|
| Colour... ... ... | Faint blue | Taste ... ... .. | Normal |
| Smell (by Boudriment's method) ... | None | Suspended matter ... | None |

CHEMICAL CHARACTERS.

| | Grains per Gallon. | | Grains per Gallon. |
|---|---|---|---|
| Total Solids (dried at 120 degs. C.) ... | 25·0 | Saline Ammonia ... | ·001 |
| Mineral Solids (re-carbonated) ... | 20·0 | Albumenoid Ammonia ... ... ... | None |
| Loss on Ignition ... | 5·0 | Oxygen Absorbed (in 15 minutes) ... | — |
| Chlorides (as Chlorine)... ... ... | 4·2 | Oxygen Absorbed (in 4 hours) .. ... | ·05 |
| Hardness (total) ... | 12·5 | Poisonous Metals ... | None |
| Nitrites ... ... | None | Phosphates ... ... | None |
| Nitrates (as Nitrogen)... ... ... | Traces | | |

## "SALUTARIS."

As will be seen from the figures below, "Salutaris" is prepared from a distilled water. Sample "A" was furnished us by the manufacturers, while sample "B" was purchased by us without their knowledge:—

| Physical characters. | "A" | "B" |
|---|---|---|
| Colour ... ... | Faint blue | Faint blue |
| Taste ... ... | Normal | Normal |
| Suspended matter... | Absent | Absent |
| Chemical characters. | Grains per Gallon. | |
| Total solids... ... | 2·6 | 2·0 |
| Loss on ignition ... | 1·2 | 0·6 |
| Mineral solids ... | 1·4 | 1 4 |
| Chlorine ... ... | 0·2 | 0·2 |
| Hardness ... ... | 1·0 | 1·0 |
| Nitrites ... ... | Traces | Traces |
| Nitrates and poisonous metals ... | None | None |
| Saline ammonia ... | ·0028 | ·0056 |
| Albuminoid ammonia ... ... | ·0084 | ·0084 |
| Oxygen absorbed ... | ·055 | ·056 |

From the results given above we conclude that in all cases the water employed in manufacture and the finished products are of high organic purity, and free from any trace of metallic contamination.

## Medical News.

### The Gresham Lectures.

DR E. SYMES THOMPSON, Gresham Professor of Medicine, will deliver a course of lectures in Gresham College, Basinghall Street, London, on the evenings of January 17th, 18th, 19th, and 20th, 1899, at six o'clock, the subject being "Preventive Medicine." These lectures are entirely free to the public.

### Vital Statistics.

THE deaths registered last week in thirty-three great towns of England and Wales corresponded to an annual rate of 19·1 per 1,000 of their aggregate population which is estimated at 11,218,378 persons in the middle of the year 1898.

Birkenhead 15, Birmingham 20, Blackburn 23, Bolton 23, Bradford 17, Brighton 18, Bristol 16, Burnley 16, Cardiff 14, Croydon 12, Derby 16, Gateshead 24, Halifax 14, Huddersfield 13, Hull 19, Leeds 18, Leicester 15, Liverpool 23, London 18, Manchester 23, Newcastle-on-Tyne 21, Norwich 19, Nottingham 17, Oldham 23, Plymouth 22, Portsmouth 16, Preston 19, Salford 17, Sheffield 19, Sunderland 19, Swansea 21, West Ham 19, Wolver-hampton 24. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 1 8 in Manchester, and 2·6 in Nottingham; from whooping cough, 1·1 in Oldham and 1·3 in Preston; from "fever,' 1 0 in Derby and in Gateshead, and 1·3 in Bolton; and from diarrhœa, 1 0 in Derby, and 1·8 in Wolverhampton. In none of the large towns did the death-rate from scarlet fever reach 1·0 per 1,000. The 106 deaths from diphtheria included 47 in London, 8 in West Ham, 7 in Sheffield, 6 in Birmingham, 5 in Swansea, 5 in Liverpool, 4 in Leicester, 4 in Leeds, 3 in Cardiff, 3 in Manchester, and 3 in Blackburn. No death from small-pox was registered in any part of the United Kingdom.

### The Mortality of Foreign Cities.

THE following are the latest official returns, and represent the last weekly death-rate per 1,000 of the several populations:—Calcutta 26, Bombay 42, Madras 42, Paris 17, Brussels 16, Amsterdam 14, Rotterdam 16, The Hague 16, Copenhagen 18, Stockholm 15, Christiania 13, St Petersburg 25, Moscow 33, Hamburg 13, Breslau 14, Munich 20, Vienna 19, Prague 27, Rome 15, Turin (10 days) 15, Venice 18, New York (including Brooklyn) 17, Philadelphia 18.

### The Hospital Sunday Fund.

THE collections made in London for the Hospital Sunday Fund last year says the *St. James's Gazette*, show a falling off from those made in 1897. The contributions in church are less by £529, while the chapel contributions have decreased by £313 The church now finds nearly four-fifths of the whole amount collected—namely, £29,106 out of a total of £36,513.

### Mr. H. Rider Haggard and the Jenner Society.

AT the last meeting of the Executive Committee of the Jenner Society held in Gloucester, the following resolution was passed unanimously:—"The members of the Executive Committee of the Jenner Society desire to express their appeciation of the recognition of the work of the Society by Mr. Rider Haggard, in the dedication to its members of his powerful story, 'Dr. Therne.' They also desire to assure Mr. Rider Haggard of their warm sympathy with his just and vigorous protest against the dangerous agitation carried on against vaccination, by which many thousands of persons have been misled, and have been induced to deprive their children of the only certain protection against a virulent and fatal disease. The committee congratulate Mr. Haggard upon his uncompromising exposure of this evil, and trust his book may have a large circulation, as being calculated to lead a considerable section of the public, who cannot be otherwise interested in the subject, to give serious consideration to a matter of urgent and overwhelming importance, affecting, as it does, the health and lives of multitudes of hapless children who may be exposed to the infection of smallpox, without the protection afforded by vaccination."

### University of London.

THE following candidates passed the recent B.S. Examination for Honours.—Surgery.

First Class.—John Preston Maxwell, Gold Medal, St. Bartholomew's Hospital.

Second Class.—Thomas Varley Cunliffe, Owens College and Manchester Royal Infirmary; Donald John Munro, Guy's Hospital.

Third Class.—Winifred Secretan Patch, B.Sc., Royal Free Hospital and London School of Medicine for Women.

# Notices to Correspondents, Short Letters, &c.

☛ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

### A CURIOUS WILL.

THE will of the late vicar of Stapleton (Cambridgeshire), which was recently admitted to probate, contains the following curious clause:—"I will that after my decease and within six hours of my burial a certificate as follows be given in writing to the person in charge by two members of the Royal College of Surgeons in England." The following certificate in the form prepared by the testator is attached to the will:—"We Joseph Griffiths and John Gay, duly qualified surgeons, and who are not in business partnership, certify that we have severed the right leg above the knee of a corpse shown us as that of the late Charles Henry Thomas Wyer Daw, and which we believe so to be.—Joseph Griffiths, M.R.C.S. Eng.; John Gay, M.R.C.S.Eng., L.R.C.P. October 25th, 1898." The will continues: "I will that three guineas be paid to each surgeon, but they may take the severed limb at the price of three guineas as part payment if they so choose; the corpse will then pack in an ordinary coffin with or without the severed limb. I will that if the severing of the right leg be omitted and not certified by two surgeons that the whole of this my will be cancelled and of no effect, except the provision for my daughter Angela Mary Daw, which shall then be administered by the High Court of Justice, and shall include all available property at my disposal." The gross value of the estate has been estimated at £4 230.

We doubt very much whether any member of the College of Surgeons would willingly accept a dead clergyman's leg in lieu of three guineas. No information is forthcoming as to whether these instructions were complied with, but as probate has issued, we may infer that the two gentlemen mentioned therein have been paid their honoraria.

**M. K.**—The matter is under consideration, and will be dealt with in due course.

**EXOR.**—We do not pretend that our opinion has force of law. You asked for it, and it is for you to decide whether or not to act on it. The matter is of too exclusively private interest to justify our dealing with it editorially.

**DR. OGILVIE.**—Your MS. has been received, and will be dealt with as requested.

**C. A. ECCLES** (Driffield).—A correspondent under this signature has favoured us with her views on "The Dietetic Value of Plum Pudding," which appeared in a recent number of this journal, and was quoted in hundreds of newspapers. As a vegetarian she avers that although they (vegetarians) would not outrage their humane feelings to procure the necessary suet, which involves "the life of a highly organised and sentient beast," yet "there are many vegetable oils and fats that may and do more wholesomely take its place." In reference to the use of eggs she writes:—"It is usually the hyper sensitive reverence for life of those who love to cavil at vegetarianism, not vegetarians themselves, who would wish to bar the eggs."

# Meetings of the Societies and Lectures.

### WEDNESDAY, JANUARY 11TH.

**DERMATOLOGICAL SOCIETY OF LONDON** (11 Chandos Street, Cavendish Square, W.).—5.15 p.m. Clinical Demonstration.

**SOUTH-WEST LONDON MEDICAL SOCIETY** (Town Hall, Wandsworth, S.W.).—8.30 p.m. Dr. J. B. Ball: Paroxysmal Sneezing and Allied Affections, their Causes and Treatment.

**HUNTERIAN SOCIETY.**—8.30 p.m. Pathological Meeting. Specimens will be shown by Dr. Oliver, Mr. Targett, Dr. F. J. Smith, and other Fellows of the Society.

### THURSDAY, JANUARY 12TH.

**BRITISH GYNÆCOLOGICAL SOCIETY** (20 Hanover Square, W.)—8.30 p.m. Annual Meeting for the Election of Officers. President's Address.

**SOCIETY FOR THE STUDY OF INEBRIETY.**—Quarterly Meeting (Rooms of the Medical Society of London) at 4 o'clock. Paper: The Temperance Fallacy. A rejoinder to Dr. Norman Kerr, by Archdall Reid, M.B., Southsea.

### FRIDAY, JANUARY 13TH.

**SCHOOL DENTISTS' SOCIETY** (Medical Society's Rooms, Chandos Street, Cavendish Square, W.). 7 p.m. Casual Communications. Paper:—Mr. W. T. Elliott (Birmingham): Classification of the Ages of Children for the purpose of Statistical Observation. Followed by Discussion.

**CLINICAL SOCIETY OF LONDON.**—8.30 p.m. Clinical Evening. The following cases will be shown:—Mr. J. Hutchinson, jun.: Localised Myositis Ossificans from Injury.—Dr. Crawfurd: Enlarged Spleen with Thrill and Bruit.—Mr. Curtis: Anterior Displacement of Tuberculous Carpus with Formation of a False Joint (skiagrams and stereoscopic photographs by Dr. Mackenzie Davidson).—Dr. J. S. Richards: Pemphigus of the Mouth, Pharynx, Larynx, and Skin.—Dr. Batten: Progressive Muscular Atrophy after Measles.—Mr. Kellock: Two Cases of Complete Hypospadias with Cleft Scrotum.—Dr. Perkins: (1) A Case of Progressive Muscular Atrophy of Unusual Distribution; (2) A Case of Muscular Atrophy (Myopathic).—Mr. L. A. Dunn: Charcot's Disease of the Hip. And other cases. Patients will be in attendance at 8 p.m.

**ROYAL ACADEMY OF MEDICINE IN IRELAND.**—Section of Pathology.—1. Dr. Knott: Pathological Femora and Tibiæ. 2. Mr. H. G. Croly: (a) Tumour of Left Ovary, (b) Specific Fungus of Testis, (c) Carious Os Calcis, (d) Tumour of Breast of eighteen years standing, (e) Portion of Fractured Superior Maxilla. 3. The Secretary: Note on the Agglutinability of Different Races of the Typhoid Bacillus. 4. Dr. Conolly Norman: Case of Peritoneal Tumour. 5. Dr. Coleman: (a) Glio-sarcoma of Cerebral Hemisphere, (b) Tubercular Tumour of Cerebellum (c) Abscess of Cerebellum.

# Vacancies.

County Asylum, Rainhill, near Liverpool.—Assistant Medical Officer, unmarried. Salary commencing at £100 per annum, with furnished apartments, board, attendance, and washing.

Dorset County Hospital, Dorchester.—House Surgeon for twelve months, unmarried. Salary £80 To reside and board in the hospital.

General Hospital, Nottingham.—House Physician for two years. Salary £100, rising £10 a year to £120, with board, lodging and washing.

Newcastle-on-Tyne Dispensary.—Visiting Medical Assistant for at least one year. Salary £120 for the first year and £150 afterwards.

Plaistow, St. Mary's Children's Hospital.—Senior Resident Medical Officer for one year. Salary £80 per annum, with residence in the hospital, board, and washing.

Tynemouth Victoria Jubilee Infirmary, North Shields.—Resident House Surgeon. Salary £65 per annum, with board, lodging, and washing. Applications to the Secretary, 43, Howard Street, North Shields.

# Appointments.

**BARTER, WILLIAM**, M.D., M.Ch., Medical Officer for the employés of the London District, Great Central Railway.

**BRISCOE, JOHN CHARLTON**, M.R.C.S., L.R.C.P. Lond., House Physician for King's College Hospital, London.

**CAMPKIN, P. S.**, L.D.S.Eng., Dental House Surgeon for Guy's Hospital, London.

**COLLS, PERCY COOPER**, M.R.C.S., L.R.C.P.Lond., House Surgeon for King's College Hospital, London.

**DICKINSON, WM. LEE**, M.D.Camb., Lecturer in Toxicology and Forensic Medicine to St. George's Hospital Medical School,

**EDEN, THOMAS WATTS**, M.D.Edin., M.R.C.P.Lond., an Assistant Obstetric Physician for the Charing Cross Hospital, London.

**GREAVES, FRANK**, M.R.C.S., L.R.C.P., House Surgeon for the Derbyshire Royal Infirmary, Derby.

**HENNESSY, D.**, L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Medical Officer, *pro tem.*, for the Clonakilty Workhouse.

**LEVICK, PERCY**, B.A., M.B., B.C.Cantab., House Surgeon for King's College Hospital, London.

**LEWIS, COLTON TAYLOR**, M.R.C.S., L.R.C.P.Lond., House Accoucheur for King's College Hospital, London.

**LYNCH, STEPHEN FREDERICK**, M.R.C.S., L.R.C.P.Lond., House Surgeon for King's College Hospital, London.

**MASON, E. N.**, L.D.S.Eng., Dental House Surgeon for Guy's Hospital, London.

**OGLE CYRIL**, M.B.Oxon., M.R.C.P.Lond., Lecturer in Practical Medicine to St. George's Hospital Medical School.

**OWEN, ISAMBARD**, M.D., F.R.C.P.Lond, Joint Lecturer (with Dr. Ewart) in Systematic Medicine to St. George's Hospital Medical School.

**ROBERTS, GEORGE AUGUSTUS**, M.R.C.S., L.R.C.P.Lond., Assistant House Physician for King's College Hospital, London.

**ST. JOHN, WINSTAN ST. ANDREW**, M.R.C.S., L.R.C.P., House Physician for the Derbyshire Royal Infirmary, Derby.

**SAUNDERS, LEONARD DIMOCK**, M.R.C.S., L.R.C.P.Lond., Assistant House Accoucheur for King's College Hospital, London.

# Marriages.

**BATEMAN—HIGHAM**—On Jan. 3rd, at St. Paul's Church, Bath, R. W. Bateman, Durham House, Bournemouth, L.R.C.P.Lond., M.R.C.S.Eng., L.S.A., to Isabella Higham, widow of the late William H. Higham Brereton, Dean Park, Bournemouth.

**MADGE—PAUL**—On Jan. 4th, at St. George's, Hanover Square, London, Edward Douglas Madge, M.R.C.S., L.R.C.P., L.S.A., of Nottingham Place, W. to Annie Chaston Paul, eldest daughter of J. J. Dawson Paul, J.P., Eaton Grove, Norwich.

**HYNES—KETTLEWELL**—On Jan. 3rd, at St. Paul's Church, Bedford, Ernest Jermyn Hynes, M.R.C.S., L.R.C.P., of Stockton-on-Tees Hospital, to Florence Maud, daughter of Lieut.-Col. G. Roche, Kettlewell, late Bengal Army.

**WILLIS—THRING**—On Jan 5th, at St. Peter's Church, Bournemouth, Cyril Hamer Willis, M.R.C.S., L.R.C.P.Lond., younger son of the late M. M. Willis, of Beckenham, Kent, to Annie Bertha, youngest daughter of the late Robert Thring, of Winchester.

# Deaths.

**BRUCE.**—On Jan. 2nd, at The Common, Ealing, Lewis Stanhope Bruce, Surgeon-General, late Bombay Army.

**DAVY.**—On Jan. 4th, at his residence, St. Helen's, Highfield Road, Rathgar, Edmund William Davy, M.D., M.R.I.A., aged 72 years, eldest son of the late Edmund Davy, F.R.S.

**JEFFREE.**—On Jan. 3rd, at Howard Lodge, Clapham Park, John Jeffree, F.R.C.S., L.S.A., aged 78.

The Medical Press and Circular.

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## Original Communications.

# THE CONDUCT OF THE HEART IN THE FACE OF DIFFICULTIES (*a*)

By Sir WM. BROADBENT, M.D., F.R.C.P.Lond.,
Consulting Physician to St. Mary's Hospital; Physician in Ordinary to H.R.H. the Prince of Wales.

I SHOULD like the Society to understand that I am in no way responsible for the title of this communication, but that I accepted it at your dictation. There are appeals more imperative than commands. Such was yours when, as an old pupil become president of this Society, you requested me to read a paper on the conduct of the heart in the face of difficulties. I was bound to obey, but I ventured to point out that the word "conduct" in this phrase might have two distinct meanings—the behaviour of the heart itself under difficulties, or the way in which it might be helped and guided through them by the physician, and to ask which of the two questions was to be discussed. You promptly answered "both." It is by your command, therefore, that a *double entendre* is inflicted upon the Society. In dictating the title you practically also decided the way in which the question was to be treated.

The difficulties which the heart has to face are sometimes of its own making, sometimes imposed upon it from outside. An over-distended stomach, for example, pushes up the diaphragm and presses upon the right ventricle; the heart is carried to one side or other of the chest by effusion into the pleural cavity, or more rarely is displaced by a mediastinal tumour or aneurism; or the flow of blood towards the right auricle may be impeded by pressure on the superior vena cava. Difficulties of another kind may arise from obstruction in the arterioles and capillaries—in the pulmonic circulation by emphysema or by acute affections of the lungs; in the systemic circulation by the numerous conditions which give rise to high arterial tension.

The heart adjusts itself to altered conditions in a wonderful fashion. It may be so much displaced by effusion into the left pleural cavity or by traction from a shrunken right lung that its beat is felt as far out as the right nipple and yet we can trace very little inefficiency in the functional action. Time, however, is an element in this accommodation. The same degree of displacement occurring suddenly as in pneumothorax, will be attended with severe dyspnœa and great disturbance of the action of the heart will be occasioned by sudden and capricious distension of the stomach.

The difficulties arising out of flatulent distension of the stomach or colon or intestinal canal generally will require some attention, since they are the cause of most of the functional derangements to which the heart is subject, and give rise to the heart complaints which occasion in the aggregate perhaps more suffering than does actual heart disease. The heart often tolerates a considerable degree of upward pressure of the diaphragm, and it is not uncommon to meet with stomach resonance as high as the 5th space, and to find the apex beat displaced upwards and outwards to the 4th space and outside the nipple line without conspicuous symptoms. But the heart behaves very differently in different subjects in the presence of flatulent distension of the stomach. It partakes of the general constitutional condition of the individual; in the strong, therefore, it is vigorous, in the weak it cannot be anything but weak. Then the heart has very special relations with the nervous system; it reflects every emotion, beats high with courage, is palsied by fear, throbs rapidly and violently with excitement, acts feebly under nervous depression, but it is not only through the cerebro-spinal system that the heart is influenced, it is in immediate relation with the vaso-motor nervous apparatus, and in a scarcely less degree with the sympathetic system generally. Normally afferent impulses are brought from the viscera to the central nervous system by means of which their blood supply is regulated, and their functional activity governed. These afferent impulses when perverted by functional derangement or disease may become serious disturbing influences. But the nervous system in a large and increasing proportion of people is unduly sensitive and excessively mobile, and the reactions to influences of every kind are exaggerated. A little emotional excitement gives rise to palpitation, a piece of bad news or the bang of a door seems to stop the heart altogether. There is in such subjects no form or degree of cardiac disturbance which may not be caused by indigestion, scarcely any symptom of cardiac disease which may not be simulated. Add a touch of hysteria on the lookout for symptoms and for someone to give ear to the relation of the unparalleled agonies of the sufferer, and the difficulties of the heart, and it may be added of dealing with them, are complete.

It is of course of the greatest importance that we should be able to distinguish these functional affections of the heart from troubles due to organic disease, and this is especially the case where there is severe pain in the cardiac region. The absence of physical signs of valvular or structural change will be a help, but murmurs may be present at one or more of the orifices during palpitation when there is no valvular affection, and there may be actual mitral or tricuspid incompetence when all the symptoms are really of neurotic or dyspeptic origin.

Angina pectoris is one of the cardiac affections which may be closely simulated by the effects of dilatation or functional derangement of the stomach. The first question to be put in a case of cardiac pain of anginoid character is "As to the circumstances under which it comes on?" Whether as an effect of exertion or during repose? The earlier attacks of true angina are practically always provoked by exertion, while spurious angina is specially liable to come on during repose. It is true that angina when established may come on in the night, or may be induced by the act of undressing and the contact of cold sheets, but there will be a history of attacks during exertion. Pain and a sense of suffocation

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(a) Paper read before the Medical Society of London, January 9th, 1899.

may also be brought on by the pressure of the abdominal viscera reinforcing that of a distended stomach on lying down whether the heart is diseased or sound, and a weak heart may actually be brought to a standstill in this way. Speaking generally, angina pectoris in a woman is always spurious, and the more minute and protracted and eloquent the description of the pain the more certain may one be of the conclusion. Again, when palpitation or irregular action of the heart, or intermission of the pulse, or pain in the cardiac region, or a sense of oppression follows certain meals at a given interval, or comes on at a certain hour during the night, there need be little hesitation in attributing the disturbance, whatever it may be, to indigestion in one or other of its forms. Nightmare from indigestion is not a bad imitation of true angina. So also if any cardiac symptom or pain can be walked off, it may usually be set down as functional, and due to some outside disturbing influence or to nervous irritability. The same may generally be said of intermission of the pulse, of which the patient is conscious, and, though with less confidence, of irregularity of the heart's action—if the patient feels it the irregularity is usually temporary, and not the effect of organic disease.

In these functional affections, it is not the heart which is to blame; it is more sinned against than sinning, and if its difficulties are removed there will be nothing to find fault with in its conduct. The difficulties are, as has been said, the state of the nervous system, on the one hand, and of the digestion on the other, and according as the neurotic or the dyspeptic element predominates will be the treatment required. No details need be entered into, but one observation may be made. Patients suffering from these functional derangements of the heart usually make them a pretext for avoiding exercise and fresh air and often for taking stimulants or drugs whereas exercise and fresh air are what he or she most needs. The best way to prevent the expenditure of superfluous energy on the part of the heart in the form of palpitation is to give it a fair amount of legitimate physiological work to do and to relieve one attack of palpitation or faintness by alcohol is to invite another, while the terrible danger of drifting into alcoholism is incurred.

One of the most common difficulties with which the heart has to contend is high arterial tension, or rather the obstruction to the onward movement of the blood in the capillaries and arterioles which is the cause of the high pressure in the arteries. While dyspeptic troubles and other reflex sources of irritation give rise merely to functional affections of the heart, high arterial tension when persistent is a frequent cause of actual disease. The resistance in the peripheral circulation has to be overcome and the heart rises to the occasion. It puts forth the increased energy required and in doing so becomes hypertrophied. Hypertrophy is not disease, though sometimes the heaving impulse and powerful throb of the apex are complained of by the patient and looked upon with suspicion by the medical man, but the development of additional muscular fibre is accompanied by the development of increased connective tissue, and when in the decline of life the nutrition of the more highly organised structures is no longer vigorous, the fibroid element may gradually predominate over the muscular, or fatty degeneration may take place.

But the valves may suffer before the muscular walls. Where greater force is required to propel the blood into the aorta there is greater strain upon the mitral valves during systole, and a more violent recoil upon the semilunar aortic valves during diastole. This gives rise to chronic inflammation of the valves, with thickening and contraction, and, in the long run, insufficiency.

It was necessary to mention high arterial tension on account of its frequency and importance as a source of cardiac difficulty, but I have dealt with it so often and so recently that I will forbear from further dwelling upon it on the present occasion, only remarking that the recognition of unduly high pressure in the arteries affords one of the most valuable indications for treatment in a great variety of conditions.

I am afraid it often escapes recognition, and sometimes digitalis is given for the relief of the cardiac discomfort which may attend it. This is like knocking the head against a stone wall, for digitalis not only acts on the heart, but tightens up the vessels, and so increases the obstruction already too great.

Coming now to the serious difficulties to which the heart is exposed by reason of damage to one or other of its valves, we discover, say, a systolic murmur at the apex or at the right second intercostal space, indicative of leakage of the mitral valve or of interference with the blood current at the aortic orifice. What are we to do? Frighten the patient out of his life or out of his peace of mind? Condemn him at once to live on one floor, and forbid him exercise and excitement and all that makes life tolerable, and give digitalis? Certainly not. Or shall we ignore the murmur on the chance that it may not be serious, which is a not uncommon proceeding when a medical man has predicted sudden death once or twice, and found the patient to go on living for ten or twenty years? This would be equally unreasonable.

The first thing to be done is to ascertain what the murmur really means; whether, when it is mitral, there is much or little regurgitation, or, if aortic, whether it signifies mere roughness or actual construction. Numerous considerations enter into the determination of these questions, of which we need specify only those arising out of the conduct of the heart. If, in the case of mitral incompetence, there is any considerable reflux into the left auricle, the first effect will be damming back of the blood entering it by the pulmonary veins, and the obstruction thus created will make itself felt in the pulmonary artery, raising the blood pressure within it. There is no branch of the pulmonary artery on which we can place our finger or a sphymograph but the high pressure is at once accused by accentuation of the pulmonic second sound. If the circulation is to be maintained under these circumstances something must be done to overcome the obstruction in the pulmonary circulation and neutralise the mitral reflux. This can only be by increase in the capacity and strength of the right ventricle. The right ventricle accordingly becomes dilated and hypertrophied, and the dilatation and hypertrophy which we call compensatory, become for us the measure of the regurgitation. This is the conduct of the heart in the face of this particular difficulty, and we learn from the amount of compensatory change required to neutralise the effects of the valvular lesion whether the lesion is severe or slight; our conduct then will be guided by the degree of efficiency of the compensation. When there is no appreciable hypertrophy of the right ventricle or marked accentuation of the pulmonic second sound, and the patient has no heart-symptoms, the murmur means nothing, and there is no need to interfere in any way with the patient's mode of life even if this include hunting or climbing, or swimming, or cricket. I should draw the line of football or training for races of any kind.

If with marked hypertrophy and dilatation there is still no breathlessness on ordinary exertion or other circulatory symptoms the regurgitation is considerable, but it is neutralised by the compensatory changes. We are not called upon to do anything but the patient must be warned that the compensation may easily be broken down, and that a single imprudent act of violent or sustained exertion may do irreparable injury.

Cardiac symptoms, such as breathlessness on slight provocation, show that the compensation is inadequate, and it is only by great carefulness that the serious effects of the valvular lesion can be put off. Let us suppose that we have the heart landed in extreme difficulties from incompetence of the mitral valves, the liver enlarged till its lower border crosses the abdomen at the level of the umbilicus, the veins of the neck distended and pulsating, the face and lips livid, the lungs congested, the legs dropsical, the urine scanty, turbid, and albuminous, the patient gasping for breath and unable to lie down. It is in mitral incompetence that digitalis and such like remedies find their opportunity. But first the right side of the heart must be relieved from the over distension which is paralysing its efforts. Unless this is done the digitalis may simply help the straining ventricle in the work of self-destruction. The nearest approach to a modern therapeutic miracle is seen on bleeding in a good case of this kind. When I say a good case I mean one in which the onset of the severe symptoms has been sudden under the influence of some adequate exciting cause such as over exertion or chill in a fairly robust subject with a powerful right ventricle. The venesection must be followed up by a good calomel purge, two or three grains of calomel with, say, five of colocynth and hyoscyamus, and perhaps a dose of white mixture. Bleeding, however, is too heroic a method for these degenerate days, and it is not always easy to say whether it is really demanded. A good alternative is 6, 8, or a dozen leeches over the enlarged liver followed up of course by the calomel purge. In less severe cases we may content ourselves with the mercurial aperient.

The right heart having been relieved, digitalis may be given with excellent effect in different combinations, according to the condition, with nux vomica and ammonia and perhaps ether, or with acetate of iron and potash. If the œdema is considerable it should be drained off by Southey's tubes, and any pleural effusion should be withdrawn by aspiration at an early stage.

Mitral incompetence will serve as an illustration of the difficulties imposed upon the heart by disease of the valves. They differ in the different valvular affections, and the heart responds in a special way for each one. It is unnecessary to go into details with regard to all of them and the time at my disposal would be quite insufficient. The principle which I wish to emphasise is that when the heart is in difficulties, we can generally do more for the relief of the patient indirectly by removing the difficulties than directly by aiding it to overcome them. This is the case whether the disturbing influence is external to the heart, as, for example, a dilated stomach, or distended colon, or resistance in the peripheral circulation, or is a secondary effect of disease of the heart itself, as illustrated by over-distension of the right ventricle; or, to take another instance, if the heart is in a state of fatty degeneration, it is useless to give cardiac tonics; but its work can be diminished by keeping down the arterial tension, and a fatal issue may be for a time averted by preventing distension or dilatation of the stomach. Such illustrations might be multiplied indefinitely.

When, therefore, we are considering the treatment of cardiac disease or disturbance, the first question to engage the attention is how we can relieve the labouring or harassed heart by the removal of some condition which is causing or aggravating the difficulties with which it is contending. In doing this we often put an end to the symptoms which have given rise to suffering and anxiety, and in all cases we make the action of digitalis or other cardiac tonics more efficacious.

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# INFLUENCE OF THE MILK SUPPLY

## ON THE

# SPREAD OF TUBERCULOSIS.

*Based upon an Investigation of Sixteen Milk Supplies in Cambridge.*

By A. A. KANTHACK, M.A., M.D., F.R.C.P.,
Late Fellow of King's College, and Professor of Pathology in the University of Cambridge.
AND
E. SYDNEY ST. B. SLADEN, M.A., B.C., M.D.,
Cambridge.

LAST April the late Professor Kanthack suggested, as a subject for research, the study of the effect upon the spread of tuberculosis produced by the various milk supplies to the different colleges in Cambridge. He very kindly offered his assistance. It is, therefore, under his guidance, and with his help and advice, that the following record of results has been compiled.

This paper is limited to a narrative of our joint work—the investigation of the tuberculous lesions and the presence of the tubercle bacillus found in guinea-pigs as the result of inoculation of milk, no notice being taken of other points of interest outside the immediate subject. This is due to the fact that the present article, though complete in itself, is only a preliminary paper. We are now carrying out a further and exhaustive investigation on the milk supplies in Cambridge, leading, we hope, to the near future of buying milk which comes from cows certified to be free from tuberculosis.

Experience and observation have convinced us that infantile tuberculosis is by no means uncommon in Cambridge; and since the danger now generally recognised abroad, of spreading tuberculosis by milk, is gradually being appreciated in this country, all that is needed is to rouse people at home to the consciousness of this danger and make them understand that it is their duty to insist on being supplied with milk free from tuberculous infective material.

Similar investigations have been made in other parts of the world, and they are already bearing fruit. We may thus mention the work of Professor Bang of Copenhagen, of Professor Delépine in Manchester, and the well-known researches of the Royal Commission.

Professor Delépine's work has already induced the late Lord Vernon to follow the example set by the Danes and Germans, namely, to stamp out tuberculosis in his own herds. We hope that once the Colleges have recognised the true state of affairs they will insist on obtaining a pure milk supply, and will assist the dairymen in bringing about improved conditions. The manner in which this may be done will be discussed in the fuller report, which unfortunately has been delayed by Professor Kanthack's illness.

The object of this paper is to set forth the evidence upon which the fuller report is mainly based. To collect such evidence is a matter of some difficulty, and, at any rate, requires a considerable amount of time and labour. It may be noted that Professor Kanthack saw every animal which was dissected, and in every instance the diagnosis was accepted and confirmed by him before it was placed on the records.

1. *Method of Work.*—Early in May, arrangements were made as regards collection of the milk and a regular supply of healthy guinea-pigs.

During the first three days only twelve guinea-pigs were inoculated, four each day; afterwards, when a routine method had been devised, the number was increased to six each day, and this number was adhered to throughout the remainder of the work.

It was decided to inoculate two guinea-pigs with each sample of milk, and to continue this for two successive days using fresh guinea-pigs each day, so that each separate supply was thus passed through six guinea-pigs: the only exception to this arrangement was H.'s supply, which was inoculated into four guinea-pigs, owing to forgetfulness on the part of one of the College porters to have the bottle left with him filled with milk.

It was found more convenient to use the morning delivery of milk in place of that obtained in the afternoon, owing to the work sometimes occupying much time.

Thus, although more time was lost between collection and inoculation, still by putting off the staining of any cover-glass preparations until after all the inoculations had been made, this loss of time was inconsiderable.

Some of the samples of milk were collected as early as 6 a.m., and as it was impossible to start work before 9 a.m., some time elapsed before the inoculations could be made, the greatest difference between the time of collection and inoculation being four hours, and the smallest being fifteen minutes; an average taken of all the experiments shows the difference to be just under two hours. This, however, is immaterial, since we are here dealing with the tubercle bacillus only.

2.—*Method of Collection of the Milk.*—(*a*) A glass stoppered bottle having been well washed, done up in paper and tied with string, was placed in the steriliser and sterilised half an hour at a temperature of 115 Centigrade.

(*b*) The bottle when cold was usually taken to a College (the permission of the College Authorities having been previously obtained) and left with the porter or at the kitchen some hours before the particular milkman arrived.

(*c*) In the presence of the milkman the bottle was opened and then filled by the milkman direct from his can: it was immediately shut again, done up in paper and tied with string; the milkman's name was then written on the paper covering the bottle.

Thus the milk, as it was received for examination at the Pathological Laboratory, was in exactly the same condition as that in which it was while in the milkman's can, the only difference being in respect of the time lapsing between collection and examination.

The milk was of course "mixed," *i.e.*, derived from different cows. Later, it is intended to examine the milk from individual cows, in order to gain an idea as to how many cows proportionately are tuberculous. Here we are dealing with the question of the milk generally, and it is our intention to go no further in this paper than the investigation of the "mixed" milk of each supplier.

3. *Method of Inoculation.*—Previous to all inoculations all instruments and vessels had been sterilised by heat, and after each operation were at once placed in strong lysol solution, so that it was quite impossible that these could be held liable for any accidental infection with tubercle bacilli. A fresh syringe and needle, both carefully sterilised, were also employed for each separate sample of milk.

With the exception of two cases each inoculation was made into the right groin of a guinea-pig.

Two tubes of a Metzger centrifugal machine were filled up to the 10 c.c. mark with milk taken from each sample, these were then centrifugalised for five minutes, the time being always accurately kept by reference to a clock placed just over the centrifugalising machine. The machine was usually worked at the rate of 3,000 to 4,000 revolutions per minute.

The average yield of cream from 10 c.c. of milk after centrifugalisation was found to be 0·93 c.c. Later in this paper it was stated that 3 c.c. of the "creamy layer" were inoculated; that is to say, as much cream as possible was collected from each of the two glass tubes, the remainder being made up of the milk floating next to the cream.

The "sediment" refers to the deposit found at the bottom of the glass tube; to this part all solid particles should have been driven, but as will be noticed later this does not apply to all the tubercle bacilli when present in milk, some remain in the sediment, but a considerable number are carried up and remain in the creamy layers.

Two guinea-pigs were then inoculated, one with the creamy layer, another with the milk at the bottom of the glass tube.

The following is an example of the method employed for each sample of milk, being taken from notes recording the inoculations of the 67th and 68th guinea-pigs:

(1) Time of reception from dairyman, 4 p.m.

(2) Time of centrifugalisation (two tubes each containing 10 c.c.), 4.30 p.m.

(3) Yield of cream after centrifugalisation from one tube, 0·25 c.c.

(4) (*a*) 3 c.c of creamy layer (taken from the two tubes) were inoculated into right groin of one guinea-pig. (Label L. 67 a.) Rough haired, fawn and white.

(*b*) 3 c.c. of sediment were inoculated into right groin of another guinea-pig (Label L. 68. b.) Black and fawn.

(5) Cover-glass preparations were then made from the sediment which, after allowing sufficient time for drying in the air, were stained by carbolised fuchsine and counter-stained by methylene blue in the usual way in order to differentiate the tubercle bacillus from other bacilli.

On examination with the aid of a $\frac{1}{12}$ oil immersion the results were:—

(*a*) Cocci and diplococci, but only few in number.

(*b*) Tubercle bacilli (two present in one preparation)

The amount inoculated ranging from 1·5 c.c. to 3 c.c. was determined in accordance with the size of the guinea-pig, if of large size then 3 c.c. were used.

An average of all the quantities inoculated gives this result: 2·4 c.c. for the creamy layer, 2·1 c.c. for the sediment. In the guinea-pigs that died of tuberculosis the average amount inoculated was 2·28 for the creamy layer and 2·07 for the sediment.

4. *Method of keeping Animals under Observation.*—For the first three days all the guinea-pigs inoculated on those days were kept in one cage, having celluloid labels fastened by lead wire round their necks (a contrivance Dr. L. Cobbett very kindly suggested).

Besides this means of recognition a detailed account of the colours and peculiarities of the guinea-pigs was made in case the labels should chance to get lost.

When the cage contained eighteen guinea-pigs, each group of six, *i.e.* each group of animals belonging to each particular dairy, was picked out, and placed in a separate cage, the labels being afterwards removed, and this method was adhered to to the end of the investigation.

The guinea-pigs were kept in the country under the best possible conditions and were examined twice a week. After having been under observation for several weeks, when any showed marked enlargement of the inguinal glands, these were killed by ether or chloroform.

5. *Method of Examining the Guinea-pigs.*—Each

guinea-pig after death was carefully opened and examined for any signs of tuberculosis. If any signs of tuberculosis were present they were noted and a general description written down. Cover-glass preparations were at once made, the part to be stained being taken from an abscess or a nodule in the spleen or a caseous lymphatic gland: these were stained for tubercle bacilli in warm carbol fuchsine, passed rapidly through HCl (1 in 4) decolorised in 70 per cent. of methylated spirit and counter-stained with methylene blue. Parts of the spleen, liver, lungs, and glands were then bottled in Müller's fluid, a label being placed on the bottle.

When hardened sufficiently, small portions were removed and embedded in paraffin. Four sets of sections were stained, two with hæmatein and eosin, and two others (as above) for tubercle bacilli.

In many cases several sets had to be cut and stained before positive results could be obtained. This is important because it is known that in milk, and especially in butter, pseudo-tubercle bacilli may occur which in the guinea-pigs produce lesions macroscopically resembling tubercle, but microscopically differing from the true tubercle, in that the histological elements of tubercle are absent. Cultures were not made from the various organs, since this is very laborious, difficult and uncertain; and the other tests taken altogether were sufficient to establish a correct diagnosis.

*By microscopic examination*, out of the 33 guinea-pigs suspected of having contracted tuberculosis, 10 were found to be not affected with tuberculosis, 23 showed typical histological tuberculous lesions, whilst in 16 of the 23 the tubercle bacillus was plainly demonstrated.

Following the example of those who made experiments upon guinea-pigs for the Royal Commission on Tuberculosis and discarded from their results all guinea-pigs which died within twenty-one days of inoculation, we have deducted four guinea-pigs from the total number inoculated, these died as follows:—

(*a*) One on the 1st day after inoculation.
(*b*) One on the 2nd day after inoculation.
(*c*) One on the 3rd day after inoculation.
(*d*) One on the 5th day after inoculation.

Three out of the four belong to groups in which two or more eventually became affected with tuberculosis due to inoculation of milk, thus:—

(*a*) belonged to a group in which 2 out of 6 died of tuberculosis.

(*b*) belonged to a group in which 2 out of 6 died of tuberculosis.

(*d*) belonged to a group in which 4 out of 6 died of tuberculosis.

It is reasonable to suppose that had they lived one or more of these guinea-pigs might have come under the heading of those that died of tuberculosis.

It has been found necessary to deduct a whole group, namely K. It was noticed at the time of inoculation that K bore the name of the same dairy as C, and later, post-mortem examinations and the construction of the tables of results disclosed the fact that two guinea-pigs, one from C and one from K, showed similar internal lesions. This led to an inquiry being made as regards the dairy, when it was found the same milkman supplied the two colleges.

Therefore out of the 100 guinea-pigs originally inoculated the following have been deducted:—

(*a*) Four that died within twenty-one days of inoculation.

(*b*) Six that belonged to Group K, which subsequently was found to be the same as C.

*Results.*—1. Of the 90 guinea-pigs inoculated, 23 died of tuberculosis, giving a percentage of 25·55. Of these 23 guinea-pigs 13 were inoculated with the creamy layer and 10 with the sediment.

2. Of the 16 dairies examined, the milk of 9 caused tuberculosis, *i.e.*, the milk supply of more than half of them was tainted and capable of spreading tuberculosis.

These results may be given in tabular form.

| Dairy. | Number of guinea-pigs infected with tubercle, as the result of inoculation with: | | Evidence of Tubercle bacilli in the milk. |
|---|---|---|---|
| | Creamy Layer. | Sediment. | |
| A | None | None | — |
| B | 1 out of 3 | 1 out of 3 | + |
| C | None | None | — |
| D | 2 out of 3 | 3 out of 3 | + |
| E | None | None | — |
| F | 1 out of 3 | 1 out of 3 | + |
| G | 1 out of 3 | None | + |
| H | 1 out of 2 | 1 out of 2 | + |
| I | None | None | — |
| J | None | None | — |
| L | 1 out of 3 | 2 out of 3 | + |
| M | None | None | — |
| N | 2 out of 3 | 2 out of 3 | + |
| O | None | None | — |
| P | 3 out of 3 | None | + |
| Q | 1 out of 3 | None | + |

It is thus evident that more than half of the 16 dairies examined, now supplying ten of the colleges, send out milk containing tubercle bacilli in sufficient quantities to cause tuberculosis in guinea pigs when these animals have been subjected to inoculation: it is therefore not unreasonable to regard these dairies as a source of grave danger. Again, these dairies supply not only colleges but the town as well, here the danger is much more marked as regards:

(*a*) Hand-fed infants,
(*b*) Young children,
(*c*) Delicate people,
(*d*) All people suffering from acute diseases.

In these cases a milk diet is often considered necessary, in some it is the sole diet. Some of these people cannot drink boiled milk, and therefore it is most important that they should not use milk containing tubercle bacilli. Whilst some authorities consider tuberculosis to arise solely from inhaled tubercle bacilli, it is probable that a very much larger number of human beings, and certainly of infants, contract that disease by drinking milk containing living tubercle bacilli.

Now it may be argued that almost half the dairies of Cambridge supply milk free from tubercle bacilli. Such argument would be extremely unsafe, for

(*a*) before we can speak favourably of a dairy we should have to examine every animal separately, and

(*b*) a dairy which three successive days sends out milk free from tubercle bacilli, a few days later may issue milk containing these bacilli.

The fact that more than half the dairies examined sell milk containing living tubercle bacilli shows how serious the matter is at the present time. Therefore, if we are asked how to avoid all danger of infection we answer,

(*a*) under existing conditions nothing but boiled or carefully sterilised milk should be consumed, and

(*b*) cream, unless obtained after boiling or scalding, should not be given to infants or delicate persons.

Ideal conditions demand that we should not rest content with anything short of the certainty that no milk is offered for sale except that obtained from cows known to be free from tuberculosis. We must, in fact, aim at introducing the system which Professor Bang has so successfully carried out in Denmark; at any rate it is our duty to protect those who cannot protect themselves.

# THE LESSONS IN GYNÆCOLOGY OF A YEAR. (a)

By H. MACNAUGHTON-JONES, M.D., M.A.O., M.Ch., F.R.C.S.I. and E.,

**President of the British Gynæcological Society.**

Gentlemen,—In bringing to your notice some lessons in gynæcology learned during the year that has passed, I am induced before doing so to say a few words on the *raison d'etre* of a gynæcological society in this, the last year but one of the nineteenth century. At the recent Annual Dinner of this Society, the venerable and distinguished President of the General Medical Council, in proposing the toast of the British Gynæcological Society, made the pertinent inquiry, "What are the attributes which call, in its particular interest, for such a toast?" In other words, what has this Society done, and what is it doing, to entitle it to the esteem of the profession at large, and the respect of those who at the present time are working in the van of that department of medical science with which it has especially to say. I think it can be affirmed with absolute truth, that in no field of surgery have advances been more rapid and striking than in that of gynæcology. The workers of this century have handed on to those of the next, from out of the crude and chaotic elements in which they worked for many years, a system of treatment founded upon a solid basis of well ascertained anatomical, physiological, and pathological facts. Not only have we given to us a fairly complete codification of the different diseased conditions which attack the various structures entering into the component parts of the pelvic organs of women, enabling us to apply well-defined rules of surgical treatment, palliative or radical but these surgical procedures themselves have been most critically differentiated, so as to adapt them with the greatest safety to the woman, and the most skilful removal or conservation of the affected parts. A modern gynæcological operation, from its inception to its close, proceeds on well pre-determined lines in the execution of all its details, into which no haphazard methods, or any leanings on chance, are permitted to play a part. It would be superfluous to show the truth of this statement by referring to the many surgical procedures resorted to from the external organs of generation to the uterine adnexa, with which you are familiar. And it is well that a Society such as ours, professing to take its place in the forefront of progressive gynæcology, should realise clearly its position. It is with a scientific society as with any slowly evolving art: the developing stages consequent upon new acquisition of knowledge and *technique* leave behind them, imperceptibly it may be at the time, evidences of the disregarded practices and appliances which have gradually led up to its more complete,, though possibly not perfect, development. It follows that at any particular time, when such evolutionary process is at work, we must have transitional phases between such obsolete views or practices, and the more perfect applications of the art which has grown out of them. Behind us is a well-defined line of demarcation separating now totally disused and antiquated modes of practice; before us lies a period of future possibilities, at which we aim through our instinctive dissatisfaction with even the most complete of our present procedures and results A Society lives in this passing phase of dissatisfaction and distrust of itself, and its sole object is by record, observation and experiment, to advance still more to faultless and finished procedures. A Society does not exist to disinter dead hypotheses and practices, and of all the aggravating and useless expenditures of time, that of flogging the dead carcase of some jaded argument for the purpose of self-glorification is the worst. In gynæcology, for example, it is a fact established by many thousands of experiments that removal of every form of uterine tumour can be safely conducted by hysterectomy; that, with or without the uterus, the most extensively diseased adnexa can be removed by cœliotomy; that ovarian tumours, with every conceivable complication, can be dealt with successfully by ovariotomy; that myomata of a certain kind can be most successfully ablated by the vaginal route; that certain adnexal conditions can be best dealt with in the same manner, and that conservative operations on these organs can be most successfully carried out by colpotomy, anterior or posterior; that cancer of the uterus, save in very rare conditions, such as malignant disease complicated by a large myoma, is best attacked by vaginal hysterectomy; that drainage is not necessary, save under conditions which are fairly defined and settled, and that once having decided upon drainage, the mode of carrying it into effect, whether after laparotomy or vaginal hysterectomy, has been absolutely determined, and is a matter of every day routine.

To exhibit specimens merely to prove any of these points is an unjustifiable expenditure of valuable time. Also, it may with truth be said, that every argument that can conceivably be advanced in regard to certain details before, during, and after operative procedures, has been debated and written of to the death. I might take, for example, the preparation of the patient, so far as diet, the preparation of the bowel, the disinfection of the parts, and narcosis are concerned; the advantages of the Trendelenburg position and the employment, in emergency from collapse, of artificial serum; the method of closing the abdominal wound, and the abdominal *toilette* generally; the after treatment of a patient, and all the various complications which are incidental to all serious cases of abdominal or vaginal cœliotomy. It is rather humiliating for a man to find that he has been absorbing time in discussing and ventilating his views upon subjects which he can—if he will only take the trouble—learn have been all exhaustively considered some few years before.

But turning to these very points that I have taken for illustration, let me indicate some perfectly justifiable matters for discussion, which the exhibition of otherwise uninstructive specimens may warrant. We may broadly divide under three heads the exceptional circumstances or conditions connected with a case, which attach to it sufficient interest to make it worthy of discussion:—(1) Clinical facts, signs and symptoms, leading to difficulty and *errors of diagnosis*; (2) unique, serious, and unexpected complications arising during operation, which have to be dealt with by improvised methods calling for original suggestion and application on the part of the operator: (3) pathological conditions, the interest of which depends upon their rarity, or the bearing they may have upon treatment and the demand for, or the nature and extent of, operative procedures. In uterine fibroids there are still such debatable questions as the mode of securing hæmostasis in certain exceptionally difficult cases of hysterectomy, complicated by the presence of broad ligament tumours and inflammatory affections, or with growths of the adnexa; the management of pregnancy complicated with fibroid; extra-uterine fœtation associated with myoma and adnexal disease and tumours; conservative treatment of the uterus by myotomy or enucleation of fibromatous tumours, as advocated before the Society recently by Dr. William Alexander. With regard to diseased adnexa, there are many interesting points bearing upon symptomatology on which much light may be thrown by more careful examination of the tissues removed, for it is a certain fact that pain, difficulty of locomotion, and various disturbances of the nervous system, are caused in some women by pathological changes in the ovary in no way proportionate to these symptoms, and for which no relief can be found save by removal of the diseased organs. Evidence is required drawn from the after history of cases of conservative surgery of the ovaries and tubes as to the results of efforts to save cystic and cirrhosed ovaries and tubes that have suppurated, or have been distended with serum or blood. Adnexal tumours which have a bearing on the question of the vaginal or abdominal routes of operation, through the adhesions which have formed, the size and character of the tumours, their association with fibromata or malignant disease of the uterus, have also a special interest. There is the question, both pathological and operative, of ovarian and broad ligament hæmatoma and blood cysts, with the bearing which these have no e occurrence, as well as the histological and patho- gical sequences, of ruptured tubo-ovarian and tubal estation.

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(a) Presidential Address delivered before the British Gynæcological Society, January 12th, 1899.

Ovariotomy for ovarian cystoma must have occasionally ertain complications which so involve the operation of variotomy that the narration of the case, independent of any specimen for exhibition, cannot fail to be of importance. I refer to various types of blood cysts, suppurating and malignant cystoma, and such difficult complications as extensive peritoneal, omental and bowel adhesions, an extreme instance of which, occurring recently in my own practice, I shall presently refer to. And here I may advert to what appears to me to be a most important want in the proceedings of our Society, namely, the backwardness of our Fellows in bringing forward cases which have presented special features of *clinical* interest. There appears to be an idea that unless the proof of a surgical triumph can be obtained in the shape of a pathological specimen, such cases should be allowed to pass unrecorded. May I be permitted to say that there is a certain acknowledgment of defeat associated even with the greatest triumph in the removal of important organs. After all is told, it is but a demonstration that disease has baffled the physician and that nought save radical removal and mutilation have saved the patient. It would be easy to instance a number of affections of all parts of the sexual organs of supreme interest to the gynæcologist, and more especially to the practitioner who may not look upon himself in the light of a special operator, which should find a place in our debates and Transactions, and which would give rise to most instructive discussion. Proofs of truly conservative gynæcology would here find their appropriate place, and general therapeutics, including the administration of remedies, would at least be thought worthy of mention at the meetings of our Society. At present we seek in vain in our Transactions for evidence that any form of general treatment and medication, not to speak of any special drug, is of use in resisting the inroads of pelvic disease in women. Not long since I heard an able and distinguished gynæcologist, for whom I have the greatest respect, and whose operative skill is beyond question, declare jocularity, that he "knew nothing of physic." Surely prophylaxis, and treatment other than purely operative, have their appropriate place in anticipating and resisting the inroads of disease. Were it possible to show in the Gynæcological Society, by some radiographic method, organs which had been threatened with, or passed through some critical and serious morbid change (during the stages of which the life of the patient had been in grave danger) now restored, physiologically and histologically to a condition of health, we must acknowledge that at least such an exhibition of living pictures would be more satisfactory to our patients than any number of dead specimens – though, of course, pathologically and financially, we should be the losers! Those of our Fellows largely engaged in general practice, as many of them are, could by such records considerably advance the interest and value of our debates.

In this direction the value of the ovarian secretion as a therapeutic agent is worthy of the most careful consideration. Indeed, the correlation between unstable protagon compounds, as lecithin, and the phosphatic compounds in the tissues, with the influence of both on nutrition and metabolism generally, has not yet been sufficiently studied. However this may be, the experiments of Curatulo and Turalli prove that distinct effects on oxidisation are caused by the removal of the ovaries and more curious still are the experiments of Krauer, which prove that even transplantation of the ovaries to distant parts does not affect the development of the Graafian follicles, nor does it change the normal structure, while Chrobak, with the ovarian extract of the cow, produced most important effects on symptoms due to the induced climacteric. Others, including Stehmen, of Chicago, influenced by the analogy existing between the thyroid secretion and that of the ovary, by the administration of thryoid tablets affected in a striking manner patients suffering from a variety of symptoms, mental and other, assumed to be due to deficient ovarian secretion. To Dr. C H. Routh is due the credit of having been the first in the United Kingdom, and in this Society, to draw special attention to this physiological function.

I might instance questions of such common occurrence as the treatment of pruritus and eczema vulvæ, the management of granular vaginitis, the results of curettage in cases of hæmorrhagic endometritis, fungous endometritis, chronic suppurative endometritis, associated with suppurative conditions of the adnexa, and the all-important bearing of gonorrhœal infection on inflammatory conditions of the uterus and adnexa. I include those facts of etiological and bacteriological moment which bear upon the life history of the gonococcus, its struggle for existence in the generative organs, the question of latency, survival, and reproduction, as well as the effect which the failure of detection of the organism may have upon our diagnosis and prognosis.

In this connection I may say that I view a negative result following the examination for the gonococcus as in no way disproving the specific nature of a discharge, its presence being dependent upon the date of infection, its duration, or fresh exacerbations and recurrent infection of the genital canal. But I believe that in the great majority of cases in which there is suppurative endometritis with double pyosalpinx, recent or latent gonorrhœal infection is the cause of the mischief.

The last example I referred to was drainage, and here again the relative advantage—under certain exceptional conditions—of different methods may be demonstrated, while, on the other hand, instances of harm following upon its adoption, and the best means of dealing with such ill consequences, might be shown. Mr. Jessett's ingenious method of dealing with a large rent in the bladder, which he brought this year before the Society, is a case in point.

And speaking of the bladder reminds me that there is a large field open to the gynæcologist, and especially to our younger Fellows, to perfect themselves in the exploration of the bladder by cystoscopy, by repeated experiences derived through frequent examination. Two rival methods are in the field. The one which is familiar to all is that of Howard Kelly. This has the disadvantage of requiring an anæsthetic, which is but a slight one, and the dilatation of the urethra in order to explore the bladder, or to catheterise and sound the ureter and kidney. The other method is that by means of the cystoscope of Dr. Kolischer, of Vienna, practised also by Professor Winter, of Berlin, which I here show you. Recently, through the kindness of Dr. Kolischer, I had the opportunity of seeing him demonstrate various morbid conditions in the Krankenhaus in Vienna, in Professor Schauta's Klinik, affections of the vesical mucosa, and exploration and catheterisation of the ureters. This was done without an anæsthetic, and without dilatation of the urethra, and thus medication was applied to the bladder wall without any difficulty. It is not necessary to say of what vital moment it is in diagnosis to determine the condition of a ureter, to catheterise a kidney, to ascertain which ureter or kidney is involved, and to perform certain operative procedures on the wall of the bladder, all of which can be done by means of this convenient appliance of Dr. Kolischer's.

Before passing from this brief sketch of some of the paths along which our Society may advance in the direction of original observation, research and operative *techniqne*. there is a matter that I will very briefly allude to, for it is a topic of such supreme importance to the profession that nought save a mere reference would be warrantable on an occasion like the present. Nor will I here express any opinion or enter into a discussion of my reasons for suggesting that it is such a Society as this which ought to seriously consider the propriety of reviewing the present position, in its medical or medico-legal bearings, of the whole subject of accidental or intentional abortion. Without, as I have said, pronouncing any opinion, I will ask the Fellows of this Society if they consider that the expert scientific evidence constantly brought forward is satisfactory, and such as is calculated to fulfil, without favour or prejudice, the ends of justice. Leaving out of consideration incidental circumstances, to which are given by ignorant minds peculiar and possibly strained significance, are there not points of vital moment both clinical and pathological, which are most loosely and inaccurately adjudicated upon? If this be so, would it not be well that a committee, composed of expert pathologists and men with large clinical experience, should be nominated to report on the entire subject, such report being founded on a careful investigation of published cases bearing upon it? It would take into consideration all the pathological points at issue needful to arrive at a correct conclusion, and, finally, it would sift all the clinical facts which have to be reviewed in such cases, and apportion to each its proper value when weighed in relation to all the antecedent and accompanying facts. It might be possible to associate with this body in its deliberations a few medico-legal experts, and one of our experienced medical coroners. Such a committee would require to sit periodically for some months, and should then furnish its report through the Council to the Society, which might amend it before endorsement, and this authoritative expression of opinion should then be forwarded to the proper quarters. I venture to throw out this suggestion.

Before answering the natural question, "What has the British Gynæcological Society done during the past year to promote and advance our art?" I will in a few sentences summarise its work. I find that the following operations have been illustrated by interesting specimens exhibited by the Fellows: abdominal pan-hysterectomy, nine; vaginal pan-hysterectomy, ten; hysterectomy by cœliotomy, seven; oöphorectomy, colpotomy, and ovariotomy for cystoma, seventeen; extra-uterine fœtations, three; myomectomy, one. Special discussions have taken place on the treatment of dysmenorrhœa, on hæmorrhagic endometritis, the question of the enucleation of uterine fibroids, on risks to the ureters during hysterectomy, and on the after treatment of cases of abdominal section.

Addresses have been delivered on the operative treatmen of extra-uterine gestation, "the position of gynæcology to-day," and combined abdominal and vaginal ovariotomy. If we now reply to the query I have asked, I think we may thus briefly summarise and condense the more important results of our work. Attention has been drawn to the necessity for a clearer differentiation in the etiology and treatment of hæmorrhagic endometritis, and inquiry into the etiological significance of syphilis in this disease; instructive suggestions have been made on the diagnosis and symptomatology of extra-uterine fœtation; there has been an exhibition of a unique collection of microscopical specimens illustrative of the more rare pathological conditions of the uterus and adnexa: specimens have also been shown demonstrating the more frequent occurrence of sarcoma of the ovary. We have discussed the consideration of the comparative value of enucleation of uterine fibroids as a conservative operation, and as an alternative to hysterectomy and pan-hysterectomy; the importance of operation on uterine fibroma complicating pregnancy; the value of immediate opening of the abdomen when constriction or injury of the ureter is suspected after hysterectomy, and the comparative rarity of injury to the ureter when considered with the number of operations performed (only ten cases in several thousand of operations having occurred in the practice of such men as Martin and Landau of Berlin, Doyen of Paris, and Kufferath of Brussels), have been noticed. The question of the relative importance of Dudley's operation has been raised in cases in which it is specially indicated for dysmenorrhœa. Some debatable points in the after treatment of patients on whom abdominal section has been performed, and the consideration of the combined abdominal and vaginal operation in cases in which there are inflammatory states of the adnexa present, as well as a better understanding of the grounds on which the vaginal route is selected, have been before us.

I should not forget to mention an interesting demonstration which was given before the Society by Dr. Newman, of the different organisms which are found in the female genital organs. The address of Professor Martin, to which I have incidentally referred, and which has now appeared in full in the Journal of the Society, was listened to with deep interest by a large number of Fellows at a meeting at which such distinguished gynæcologists as Professor Sänger, Dr. Theodore Landau, Dr. Howard Kelly, Professors Lapthorn Smith Gardiner, Jacobs and others, were present. Finally, you have had published 645 pages composed of Transactions of the Society, original communications, records of clinical cases, reviews, and summaries of contemporaneous gynæcological work and research, in the Journal of the Society.

I think we may summarise, as a few of the more solid acquisitions in gynæcology of the past year, the following:—There has been a clearer differentiation of the cases in which vaginal fixation, ventro-fixation, or shortening and fixation of the round ligaments (Alexander's operation) should be performed. The last, it must be acknowledged, is every day gaining additional ground on the Continent, both in France and Germany.

The most important contribution to this question made during the year 1898 has been that by Dr. Doléris, of Paris, who has published the analysis of ninety cases of treatment of retroversion of the uterus by shortening of the round ligaments by the inguinal method. In four instances laparotomy was also performed for affections of the adnexa, and the round ligaments were fixed in the abdominal wound. In the ninety cases there were two deaths, but these ninety only made portion of a series of four hundred operations, and one of the two was attributed to iodoform intoxication; the other occurred in a neuropathic hysterical woman in whom the autopsy showed that strangulation of the colon in the neighbourhood of the foramen of Winslow existed, there being no peritonitis. In twelve cases there were temporary vesical troubles; iodoform erythema occurred in a few, phlegmasia dolens in one. The particulars of seven cases he records, in which the results were not satisfactory, but these seven had associated with the failure, pregnancies, and the shortening of one ligament alone, a mode of operating which he had resorted to thirteen times in cases of moderate retroversion. In only two cases was there complete failure. Such testimony as this to our distinguished Fellow's operation is one that he may well be proud of.

There has been a more frequent resort to subcutaneous injections of artificial serum in cases of collapse during operation, or continued tendency to it after. The value of this treatment in cases of collapse in tubal pregnancy should be remembered. Further researches tend to prove that deciduoma malignum is a maternal endothelium, developing either during pregnancy or immediately after labour; that it is characterised by metastasis. The substitution (after curettage) of amputation of the diseased portion of the cervix (after Martin's method), for repeated and doubtful cauterisation is a substantial gain, so is the determination of the best method of closure of the abdomen by the triple suture, and the importance of the isolated fascial suture with careful adaptation of the cut edges of the fascia, so as to secure primary union in the prevention of hernia.

*(To be continued.)*

# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

Meeting held Friday, January 13th, 1899.

The President, Mr. Langton, in the Chair.

Clinical Evening.

### LOCALISED MYOSITIS OSSIFICANS FROM INJURY.

Mr. J. Hutchinson, jun., showed a woman, æt. 35, who dislocated her elbow in 1890. Six weeks later there was bony thickening in front of the elbow beneath the brachial artery, in the brachialis anticus muscle, checking flexion and limiting pronation. A skiagram showed that the humerus was free and that the swelling was not due to displacement of the coronoid process.

Mr. Eve showed a large irregular bony plate removed from the vastus muscle following a kick by a horse in the thigh, attended by extensive hæmatoma. A skiagram showed osseous growth separated by an interval from the femur. On cutting down they found a cyst of true bone, showing that the growth was not an ossifying sarcoma He thought it was an example of ossification in fibrous tissue from organised blood clot.

### ENLARGED SPLEEN WITH THRILL AND BRUIT.

Dr. **Crawfurd** showed a man with a typical filarial history extending over fifteen years, under observation for eighteen months. At times a persistent thrill could be felt round about the umbilicus, which was intensified by pressure, the maximum point being just inside the spleen border, with a continuous venous hum over the spleen extending into the epigastrium. He discussed the various possible explanations of these phenomena.

### ANTERIOR DISPLACEMENT OF TUBERCULOUS CARPUS WITH FORMATION OF A FALSE JOINT.

Mr. H. **Curtis** showed a young woman with anterior displacement of the carpus consequent upon tuberculous disease, dating from 1895. the radius being most affected. The result was the formation of a false joint. Skiagrams and stereoscopic photographs were shown by Dr. Mackenzie Davidson of this case.

### PEMPHIGUS OF THE MOUTH, PHARYNX, LARYNX, AND SKIN.

Dr. J. S. **Richards** showed a man, æt. 62, with a bullous eruption of the mouth, pharynx, larynx, and skin. A remarkable feature was that it had originated in the larynx, and had remained limited to that region for six months before attacking the skin. It began with a "roughness" in the throat, with cough and dysphagia, and he expectorated mucus tinged with blood. The mucous membrane presented numerous red patches which readily bled on being touched. After improving, a recrudescence took place in September, and bullæ appeared the arms, &c.

Sir **Felix Semon** recalled a case which he had seen many years ago which illustrated the difficulty of diagnosis in these cases when the eruption did not extend to the skin. As the patient had a specific history it was thought to be due to syphilitic disease, but anti-syphilitic treatment produced no effect. The conjunctivæ then became involved, with ultimate loss of sight of both eyes.

### PROGRESSIVE MUSCULAR ATROPHY AFTER MEASLES.

Dr. **Batten** showed a case of progressive atrophy of the peroneal type after measles in a boy, æt. 7. Three months after recovery from measles, which was followed by bronchitis and pneumonia, his mother noticed that he dragged his left foot in walking, and a few months later the right became similarly affected. The weakness had been progressive. Six months ago he began to lose power in the hands. No hereditary history. There was marked wasting of the muscles of both legs below the knee. He was unable to extend or dorsi-flex the foot, which tended to assume the position of equino-varus in walking, he raised the legs high to prevent the toes dragging on the ground. The knee-jerks were present and equal. Recto-vesical functions, normal. There was marked wasting of the thenar, hypothenar, and interossei muscles. Sensation normal, no fibrillary tremor. Electrical reactions under chloroform showed complete absence of response to Faradism in all the affected muscles with diminished reaction to galvanism. He referred to other recorded cases of the kind in which, when examined, changes had been found in the peripheral nerves and in the postero-median columns of the cord.

Dr. **Ormerod** mention other cases of the kind occurring after measles, observing that as the disease was a rare one it was unlikely that the sequence was a mere coincidence.

### TWO CASES OF COMPLETE HYPOSPADIAS, WITH CLEFT SCROTUM.

Mr. **Kellock** showed two children with complete hypospadias and cleft scrotum. The family comprised seven other children, most of them males, two being daughters, all normal. The elder of the two patients was six and a half years old. Labour attended by midwife, who remarked that genitals were much swollen. Was thought to be a girl, and christened as such. Six months later, however, a testicle was noticed in the right "labium." After miscarriage she had another child four years later, who also presented something abnormal about the genitals. This child was christened as a girl. and was being brought up as such. There was a fairly well-marked penis. The under surface was marked by groove lined by mucous membrane. The scrotum in both cases was divided The perineum in both was well formed and strong. *Per rectum* nothing like a uterus could be detected. He remarked that the diagnosis of sex in the younger child would have been difficult had they not the older child as a guide. The pseudo-labia were evidently composed of dartos, as evidenced by their contractility to cold, &c.

The President, Mr. Godlee, Mr. Robinson, and Mr. Morgan, mentioned other cases of the kind, Mr. Robinson's cases being females.

### A CASE OF PROGRESSIVE MUSCULAR ATROPHY OF UNUSUAL DISTRIBUTION.

Dr. **Perkins** showed a man, æt. 48, who had malaria sixteen years ago in America. Seven years ago he had a bad fall, and four years ago he noticed a sensation of coldness with alternations of heat around the loin, followed by gradually increased weakness in the legs. Occasional incontinence of urine. No history of lead or syphilis. The case was unusual, in that atrophy affected the trunk muscles more than the limbs. He also showed a boy, æt. 16, in whom the disease was either congenital or so early that onset was not marked. He presented general muscular atrophy. No change in electrical reactions, and knee-jerks active.

### CASES OF SHORTENING AND EVERSION OF THE THIGH.

Mr **Godlee** said that in showing these cases his object was not to suggest that there was not such a disease as coxa vara, but only to show that the conditions described as associated therewith might be dependent upon entirely different conditions. He confessed that he did not know what was meant by coxa vara. *Case* 1.—Boy, æt. 6, symptoms began a few months ago, family history possibly suggestive of tuberculosis. Never any pain or trouble, but there was one inch shortening of femur with rotation of the foot outwards. Skiagrams showed that the shortening was in the neck of the bone. Movements at hip very free. *Case* 2.—Boy, æt. 18, with one inch shortening and eversion, but hip was almost completely ankylosed. Tuberculous family history. Began after a blow, but never any pain. *Case* 3. (not shown)—Man, æt. 23, conditions as above. Skiagram showed no mischief in the head of the bone, but neck was almost at right angle with shaft.

Mr. **Raymond Johnson** objected to coxa vara being described as a disease instead of as a deformity.

Mr. H. **Bertram Robinson** exhibited a case of

### SCIRRHUS CARCINOMA OF THE PAROTID GLAND

in a man, æt. 65, under his care at St. Thomas's Hospital. The tumour was first noticed some six months ago, but he had not sought advice owing to the absence of pain. The tumour in the right parotid region extends from the zygoma above to below the lower normal limit of the gland, pressing backwards on the external auditory meatus, and extending forwards on the masseter, as a nodular projection, with a well defined anterior margin situated in the socia parotidis. The tumour extends deeply behind the jaw, but does not interfere with the movement of the latter; there is slight bulging into the pharynx on the right side, and the growth possibly reaches into the zygomatic fossa, and has involved the upper jaw, for by transillumination there is only a very faint crescent of light on the right side below the eye. The glands in the neck are extensively involved as far as the supra-clavicular region. No secondary growths.

Mr. **Barker** was not convinced that it was a case of carcinoma at all, pointing out that the enlargement might be due to senile tuberculosis. The nodular character of the growth was against its being carcinomatous.

### A CASE OF PSEUDO-HYPERTROPHIC PARALYSIS.

Dr. **Voelcker** showed a boy, æt. 5, who was at first thought to be suffering from pseudo-hypertrophic paralysis, but subsequent observation in hospital had led him to doubt the correctness of the diagnosis. When eleven months old he had scarlet fever, and at two years bronchitis and convulsions. He never walked. On rising from the ground he did so in the pseudo-hypertrophic way. The only enlarged muscle was the triceps. The back was very arched, and there was a great tendency to fall backwards. The knee-jerks were present, and the ankle-jerk brisk. He thought it might be a case of cerebral sclerosis.

### ELEPHANTIASIS OF ONE LEG.

Sir **Dyce Duckworth** showed a girl, æt. 20, a native of Yorkshire, in whom transient attacks of swelling of the left leg, commencing three years ago, had been followed by permanent enlargement. The limb up to the groin was enlarged, hard, and brawny, and did not pit on pressure. She had been under treatment for ten weeks. Massage, electricity, and a liberal dietary had effected marked improvement, but the circumference of the limb was still markedly in excess of the other. As to its causation, she had never before been out of Yorkshire, the blood was about normal, and no filaria had ever been discovered. There was no evidence of visceral disease, and no signs of lymphatic involvement or of enlarged glands.

### EPITHELIOMA FOLLOWING LUPUS ERYTHEMATOSUS.

Dr. **Pringle** showed a woman, æt. 45, with "Multiple Epithelioma of the Scalp, which had followed upon Lupus Erythematosus."

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## ROYAL ACADEMY OF MEDICINE IN IRELAND.

### Section of Medicine.

Meeting held Friday, December 16th, 1898.

The President, Dr. J. W. Moore, in the Chair.

### CHYLURIA.

Sir **George Duffey** called attention to the great similarity between cases of chylous ascites and of chyluria, but he found that there was much difficulty in tracing their causes. In some cases of chylous ascites, rupture of the receptaculum chyli had been discovered, but, on the other hand, most careful post-mortem examination had sometimes failed to show any rupture of the lymphatics, or of the receptaculum chyli. He mentioned that Charcot and other French observers had described several cases in which there was chronic peritonitis, advancing this as a possible cause of chylous ascites.

Dr. **Knott** related the case of a male, æt. 53, a widower, who had had syphilis about five years ago, and gonorrhœa in the early part of this year. Coincident with an eruption of the syphilitic type, he got chyluria, and the specimens of his urine at present were very rich in fat globules. He could find no trace of the filariæ in the blood. The patient had complained of pain in the lumbar region, and a certain amount of uneasiness, but not actual pain, during micturition. Up to the present, there was no sign of clotting of the chylous urine.

Dr. **Parsons** mentioned a case of ascites in which Dr. Purser, who made the post-mortem examination found the fluid to be perfectly opaque and resembling milk. Dr. Purser recognised the nature of the fluid, but could not determine the cause. There was nothing to indicate a rupture of the receptaculum chyli. Dr. Purser then suggested that, owing to the increased pressure in the veins on account of the failure of the right side of the heart, the thoracic duct was unable to empty its contents into the veins, and consequently some of the lymph or chyle became extravasated into the abdominal cavity, hence the turbidity of the ascitic fluid.

The **President** thought enough had been said in this discussion to establish the existence of a non-parasitic chyluria, as well as a parasitic form, though most of the cases described in books were, no doubt, due to the *Filariæ Bancrofti*.

### MERCURY IN HEART DISEASE.

Dr. **Wallace Beatty** read a paper on mercury in heart disease. He quoted extracts from Stokes' work on "Diseases of the Heart and Aorta," in which the value of mercury in some forms of heart disease is emphasised. The cases in which mercury is of special value are those in which there is general venous engorgement, due to chronic mitral valve disease. He prefers to give mercury in small doses repeatedly, in order to produce its diuretic effect. The plan he has found generally most effectual is to give about half a grain of calomel with or without digitalis, and squill, according to the state of the pulse every four hours, for from ten to fourteen days, and to counteract any tendency to free purgation by, if necessary, combining the mercury with small doses of opium. He noted the remarkable diuresis which follows such a method of administration, and how again this mercurial course may be resorted to with success when recurrences of failing compensation occur. He has seen mercury given in the above way succeed when it failed when given in only occasional purgative doses.

Dr. **Bewley** remarked that it used to be taught that in cases of Bright's disease, the worst thing the physician could do was to administer mercury, and also that opium was undesirable in the same disease. The author had shown, however, that mercury was good in small doses in chronic heart disease due to Bright's disease, using it, of course, with proper caution.

Dr. **Martley** said that having been Sir William Broadbent's house physician he was imbued with a great love for calomel, his teaching being that a good purge of calomel would clear the kidneys, and put them into working order by lowering venous pressure.

Dr. **Langford Symes** related a case of a lady, who, some years ago, used to have periodic attacks of cardiac dyspnœa, anasarca, and other evidences of cardiac lesion. After trying other remedies, she was treated almost exclusively with calomel, and since then, now four years ago, she had never had a recurrence of the disorder.

The **President** doubted whether mercury, in the form of calomel, blue pill, &c., had any direct action on the liver at all. It acted on the duodenum and unloaded the liver by sweeping the bile through the duodenum—that is to say, it had only an indirect action on the liver. He mentioned the case of a little girl suffering from chronic mitral stenosis, with every symptom of backwash. She derived great benefit from leeching round the anus, and he intended, after hearing Dr. Beatty's paper, to try calomel in her case.

Dr. **Beatty**, in reply, said that when he commenced to practice he had the same dread of morphia and mercury in Bright's disease as Dr. Bewley. He remarked, however, that Dr. Roberts, in his work on diseases of the kidneys, speaking of drugs useful in relieving pain, mentioned morphia, but makes no allusion to any danger connected with its use in those diseases. With reference to the larger doses which he was told Sir W. Broadbent employed, he recalled one case in particular where calomel was given successfully in purgative doses when small doses had not succeeded. It seemed strange that when they got patients well once with mercury that they continued well for a considerable time, a point to which Dr. Stokes had drawn attention in his work on heart disease.

### A CASE OF RECOVERY FROM INNOMINATE ANEURYSM.

Dr. **Craig** read notes of a case of innominate aneurysm in which recovery had taken place after prolonged treatment by rest, a limited dietary, and large doses of iodide of potassium. The patient, æt. 65, had suffered from "bilious attacks" all his life, but there was no history of syphilis. The immediate cause of the aneurysm was attributed to straining efforts in endeavouring to secure an evacuation of the bowels on April 11th, 1897. Ten days later there were present unequivocal signs and symptoms of the aneurysm, which were attested by Sir William Stokes, Sir C. J. Nixon, and Mr. Wheeler. The patient was kept in bed in the recumbent position for three months, during which period the diet was limited chiefly to milk, gruel, and fruit, ice was regularly applied to the tumour, a daily evacuation from the bowels was secured, and iodide of potassium (in doses amounting to a drachm daily) was administered, with occasional intermissions. The tumour became smaller, the pain and throbbing lessened, but the heart's action was variable, irregular, and intermittent. The second period of three months he spent at Monte Carlo, and here the treatment was persisted in, but, instead of remaining in bed, he spent his days in the garden of the hotel reclining on an American rocking-chair, to and from which he was carried night and morning. Here his symptoms entirely disappeared. At the commencement of the present year he went to the Italian Riviera, where he began to walk about, and subsequently he migrated to Marienbad, where he indulged in plenty of walking exercise and in a more liberal diet. He returned to Dublin during the autumn, and when he was carefully examined on November 28th—eighteen months after the onset—there was no trace of the aneurysm to be found, except a slight prominence and diminished resonance where the tumour had existed. He still continued to take iodide of potassium, but in lesser doses and with longer intervals of abstention.

Dr. **Thompson**, referring to the use of chloride of calcium in the treatment of aneurysm, mentioned the case of a patient who was admitted into Jervis Street Hospital some years ago suffering from aneurysm of the arch of the aorta. She was put on large doses of chloride of calcium (20 grs. three times a day), due care also being taken to secure absolute rest. After remaining in hospital for about six weeks she left, the aneurysm having then diminished considerably in size. She returned twelve months afterwards with the aneurysm back again to its original size, and was once more treated successful with chloride of calcium. She then left once more, and died on her return this year. On post-mortem examination two sets of fibrin deposits were found in the aneurysm, the first evidently corresponding to the first time she was in hospital, and the second to her subsequent sojourn in hospital.

Dr. **Craig**, replying, said that with regard to Dr. Thompson's case he thought that the two layers of fibrin within the sac of the aneurysm were accounted for by the fact that the patient got two periods of rest.

Dr. J. **Lumsden** exhibited two cases of favus.

The Section then adjourned.

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## LIVERPOOL MEDICAL SOCIETY.

Meeting Held Thursday, January 5, 1899.

Dr. **Macfie Campbell**, President, in the Chair.

### OPERATIVE TREATMENT OF GASTRIC ULCER.

Mr. **Robert Jones** related two cases where he had operated for gastric ulcer, one of which recovered and the other lived for fourteen days. In the first case, a girl of 19, the perforation had existed for three hours, and was situated on the anterior aspect near the pylorus. Some partially digested milk had exuded. There was no peritonitis. The ulcer was inverted and stitched, and the wound closed without drainage. She made an uninterrupted recovery. From the appearance of the ulcer, absence of anæmia, and previous history of tubercle, Mr. Jones suggested the possibility of the tuberculous nature of the ulcer. The second case, a woman of 21, was operated upon fourteen hours after perforation. She was very collapsed. A large indurated perforation was found near the cardiac end of the lesser curvature on the anterior aspect. There was exudation of partially digested food. Adhesions had formed with liver and abdominal parietes. There was considerable exudation of lymph, which had to be forcibly scraped. The ulcer was obliterated by a purse string suture, fortified by Lembert's stitches, and completed by stitching omentum over area. She did fairly well for fourteen days, when she vomited pus. Incision was made, and a peri-splenic abscess containing foul-smelling pus was discovered. She was very collapsed, and died twelve hours later. Post-mortem showed perforation to have quite healed. There was no communication between the wound area and the peri-splenic and sub-diaphragmatic abscess cavities. The diaphragm was burrowed through, and the lung opened into. There was no ulcer on the posterior aspect of the stomach. Mr. Jones quite agreed with the recent suggestion of Turner that the lesser sac of peritoneum should be irrigated, and the posterior aspect of stomach inspected in nearly all cases.

Mr. Paul made some remarks.

Dr. **Buchanan** demonstrated a case of myxœdema in a man, æt. 54, treated with "Colloid" matters, according to Dr. R. Hutchinson's formula. The disappearance of symptoms was shown to be remarkable, and after four months' treatment the restoration to health was complete. The case was illustrated by lantern slides.

Dr. **Alexander** related a case of "gunshot wound of brain."

Dr. **Briggs** exhibited a fibroid (weight 13¼ lbs.) removed on November 26th, 1898 (from a single lady, æt. 33), through an abdominal incision by hysterectomy, of which enucleation was the first step, because of the large thin-walled veins in the capsule and the difficulty of getting at the cervix and main arteries with the tumour *in situ*. The tumour reached low down on the cervix, and encroached on the right broad ligament. The right ovary was cystic. As soon as the tumour was released from its capsule, the large veins emptied their contents into the general circulation. There was little shock. The capsule and uterus appeared too big and too loose to be left behind with safety. The growth and uterus were originally equal in size to the eight months' pregnant uterus. In smaller growths the capsule and uterus might be left behind with safety, but enucleation alone of large tumours has not yet been shown to be equally safe.

Dr. A. E. **Roberts** read a paper on the

### VACCINATION ACT, 1898 AND THE LOCAL GOVERNMENT BOARD ORDER OF OCTOBER 18TH.

He deplored the attitude of hostility which large sections of the community had assumed towards vaccination. There could be no doubt that these good people had given us a fall, and repudiated us and our work in this matter of vaccination. Not until some great calamity occurred would the insane agitation be stifled; meanwhile we are drifting into a position of grave danger. On the question of compulsion he was of opinion that, living under democratic institutions as we do, we must not be surprised if now and again the drawbacks of our methods of government should become manifest as well as its blessings. The duty of the profession is clear. It is, by every legitimate means, to instruct the people in this question. Probably we have been too lax in that respect, and allowed our friend the enemy to occupy the field. He particularly deplored the fact that a large number of objectors were animated by something resembling a high enthusiasm. They regarded their movement as a kind of holy war. We read of thousands in a neighbouring town crowding for exemption certificates singing "Christians, awake," and other appropriate hymns. It suggested, on the humorous side, a town's meeting gathered to denounce the multiplication table as an unholy invention of the devil; but it had its element of pathos in it. This potential, unconscious slaughter of their innocents by loving parents. He explained the provisions of the Act and order, and appealed for cordial relations between the public vaccinators and the private vaccinations under the somewhat trying circumstances of the public officer having to visit the homes.

The **President**, in opening the debate, remarked that probably no more retrograde step had ever been taken by Parliament, a step by which the majority had been handed over bound hand and foot to a fanatical minority. Calf lymph he found was responsible for a certain amount of insufficient vaccination. He had used calf lymph exclusively during the last fifteen years, and required to operate a second time in about 15 per cent. This gave rise to dissatisfaction among the friends. What, again, was to be done with cases in which only one or two marks took? He generally recommended revaccination at four or five years. The importance of cleanliness in skin and instruments was now well understood, and everything should be done to remove prejudice against the operation.

Mr. **Rushton Parker** remarked that in spite of the disinterested advocacy and practice of vaccination by the medical profession the public seemed determined in England to take the risk of small-pox for some of their children. He, in common with the rest of our profession had felt at first greatly disappointed at the recent Vaccination Act. But whether the Government were wise in adopting it, or not, he deprecated blaming them, for it was evident that they were as individuals staunch adherents of vaccination, and only adopted this apparently lame and impotent device as being in their expectation more likely in the long run to maintain the practice of vaccination, than the order for its compulsion, which had unfortunately not been administered successfully, owing to laxity on the part of the officials deputed to enforce it, upon a democratic community who largely refused to be coerced in this matter. He desired to compliment Dr. Roberts on the matter and style of his paper.

Dr. HUGH JONES called attention to two statements in the report of the Royal Commission that vaccination was protective against small-pox, and that vaccination could not be replaced at present efficiently by other preventive measures. There was, however, another side, isolation, notification, disinfection, as subsidiary measures ought to receive their full credit, and the hope of the future for the extinction of infectious diseases depended chiefly upon efficient sanitary measures.

Dr. HOPE considered that the present grave condition in respect to vaccination was contributed to by the long period, extending over many years, which the Royal Commission took before publishing their conclusions. During those years the opponents of vaccination were extremely active, and, unfortunately, very successful. He pointed out that the Bill introduced by Mr. Chaplin differed very widely from the Act which was ultimately passed, an Act which was in absolute and direct antagonism to the carefully considered recommendations of the Royal Commission, whose exact words are:- "We are of opinion that the State ought to continue to promote the vaccination of the people." "We can see nothing to warrant the conclusion that in this country vaccination might safely be abandoned, and replaced by a system of isolation."

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## NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

ORDINARY MEETING HELD AT OWENS COLLEGE, MANCHESTER, DECEMBER 16TH, 1898.

The President, DR. J. W. MARTIN (Sheffield) in the Chair.

DR. DONALD (Manchester) showed a "myoma of the uterus," about the size of an adult's head, removed by abdominal myomectomy. There was considerable difficulty in enucleating the tumour, the capsule measuring half an inch in thickness, and being composed of hypertrophied uterine wall. There was very small hæmorrhage from several vessels in the capsule.

Dr. DONALD also showed an "uterus removed by vaginal hysterectomy," after perforation by sounds. The cervix was being dilated preparatory to curetting. There was no resistance at any part, and the sound passed easily six or seven inches. An examination of the abdomen showed that the point of the instrument was in the abdominal cavity. A No. 12 dilator was introduced with the same result. As it was evident the uterine wall was perforated, and as the contents of the uterus were undoubtedly septic, the anterior vaginal fornix was opened up, and the fundus uteri brought into view. Two large apertures which had evidently been made by the dilators were found in the fundus, and the uterine tissue was so friable that vulsellum forceps very easily caused tearing Vaginal hysterectomy was performed as the safest method of treatment. Probably the degeneration of the uterine wall was due partly to frequent childbearing, and partly to septic processes following miscarriage.

### CASE OF PUERPERAL SEPTICÆMIA TREATED SUCCESSFULLY BY INJECTIONS OF ANTISTREPTOCOCCIC SERUM.

Dr. GRIMSDALE read notes of a case of the above. The woman, æt. 35, had an easy labour, followed by a rigor in forty-eight hours. Her medical man treated her energetically by washing out the uterus and curetting it, but the symptoms of high temperature, quick pulse, rapid wasting, and general serious illness persisted. On the ninth day of the disease Dr. Grimsdale saw her, and admitted her to the Royal Infirmary. Streptococci having been found in the blood serum, injections of ten cubic centimetres were made into the flanks. After two injections the patient, from having a temperature 104° F., and pulse 120, became apparently convalescent with normal pulse and temperature. The injections were stopped. The temperature remained normal for 24 hours, but rose gradually, so that in three days it was 103 degs. F and pulse 120, while the temperature was normal. Streptococci were found to be present in the blood. After the recurrence of the fever injections of 10 cc. of the serum were given for fifteen days consecutively. The micro-organisms had then disappeared from the blood and the injections were discontinued. At this time the temperature was raised to 101 degs. F, but gradually fell, and the patient was discharged, cured. After admission to hospital no treatment was directed to the uterus, and beyond quinine no drug was used. Urticaria and severe pains in the limbs were complained of towards the end of the serum treatment, but this subsided in about a fortnight.

Dr. NESFIELD (Manchester) thought that the treatment of puerperal septicæmia by anti-streptococcic serum, seemed scarcely a natural plan, inasmuch as it was using an alternative solution of the same poison as produced the disease, and that those cases which lasted a long time usually ended in recovery under very varied plans of treatment.

Dr. ARNOLD LEA (Manchester) considered that since at one period the streptococci disappeared entirely from the blood and returned again in a few days, a local source of infection must have been present, and that this was probably in the uterus itself, since there was no evidence of local pelvic trouble. He thought that if in similar cases the serum treatment failed, and the patient was losing ground, removal of the uterus through the vagina would be the best treatment.

Dr. FOTHERGILL (Manchester), seeing that there was no physical sign or symptoms of any pelvic trouble, and that there was no foul discharge, considered this might be one of those cases of infection by the bacterium *coli commune*, through the wall of the intestine. Vaginal and uterine douching would be quite unnecessary in such a case, and when the streptococcus had once got into the blood, the use of the serum was the proper treatment.

Dr. GRIMSDALE, in reply, stated that the streptococci were present in the blood continuously; there was no disappearance and reappearance.

Dr BISHOP (Manchester) read a note on the vagino-abdominal incision *versus* morcellation, in some cases of pelvic surgery.

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# France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, January 15th, 1899.

### THE DANGER OF THYROID MEDICATION.

AT the Académie de Médecine M. Franck read a paper in which, after enumerating the good effects obtained from the administration of the thyroid gland in affections due to suppression or insufficiency of the functions of the thyroid gland, insisted on the dangers which could result from the employment of this treatment where no trouble existed in the function of the gland, and notably in cases of simple obesity. It should not be forgotten that the thyroid juice is an extremely toxic product, producing somnolence, coma, &c., which caused the death of a certain number of patients from cardiac collapse. Consequently the speaker proposed that the Academy should pass a vote pronouncing thyroidian products as extremely dangerous, and forbidding the sale except on a doctor's prescription.

M. Lancereaux said that he agreed completely with s colleague on the danger of the substance, and thought at the sale should be restricted. For his part he ways suspended its use when the pulse beat over 100 nes in the minute. M. Potain observed several tients in whom the administration of preparations of e thyroid gland provoked very serious symptoms. It as the more important not to leave these preparations t the disposition of the public as they can never judge f the counter indications of their employ, and when ccidents occur it is frequently too late to arrest them. . Huchard considered the employment of thyroid preparations as extremely dangerous where the heart was ffected, and said that he would vote the proposition of he first speaker.

### GASTROTOMY.

M. Ligars presented a young girl, æt. 21, who in an act of folly swallowed a pile of pence. Three weeks afterwards she expelled three penny pieces, and then told what she had done. She complained of great difficulty in swallowing and of pain in the epigastrium, while she vomited incessantly. By the radiographic examination an agglomeration of foreign bodies was observed at the cardiac extremity of the œsophagus and another in the centre of the stomach. Gastrotomy was practised on December 12th, and six coins removed with great difficulty from the inferior extremity of the œsophagus. Recovery was rapid.

### SENILE PRURITUS.

Professor Parisot, of Nancy, considering that auto-intoxication plays an essential *role* in the ætiology of generalised senile pruritus, has recourse to intestinal antisepsis in the treatment of this obstinate affection After purging the patient he puts him on milk diet, and prescribes daily doses of half a drachm of benzonaphthol This treatment, of which the first favourable results are witnessed at the end of twenty-four hours, rapidly removes the violent and tenacious itching.

### ACUTE RHEUMATISM.

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|---|---|
| Salicylate of soda, | ℥ j. |
| Iodoform, | ʒ ij. |
| Ext. of hyosciamus, | ʒ j. |
| Vaseline, | ℥ iij. |

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## Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, January 13th, 1899.

AT the Society for Internal Medicine Dr. Benda had a note on the

### POINT OF ENTRANCE IN ULCERATIVE ENDOCARDITIS.

It was to be looked upon as a secondary disease, but the connecting point between it and the primary was only rarely demonstrated, and the transmission of the disease germ from any ulceration into the circulation could only occasionally be proved. He showed two cases in which this transmission could be followed. One was a case of ulcerative endocarditis with suppuration in the pelvis of the kidney, and a fœtid abscess in the region of the kidney from a case of renal calculus. By Gram's process non-colourable bacteria belonging to the group of bacterium coli were found, which were the cause of the endocarditis. The second case was one of ulcerative endocarditis, set up by streptococci from a tonsillar abscess. Here numerous streptococcus thrombi were found in the smallest veins and accumulation of cocci around them.

### THE TREATMENT OF OBESITY WITH THYROID GLAND PREPARATIONS.

Such as the thyroidine pastilles of Bayer (*Wien. Med. Wochensch.*), in 0·3 doses. For six to ten days two pastilles a day were given, then a three days' pause; then for six to ten days two and a half were given, then another pause of three days, and then three were given daily from six to ten days.

Unpleasant symptoms were only due to faulty preparation, and not to the thyroidine, and the writer had never observed any. Even in the case of a woman who suffered from cardiac insufficiency, no ill effects on the heart appeared, but a distinct improvement in the function took place from the unburdening of the heart of its mass of fat. The diminution in weight from melting of the fat and excretion of water was never at the expense of the muscular tissue, for the patient became much stronger. This was in accordance with exact investigation into tissue changes.

Caution was necessary with the above doses, as, indeed, in all other methods of treatment of obesity. In the plethoric form of obesity the diet should be regulated along with the treatment, while in the anæmic form iron should be given. In old people, patients with valvular disease, arterio-sclerosis, albuminuria, and diabetes, thyroidine was contraindicated. The pastille treatment was not absolutely reliable, as one of the cases proved quite refractory.

### THE PATHOLOGY OF MYXŒDEMA.

Dr. W. Muratow, in the *Neurolog. Cbl.* describes the carefully carried out examination of a fatal case of this disease. The patient was a girl of six, and the disease was congenital. The body showed the following changes:—

1. Toxic affections of the cortex (swelling of Nissl's corpuscles, and patchy dark blue staining of the basic substances).
2. Affection of the subcortical association tracks (delayed development starting from the cortical cells).
3. Complete absence of the thyroid gland.

The psychical symptoms peculiar to the disease were explained by the serious anatomical lesion of the cortex According to Horsley, the functional activity of the thyroid began from the sixth to the eighth month of embryonic life. The higher nerve centres were in process of development at this period. The toxins here not only set up functional disturbance but arrested development. For this reason the psychical function suffered more in the case than in that of an adult. In the case of the latter, thyroid treatment removed the chronic toxæmia, and with it the psychical symptoms. In infancy, in spite of the elimination of the toxin, the psychical activity only corresponded to that of an imperfectly developed brain.

At the Medical Society, Hr. Pick showed macro-microscopic preparations of

### SYPHILIS OF THE PERITONEUM AND AMYLOID OF THE FEMALE GENITALS.

The patient, a woman, æt. 56, taken ill in December, 1896, with palpitation, pains in the head, &c. The medical attendant found anæmia, a syphilitic saddle-nose, and a large nodular liver that reached three to five finger-breadths beyond the ribs. The woman knew nothing of any infection, but the diagnosis was not in the life and welfare of the nation. As an individualist and a man of great abilities and character, Sir Hugh Owen acquired an almost supreme influence in the Department which he has served for so many years. It is to be hoped, however, that the individual sway of public servants in Government offices will, ere long, give way to that of recognised principles enforced by an educated Parliament, and by strong and able ministers. That the present policy of the Poor-law is halting and erroneous is a doctrine firmly held by many thinking persons. The pauper poor, who are always with us, have been recognised as having a moral and legal claim to support from the more fortunately placed members of the community. Hence, any enlightened interpretation of the Poor-law would cede the relief thus granted as a right rather than as a dole to be extracted in fear and trembling and at the cost of heavy civil disqualifications. If that be true of pauperism in general, it is a thousand times more so as regards the aged and the sick poor, for whom help becomes simply a righteous demand and a bounden duty. Yet the evils of proper classification, of pauper nursing, of unskilled attendance upon lunatics and imbeciles, of understaffing of nurses, and of other gross defects of medical administration, are at this day flourishing rampant throughout the length and breadth of the United Kingdom. As to outdoor medical relief, it is only in a few towns reduced to anything like a proper system; while in most places it savours of the worst forms of parochial arrogance, delay, and degrading disqualification. Any system, indeed, stands self-condemned that entails upon a hard-working man of irreproachable character the loss of his parliamentary vote if he happen to be treated for, say, pneumothorax or enteric fever, in a Poor-law infirmary. The first duty of any strong and conscientious central board should be to classify paupers, and to simplify, amend, and codify the present chaotic rules of administration. An attempt, as everyone knows, has recently been made by Mr. Chaplin to introduce a rational treatment of metropolitan pauper children disabled in various physical directions. His action, however, affords an excellent instance of Local Government Board dilatoriness and want of judgment. His famous order placed the carrying out of a much-needed reform in the hands of an already overburdened body, the Metropolitan Asylums Board, with the result that some years later the matter appears to be more or less at a standstill. Indeed, dilatoriness is one of the chief indictments that can be brought against the policy of Sir Hugh Owen. Reports of responsible and highly-qualified Government inspectors have been neglected year after year, until the occurrence of some grave scandal has necessitated an official investigation. In some cases inquiry after inquiry has been held, schemes submitted, altered, reinvestigated, and in the long run carried out only after the lapse of years, or even shelved altogether. Then, when a dispute has arisen between some local authority and its medical officer, the latter has only in the rarest instances received any atom of help from the Local Government Board, no matter how zealous and efficient his services, or how just and righteous his case. That attitude, indeed, may be said to sum up in a nutshell the main principal of Sir Hugh Owen, namely, that the local authorities should be let alone as far as possible to attain salvation after their own light and after their own methods. It is to be hoped that henceforth a new spirit will come over this Department, which is in many respects one of the most important to the future of Great Britain. That the Local Government Board has done magnificent work in the past no one can deny. At the same time we suggest that their machinery is now a little rusty and out of date, and that their methods are not quite up to modern and reasonable democratic standards. It seems likely that a first necessary step towards reform would be the entire separation of the Poor-law and the public sanitary services, with, possibly, the establishment of national scientific research laboratories. To attempt to bring all these diverse functions within the grasp of a single board is to court inefficiency, extravagance, and the hundred and one evils of an iron-bound, non-progressive officialism.

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## STATE REGULATION OF MARRIAGE.—II.

In our previous remarks on this subject we discussed some of the disqualifications for marriage under the heads of:—1. Inebriety, Pauperism, and Criminality; 2. Insanity, Epilepsy, and Tuberculosis. We now pass on to consider. 3. *Gonorrhœa and Syphilis in the Communicable Stages:* Here we have to do with quite a different subject, and we may say at once that we believe that the help of legislation is urgently needed. Not for the sake of men; it is well known that the great majority of men suffering from syphilis or gonorrhœa have contracted the disease before marriage; they knew the risks of illicit intercourse, and have paid the penalty of their folly. It is mainly for the sake of innocent wives and children that the law should step in. A woman can tell if she is marrying a lunatic, a drunkard, or a man in consumption, but she cannot tell whether the man she is about to marry is suffering from active syphilis or gonorrhœa. And yet the results to her and to her children, if she has any, are of the most appalling and far-reaching character. What is the indictment against these diseases? We quote Dr. Burr, who has understated rather than overstated it:—"That gonorrhœa is accountable for most of women's pelvic woes; that it is the greatest cause of sterility in both sexes (Keherer); that it is the greatest single cause of blindness—18·5 to 23·5 per cent. of all the blind in early life being from this cause alone (Magnus, Fuchs and Lucius Howe); that it often kills, and that from this cause alone a license to marry may prove a death-warrant to a confiding bride. That syphilis, of all diseases, is the greatest cause of abortion; that one-third of all syphilitic pregnancies abort or are still-born; that one-third of those born alive die during the first six months (Carpenter and Grassowitz); that the remainder are more or less enfeebled, deformed, or short-lived through lowered vital resistance; that locomotor ataxia and certain forms of insanity are almost synonymous with so-called tertiary syphilis." All medical men can testify that these things are true, and all those who have had experience of gynæcological out-patient practice at hospitals can form an estimate of the extent of the evil. The subject, unfortunately, does not lend itself to popular exposition; the revolting forms of suffering endured by many innocent women, and forming, within a few months of marriage, a heartbreaking awakening from their early love-dreams, cannot be openly spoken of, they can only be borne in silence by those whose health and ideals have been shattered at one blow. But the law provides a remedy—separation, divorce! What remedy is it to a man whose eyesight has been destroyed by violence that his aggressor is separated from him? *Prevention* is what is wanted; and this might be secured by a law providing that an applicant for marriage should produce a certificate that he was not suffering from gonorrhœa or syphilis in the communicable stages. Dr. Burr sketches out the working model of a Bill for this purpose. As it is a definite attempt in the right direction, its reproduction here needs no apology.

A Bill

for an Act to Revise the Law in Relation to Marriage.

*Section* 1.—Be it enacted, by the . . . of the State of . . . That it shall hereafter be unlawful to issue a license to marry to any applicant for such license who fails to present with his application a certificate, as hereinafter provided, setting forth that the applicant is not the subject of acute or latent gonorrhœa, or syphilis in the communicable stages.

*Section* 2.—The certificate required shall be accepted from any reputable physician who is a member in good standing of the National, State, County, City, or other similar recognised organisation of the school of practice to which he or she belongs [that is, for British requirements, from any registered medical practitioner], and shall be in form and substance as follows, to wit:

State of . , . County of . . .

I . . . M.D., a legally qualified physician and member in good standing of the . . . whereof . . . M.D. (address . . . ) is Secretary, do hereby certify that I have examined . . . resident of . . . an intending applicant for license to marry, and that my examination, made with due skill and thoroughness, and during a sufficient period of time, fully satisfied my professional judgment that said intending applicant is not the subject of any of the disqualifications for marriage specified in Section 1 of the Act to revise the law in relation to marriages, approved . . . 189... in force . . . 189... I do, hereby, further certify that this certificate is given with a full realisation of the sufferings entailed upon wives and offspring by marriage with the subjects of said disqualifications.

Witness my hand this . . . day of . . . 189...

. . . . M.D. Address . . . .

*Section* 3.—The physician's certificate shall be dealt with in the same manner, as to registry, endorsement and preservation, as is now prescribed for the certificate of marriage.

*Section* 4.—All Acts or parts of Acts inconsistent, or in conflict, with this Act are hereby repealed, and this Act shall take effect and be in force from and after its passage.

Legislation on these lines would, apart from its direct results, be of incalculable benefit by drawing public attention to its objects. Something at least would become known concerning the prevalence of these maladies and the frequency of their distribution to innocent, unsuspecting wives and their helpless babes; and thus "the public would learn the truths concerning evils which the profession knows full well but upon which it is powerless to give public instruction, and against which, unaided by law, it is powerless to enforce protective measures."

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## Notes on Current Topics.

### Popular Bacteriology.

It is, no doubt, desirable that the public should be afforded facilities for becoming acquainted with the general principles of bacteriology, as far as they apply to the dissemination, the cure, and the prevention of disease. Some caution is, however, necessary in the choice of materials, and the lecturer would be well advised to avoid as far as possible undue optimism and hasty generalisations. The inhabitants of Camberwell were recently treated to a lecture on the subject by Mr. Bousfield, the recently appointed bacteriologist to the parish. Curiously enough Mr. Bousfield repudiates any desire to pose as a specialist, though one would have supposed that a gentleman who holds a public appointment as a bacteriologist must of necessity be a specialist. The lecture in question, though embellished by lantern projections of the more common organisms of infectious diseases, was really almost entirely restricted to the subject of diphtheria, and in this connection the lecturer delivered himself of sundry statements which appear to us somewhat in advance of contemporaneous science. He is reported to have said that "vaccination sank into insignificance when compared with the beneficent results of the antitoxin treatment of diphtheria," a statement which will not commend itself to our readers either by reason of its accuracy or of its opportuneness. It is absurd to pretend that the benefits that have accrued from the use of antitoxin are in any way comparable with those resulting from vaccination. The latter, moreover, is a trustworthy preventive of small pox, and the immunity thus engendered lasts for many years, whereas the immunity against diphtheria afforded by previous inoculation with antitoxin is doubtful, and probably of short duration. Collective statistics leave no doubt in the minds of unprejudiced persons as to the extreme utility of the antitoxin treatment of diphtheria, and we agree with the lecturer that a medical man who, in presence of an undoubted case of diphtheria, abstains from the use of this agent, incurs responsibility little short of criminal. When Mr. Bousfield talks, as he is reported to have done at a subsequent "interview," about reducing the mortality from diphtheria in his parish from 15 to 5 by antitoxin thereby saving 100 lives annually, we can only suggest that he is counting his chickens before they are hatched. We cannot, moreover, follow the lecturer when, with an enthusiasm which is explained but not justified, by his not being a specialist, he goes on to assert that, in time, every infectious disease will be stamped out by the aid of antitoxins, a doctrine which, even if true, would render sanitary legislation supererogatory. Lastly, quite unintentionally no doubt, the lecturer threw an unmerited slur on the vaccine at present in use by expressing a hope that it would be possible to provide an absolutely pure culture of vaccinia free from the possibility of its containing the germ of any other disease. This is precisely what is claimed for glycerinated lymph, and though the possibility of septic contamination can never under any circumstances be absolutely obviated, it may safely be asserted that we have now reached a point approximating the irreducible minimum of risk in this direction.

### Vulvitis in Children.

DR. ROBINSON's paper on "Vulvitis in Children," the discussion on which, before the Obstetrical Society, was reported in our last number, opens up a very vexed question. This condition is tolerably common and often presents great and even painful interest from a medico-legal point of view. The causes of vulvitis as given in the text-books are numerous and varied, but according to the author bacteriological examination of the discharges in a large number of cases revealed the presence of an organism indistinguishable from the gonococcus in 76 per cent. This result is so startling that, rather than accept the otherwise inevitable conclusion, one is tempted to question the diagnostic value of the presence of the diplococcus in question. In the crowded dwellings of certain classes of the population it is conceivable that gonorrhœal infection may be readily spread by the use of a common chamber utensil or, between children, by digital exchanges. These discharges, however, are met with in all classes of society, though doubtless they are more common among the unwashed, overcrowded, ill-nourished offspring of the poor. Clinically the evidence is opposed to the gonorrhœal origin of the affection unless we concede that gonorrhœa in the young runs a much milder course than in the adult, no proof whereof has as yet been furnished. The inguinal glands are very rarely enlarged in children suffering from vulvar discharge, and there is a singular absence of conjunctival complications, though as the irritation is productive of itching one would have expected frequent transference of the virus. Observed cases of unquestionable gonorrhœa contracted by children as the result of rape do not support the assumption that the disease is milder in them than in adults, and we are driven to challenge the identity of the organism upon which the author based his conclusions.

### Dr. Lawrie on the Plague.

IT cannot truthfully be said that the evidence so far given before the Plague Commission in India has thrown any further light on the etiology and mode of dissemination of this fell disease. As to this, however, we shall be better able to form an opinion when we are in possession of the report which will not be accessible for a long time to come. The most sensational statements have been made by Dr. Lawrie who, with a recklessness and impetuousness peculiarly his own, has fulminated against the Haffkine system of preventive inoculation. Now this remedial and preventive measure is on its trial and, on the whole, the tenor of the reports that have so far reached us of the results obtained are decidedly in its favour. It behoves us, therefore, to preserve an open mind and to avoid jumping to a conclusion one way or the other. Dr. Lawrie is in no better position to form a trustworthy opinion at this juncture than anyone else, and common sense would have suggested a prudent reticence in respect of his opinions, although he would have been fully justified in alleging all facts that had come to his knowledge. It is not his facts—for these were remarkably few—which we object to, but his inferences and *ex parte* statements, based on sweeping generalisation and random assertion. This is not the spirit in which scientific questions of this magnitude should be approached, an attitude of dispassionate scepticism best becomes the investigator, not violent denunciation and hasty generalisation. Dr. Lawrie ought to have learned this lesson from his misguided precipitation in the matter of the malarial parasite, the existence whereof he boldly denied, but the existence whereof has since been almost universally admitted. Dr. Haffkine is engaged in carrying out a gigantic experiment on data which have been thoroughly worked out, and it is unjust to him and to his coadjutors to declare *urbi et orbe* that the treatment is a dangerous delusion.

### A Wicked Fraud.

AN inquest was held a few days ago at Modbury, near Plymouth, on the body of a man who had been treated by a quack, of the name of Roberts, for diabetes. This unqualified person advertises that he can cure cancer and diabetes, and it was in consequence of these advertisements that the deceased had consulted him. A sum of £2 10s. was paid at the first interview, in exchange for which the deceased was given a number of powders, ascertained by analysis to consist of common salt, soon after taking which he became comatose and died. The jury found that death was due to natural causes, but added a rider to the effect that the treatment was absolutely useless, and "was nothing but a fraud." Roberts was cautioned as to his future conduct, but we trust the matter will not be allowed to rest there, for he has impudently infringed the Apothecaries' Act, and there ought to be no difficulty in obtaining a conviction.

### Charges of Malpraxis.

A DRAWBACK, of no mean degree, to the medical profession, is undeniably the annoyance caused by dissatisfied patients bringing charges of malpraxis against its members. In the present day, unfortunately, these charges seem to be of more frequent occurrence than used to be the case, and almost without exception the legal reports in the newspapers show them to be absurd and without any foundation. No doubt in some cases an ignorant and poor person having some grievance of the kind, backed up by an enterprising but not over scrupulous solicitor, thinks that a medical man is "good game" to make an attack upon. The proceedings are consequently commenced; notice is given to the doctor, all his patients hear of the action pending against him, and thus his troubles and annoyance increase until the trial. Then the jury, possibly without leaving the box, nonsuit the plaintiff, and virtually intimate that the action should never have been brought. The result, in a measure, may be consoling to the practitioner, but the experience is one which costs him dear. Apart from the unavoidable anxieties attending such an ordeal, he also soon probably finds that there will be no chance of recovering his costs of the trial, owing to the plaintiff being a person without means. In the past, medical men have frequently found themselves in this predicament, and no one can deny that it constitutes a hardship, the occurrence of which should not be legally possible. In regard to these cases of alleged malpraxis the law of the land is—and it is only common-sense law—that a medical man cannot be held responsible for a mere error of judgment, provided that he uses reasonable skill and care. Unless this were the case, medical practice would become well-nigh impossible, and the result of it would be that the public would be left to look after their own illnesses and accidents.

### The Wark Case.

THE MEDICAL PRESS AND CIRCULAR was the first of the professional journals to call in question the verdict and sentence on this unfortunate man. Since the appearance of our comments, the whole press of the country has been with us, and have quoted our views, in protest against injustice in the name of justice and law, and the final *denouement* has done but little to quiet matters. At the trial before Judge Phillimore, Lieut. Wark was sentenced to death for a crime he could not possibly have committed, and concerning which there was distinct evidence to show that he was not guilty. All this has now been altered, and he has been sentenced for a crime for which he was not tried, for it is absurd to contend that three years' imprisonment is a punishment for murder—the only crime he was charged with. What with biassed judges and weak-kneed Home Secretaries, well—the ways of justice are past finding out.

### Vivisection in India.

THE anti-vivisection party have succeeded in discovering another mare's nest, in which the absurdity of their protestations is again woefully exposed. They have alleged that the Pasteur Institute to be shortly founded in India will be entirely opposed to the religious sentiment of the natives, so much so, that it may be expected to cause another Mutiny. An anti-vivisectionist must be a person possessing a lively imagination, otherwise he would not be qualified to maintain the tenets of his party, and to say that a Pasteur Institute in India will cause a mutinous outbreak among the natives is just the kind of lively imaginative excrescence likely to be evolved from an anti-vivisectionist's mind. Unfortunately, however, for the anti-vivisectionist party the facts as to this allegation are entirely against them. The Pasteur Institute in India will be founded and supported by the Nizam of Hyderabad, a prince of great and acknowledged intelligence who is fully conversant with all the objects that the Institute will seek to attain. Moreover, as it has been pointed out, experiments upon animals are not repugnant to the feelings of the natives. As a matter of fact, they have infinitely less objection to experiments being performed on dogs, rabbits, and cats than they have to Englishmen eating beef. Despite the fact that the cow is a sacred animal among the natives, the slaughter of cattle in India has, up to the present, not been accused of having caused a mutiny.

### The Vaccination Act and the Payment of Vaccination Officers.

HARMONY has not reigned among all boards of guardians upon the subject of the payment of the vaccination officers under the new Act. The minimum fees allowed by the Local Government Board have in some instances been refused by them, and this has been followed by the guardians giving them a month's notice to terminate their appointments. We doubt, however, whether this step will lead to the solution of the difficulty, inasmuch as it is scarcely likely that other medical men will be prepared to accept the offer of unremunerative fees.

### The Sanitation of Belfast.

SOME months since we noticed from week to week the barbarous condition of the second city in Ireland as regards sanitation. We took our information from the debates in the local papers not supposing that the reality could be worse than the disorganisation therein reported, or that the sordid greed of the jerry builder, encouraged by the Corporation, could be more disgraceful to the latter body than was represented. Our contemporary, the *Lancet*, has, however, dragged the foulness of the city and its public health organisation into the light in a series of reports by its special commissioner, published in its issues of December 31st and previous weeks, and, if these reports are to be trusted, it is clear that Belfast is nothing better than a sort of Sodom and Gomorrha, in a sanitary sense, and that no milder remedy than fire and brimstone would be effectual treatment for its condition. Considerations of space preclude our giving quotations from these reports except the concluding paragraph, which runs as follows:—

> After all these investigations I must confess to being overwhelmed with a deep sense of despair. When even such easy trifles as the cementing of a closet-pan on its syphon trap are so generally neglected, though the presence of typhoid fever in

the houses should have caused all such defects to be promptly detected and remedied, it is impossible to hope with much confidence that the great and sweeping measures of sanitary reform urgently needed will be efficaciously applied. Is it likely that an administration which, at any rate in the past, has displayed such crass incapacity and has been guilty of such palpable life-destroying neglect will ever be able to produce a Hercules capable of cleaning out these Augean stables? Does this not rather suggest that a higher and outside authority should interfere, so that the law shall at last be enforced, and that the work of efficient sanitary supervision shall be no longer neglected?

### A New Opening for Quacks.

Quacks and the compounders of patent medicines desirous of pushing business, and anxious for a cheap advertisement should make a point of being enrolled upon a coroner's jury. At an inquest last week a juryman showed that a coroner's court could be most successfully utilised in the attainment of these objects. The inquiry was held for the purpose of ascertaining the circumstances of the death of a man who had as the evidence showed, suffered for two years from pulmonary phthisis. Before the verdict was given of "natural death," a juryman observed, "I should like to say a few words on consumption. I can cure consumption, whether in the first stage or the last, and I can cure spitting up of blood as well. If any gentleman suffers from it, I shall only be too happy to cure him." The juryman subsequently assured the coroner that he cured a gentleman of consumption after the latter had spent a fortune in trying various medical men. This was undoubtedly a startling piece of information, to come from a bootmaker, which the juryman stated was his occupation. Unfortunately, however, this bootmaker's philanthropy did not extend so far as to inform the Court regarding the precise composition of his remedy. An expectant British public thus has its appetite for information whetted in a remarkable manner without any chance of having it appeased. The bootmaker has clearly intimated that he will not divulge his secret, and from the free and extensive advertisement which he has just received through the coroner's court, he is now probably making arrangements for a very large increase in business.

### Tropical Diseases at Netley.

The letter in the *Times* of January 6th from Dr. John Anderson, of the Seamen's (*Dreadnought*) Hospital, respecting the cases of tropical disease which are usually under treatment at Netley, unmistakably indicates that if the scheme for a school of tropical medicine be carried into effect Netley Hospital is the only place where the clinical material available for the purpose could be forthcoming. Dr. Anderson's figures very effectually dispose of the suggestion found a school of tropical medicine at the branch hospital of the Seamen's Hospital Society at the Albert Docks. We trust that Mr. Chamberlain will see the futility and inexpediency of maintaining his sanction to this suggestion. It would simply be a waste of public money to attempt to organise the undertaking in this particular form, and if this scheme is still persisted in the matter should be brought under the notice of the House of Commons early in the ensuing Session.

### The Increase of Lunacy.

The county authorities of Somerset, in common with a good many others, are beginning to find that the problem of providing accommodation for the increasing number of lunatics is becoming a very serious one. With respect to the Yeovil Union, for example, it was recently stated that the increase in lunacy during the past twenty years amounted to 200 per cent. In order to meet the demand for more accommodation an asylum was built at Cotford, near Taunton, and this institution was only recently opened. But arrangements, we believe, are already being made with a view to enlarging it. With the present rate of augmentation of the lunatic population throughout the country, the time seems to be approaching when the sane persons outside of the asylums will be required to devote a large measure of their earnings merely to the maintenance of lunatics. There is no doubt that one of the most serious aspects of this question is the enormous burden which will eventually fall upon the country of making due provision for the care of the insane.

### The Abortion Charge Against a Nurse.

Charges of criminal abortion continue to bulk largely in the courts of law. The most recent case is that of the London nurse, Birmingham, who has been committed by a coroner's jury for trial upon a charge of wilful murder for causing the death of a woman in Oxford Street by an illegal operation. At the present stage of the proceedings it would obviously be unfair to offer any comment upon the case. However, the offence with which the prisoner is charged has other aspects, which may be touched upon with something more than a featherweight and generalising pen. First and foremost, how is it that nurses and other unqualified abortionists secure their victims? The answer to that pertinent question is undoubtedly that for the most part they carry on their illicit traffic through the medium of advertisement in the public newspapers. Now, the police have shown most commendable zeal in following up and bringing home offences of the kind. Will they not in future go to the root of the matter and prosecute for inciting to felony the newspapers that admit this abominable class of advertisement? One successful action of this sort, we firmly believe, would do more to check abortion than the yearly hanging of a score of miscreants caught and convicted here and there among the multitude. What an opportunity for a strong Home Office administration.

Dr. George Foy, Dublin, delivered a lecture last week before the Irish Pharmacists' Assistants' Association, upon the subject of "Anæsthetics." The lecture was profusely illustrated by original manuscripts, cartoons, and old-time engravings.

## The X Rays in War.

LAST week a valuable contribution to the literature of military surgery was made at the Rontgen Society by Major Battersby, R.A.M.C., the Medical Officer recently in charge of the Rontgen ray department in the Soudan expedition. After the battle of Omdurman the rays were successfully applied in 20 cases, where other methods of examination failed. The carrying out of the work was attended by great difficulties, chiefly on account of the heat, which varied from 100 degrees to 120 degrees F, in the shade. However, the resulting photographs, although hardly on a level with ordinary exhibition work, nevertheless answered every surgical requirement as regarded both diagnosis and exact localisation. The coils were packed in boxes cased in felt, which was constantly wetted, so as to keep the contents cool. The necessity of these steps is clear when we reflect that the insulating agent of the coil is paraffin. The generation of electricity was effected by means of a tandem bicycle, connected with a dynamo, from which the storage batteries were charged. Altogether Major Battersby triumphantly proved the absolute value of this new method of diagnosis in military work.

## Death Under Ether.

AN inquest was held on the 12th instant at Kingston-on-Thames on the body of a man, aged 52, who had succumbed to the effects of ether administered for the purpose of an operation. It transpired that he had been suffering from bronchitis and heart disease. Dr. Woolley, who gave the anæsthetic, said he had only (?) administered about two fluid ounces of ether when the patient vomited and respiration ceased, and all efforts to restore animation failed. Deaths from ether are tolerably rare, at any rate in this country, possibly because chloroform is still the favourite anæsthetic with the many. In any event, ether is generally held to be contra-indicated in cases where there is any tendency to bronchitis, and if, as stated, the deceased suffered from this disease, some surprise may be felt that chloroform was not preferred.

## An "Appendicitis" Controversy.

THERE is no doubt that in many respects our nomenclature of diseases is far from correct. Nevertheless, who can dispute the force of fashion or custom in this matter? A name is given to a particular disease, and it comes at once into general use; then some one finds that it is etymologically quite erroneous, and presses for the substitution of a new and, perhaps, more correct word. Despite, however, the strenuous efforts made in this direction, nothing ever comes of them, for it is quite impossible to undermine the popularity which general use has gained for the first, though admittedly erroneous, term. *Apropos* of this subject, some controversy is now taking place with regard to the word appendicitis—described as a verbal monstrosity. It has been suggested that *ecphyaditis* is the best name for the disease, but we question whether, even from the first, such a term would ever have commended itself for popular professional use. But *epityphlitis* suggested by Küster, of Marburg, is better, although one cannot see that it has much to recommend it in comparison with appendicitis. As a matter of fact, appendicitis is a useful, even if it be an incorrect term. Its meaning is well understood, and it is not likely to be superseded.

## Epithelioma of the Uvula.

PRIMARY epithelioma of the uvula is a very rare affection, and for this reason a case of the kind, reported by Dr. W. Downie in the current number of the *Scottish Medical and Surgical Journal*, is of special interest. The patient was a blacksmith, fifty-six years old, and when he came under observation his uvula was greatly enlarged, and the greater part of its surface ulcerated; it was also hard and firm on palpation, and slight manipulation caused the surface to bleed. No lymphatic enlargement could be detected. The disease was diagnosed to be epithelioma, and the appendage was at once excised, under cocaine. Healing of the wound took place in a few days, and since then, now seventeen months ago, the patient has enjoyed perfect health without any signs of recurrence. Microscopical examination of the growth confirmed the diagnosis, but the literature of the subject only contains the record of one other case of primary malignant disease of the uvula.

## Aortic Aneurysm and Cardiac Hypertrophy.

HITHERTO there has been a curious difference of opinion as to whether or not aneurysm of the aorta entails hypertrophy of the left ventricle. Seeing that the aneurysm is virtually a dilatation of part of the vascular system, it is not obvious why hypertrophy should result, and the statistics based on an examination of the post-mortem records at St. Bartholomew's Hospital, recently compiled by Dr. Calvert seem to show that hypertrophy is, at any rate, not the rule in aneurysm. Of 124 cases of aortic aneurism, hypertrophy of the left ventricle was only found in 47, and much the same proportion was discovered by Dr. L. Barlow at St. George's (5 out of 13). We may therefore dismiss from our minds the idea that there is any essential connection between the presence of aneurysm and left ventricle hypertrophy. Even when hypertrophy is present, it by no means follows that it is caused by the aneurysm. Aneurysm is usually consequent upon atheromatous degeneration, and atheroma is specially prone to exist in the subjects of high arterial tension, *i.e.*, patients suffering from some form of kidney mischief, an affection intimately associated with marked hypertrophy. Of course, if the aneurysm be so situated as to interfere with the closure of the aortic valves, the resulting regurgitation will lead to hypertrophy of the ventricle, but even then the aneurysm is not the direct cause of the hypertrophy. The old idea was that the loss of elastic recoil, consequent upon an atheromatous condition of the large vessels, threw more strain upon the heart, and led to muscular hyperplasia, but this very hypothetical view is not borne out by actual observation, and while hypertrophy may conceivably cause aneurysm, it has now been conclusively shown that aneurysm does not cause hypertrpohy.

### Nugent's Borrowed Diploma.

The man Rowland, who recently practised as a medical man at Barking, has been sentenced to three years' imprisonment, for manslaughter, and three for personating a registered practitioner, to wit, one Nugent, the two sentences to run concurrently. For the prisoner it was urged that, although the Medical Defence Union had challenged his qualifications so far back as 1895, yet no proceedings had been undertaken by the General Medical Council. We fancy that this delightfully candid statement will be read with mixed feelings by those members of the Council, who have hitherto sat in the seat of the scornful, and played the part of *laisser faire* with haughty contempt of the outside world. Where is now the purity of the *Register*, the maintenance of which we were always taught was the highest and most sacred duty of that august body? This extraordinary case is bound to come before the Council next session, and it is to be hoped that the medical profession will insist on sifting the matter in broad daylight. No good can come of half measures.

### The New Spectacle Sellers' Diploma.

Here is what the Spectacle Makers' Guild and its professional agents have brought us to. The annexed advertisement appeared in a recent issue of the *Daily Mail*:—"H. L -—, F.S.M.C. (Sight Specialist), Certificated Optician by Examination, . . . Street. Mr. L——'s treatment of Defective Eyes is entirely successful. Headache, Neuralgia, Pain in the Eyes, due to Eye Strain, Permanently Cured. Eyes Examined, Sight Tested, and all information Free of Charge." It may be recollected that, when we entered our emphatic protest against the prostitution of the function of that ancient brotherhood by the wholesale selling of so-called diplomas in spectacle-making, the Master of the Guild assured us that if it were found that any diplomate was using his parchment to attract medical or surgical business the company would at once withdraw the diploma. We now invite the Master to fulfil his promise, as there can be no question that this advertiser seeks to utilise his document for such purpose.

### Six Months in Gaol for Selling Bad Meat.

At last the reign of justice, reasonable and even-handed, appears to have been established in the kingdom of the Metropolitan magistracy, and, indeed, more or less also of their provincial brethren as regards the punishment of bad meat offences. For many years past the futility of mere fines inflicted upon this class of offender has been insisted upon in the columns of The Medical Press and Circular. Even now there is too great a tendency to substitute a heavy money penalty in place of imprisonment, but we are glad to see an increasing number of sharp and salutary sentences recorded. Last week, for instance, a Cambridgeshire butcher was haled before the London Guildhall Police Court charged with sending to the Metropolitan market unsound pork, which was described in evidence as "in a filthy condition." The defendant was notorious for his bad meat transactions, and had previously suffered imprisonment for a similar offence. On this occasion he was very properly sentenced to hard labour for six months. From the point of view of preventive medicine it is difficult to over-estimate the necessity for the maintenance of a high standard in the food supplies of the community.

### Lunacy, the Poor-law, and Delirium Tremens.

Two occurrences were reported last week in Metropolitan Poor-law Institutions, things that would simply be impossible under any strong and enlightened system of Local Government Board control. The first was a protest of the Chairman of the St. Olave's Board of Guardians against the detention of an epileptic boy, æt. 9, in a lunatic ward where he had remained for five months, in spite of the protests of the Medical Officer. Where are the Lunacy Commissioners, where is the Local Government Board Inspector, where are the necessary formalities preliminary to confining any person among lunatics? The second incident was the treatment of a patient suffering from *delirium tremens*, who, according to the newspaper reports, was admitted to Poplar Infirmary, put first into a straight jacket, and then into a padded room, where he died. No one who is acquainted with the modern practice of medicine will doubt for a moment that a patient under such circumstances would not be placed under the best conditions for recovery. Indeed, the use of such brutal and obsolete methods of restraint at once condemns the institution which has resort to them. Tales of deaths in padded cells have before this come from East End infirmaries. Again we ask, where are the responsible central administrators of the Poor-law?

### Tea Cigarettes.

The physiological effects of smoking cigarettes made of tea are very graphically described by a devotee. The feeling in the mouth, he says, is peculiar, but so is the taste of an ordinary cigarette to the beginner. It is not, he adds, as disagreeable as might be supposed, but the result in a tyro is to bring about a sense of thickening of the head, and a disposition to take hold of something or to sit down, symptoms which have also been noted in the early stages of nicotine poisoning. If the trial be persevered with, the thickening feeling gives place to one of intense exhilaration, which however only lasts as long as the smoke—in fact, it ends in smoke. The after-effects are said to be too dreadful, the agony of the opium smoker being but a shadow to that of the victim of tea cigarettes. There is utter loss of appetite, despondency, with more or less muscular tremor, and it is some hours before the repentant sinner begins to revive. If any misguided young person takes to smoking tea after this warning it will not be our fault!

THE Henley-on-Thames Board of Guardians have resolved to memorialise the Government to repeal the Vaccination Act. In coming to this decision one of the guardians stated that it was the most rotten Act which he had ever known.

## PERSONAL.

**DR. H. MACNAUGHTON JONES** has been re-elected President of the British Gynæcological Society for the ensuing year.

**DR. ROBERT BARNES** has been elected honorary President of the Gynæcological Congress which is to take place at Amsterdam in August

H.R.H. **PRINCESS CHRISTIAN** will distribute the prizes to the London Companies of the Volunteer Medical Staff Corps on Friday, January 27th.

**DR. MACFIE CAMPBELL**, Consulting Surgeon to the Northern Hospital, has been elected President of the Liverpool Medical Institution.

**MR. CADGE**, F.R.C.S.E., has given another £10,000 to the Norwich Hospital, this donation making £20,000 with which he has endowed that institution.

**DR. GEORGE PLUNKETT O'FARRELL**, Inspector of Lunatic Asylums, received last week the honour of a Knighthood from the Lord-Lieutenant of Ireland.

THE knighthood previously announced in this journal as about to be conferred on Dr. Hermann Weber, was personally bestowed by her Majesty at Osborne on Saturday last.

**DR. HENRY E. ARMSTRONG**, Medical Officer of Health for Newcastle-on-Tyne, has been elected a corresponding member of the Royal Medico-Chirurgical Academy of Madrid.

**MR. TIMOTHY L. WELFORD**, the oldest member of the profession in Reading, died there last week, aged 86. At the time of his death he was the senior magistrate on the local bench.

**DR. C. R MARSHALL**, Assistant Downing Professor of Medicine in the University of Cambridge, has been appointed Professor of Materia Medica at University College, Dublin.

**DR. HILL**, Master of Downing College, and Vice-Chancellor of the University of Cambridge, has been re-appointed University Lecturer in advanced Human Anatomy till Michaelmas, 1903.

**DR. C. P. O'CONNOR**, of March, Cambs., has been presented with a silver salver on the occasion of his marriage, subscribed for by nearly 300 employes of the Great Eastern Railway engaged in that district, as a token of esteem.

**DR. MURRELL**, Physician to the Westminster Hospital, has been appointed Examiner in Medicine, "with special reference to Materia Medica and Therapeutics," in the University of Glasgow, vice Dr. F. D. C. Phillips, whose term of office has just expired

**DR. WYLLIE**, who was appointed to carry on Professor Fraser's duties in the Edinburgh Royal Infirmary during his stay in India, has, we have been informed, gathered round him an almost record number of students, attracted by the excellence of his teaching.

**DR. MANUEL TAPIA Y SERRANO** died a few days ago of pulmonary trouble, contracted by excessive work in his laboratory. As a pathologist and bacteriologist he was known throughout Spain. He was a member of the Royal Academy of Medicine of Madrid, and of the Society Los Escolares Médicos.

**DR. C. H. MARTIN**, of Mobile, Atalanta, whose death is announced, was one of the best known of Southern surgeons. He was Medical Director of the Army Corps commanded by Leonidas Polk during the inter-States war in America. In 1875 the University of Pennsylvania conferred on him the honorary degree of LL.D.

WE understand that Surgeon-General J. A. Woolfryes, C.B., will be appointed Honorary Physician to the Queen, in succession to the late Surgeon-General A. Smith. He entered the Army Medical Service fifty years ago, and has seen much fighting, being mentioned in despatches and receiving several medals and clasps for services rendered.

**SURGEON-COLONEL PRINGLE**, who died at Blackheath last week, was one of the few survivors of the Cawnpore massacre, all his brother officers being killed, but he escaped through being called off to attend the wounded elsewhere. He retired on pension in 1883, and has since been engaged in local and philanthropic work in the neighbourhood in which he resided.

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## Scotland.

[FROM OUR OWN CORRESPONDENT.]

**THE CONSUMPTION CAMPAIGN.**—The rapidly growing opinion that the community might combat the ravages of the destructive little bacillus of tubercle with some measure of the success which has followed the measures taken to lessen the effects of typhus, typhoid, and small-pox, if only facilities for proper treatment and the spreading of a true conception of the manner in which the organisms may be baulked, or their effects removed, if treated early enough, is holding out promise of bearing practical fruit within a short time in Edinburgh. The Town Council has appointed a committee to investigate and consider the question One of the suggestions made is that the new City Hospital for infectious cases, nearly completed, and with greater accommodation than will for some time be called for, for the reception of cases of the common zymotic diseases, should be in part set aside for the reception and treatment of consumptive cases. Its site, high above the sea on the side of Craig Lockhart Hill, one of Edinburgh's many heights, favours the idea of treating patients with this disease by the pure air method. On an average 42 medical beds in the infirmary of Edinburgh's medical wards are occupied each year, day and night, by tuberculous cases, if the total number and the duration of their stay in hospital be expressed in terms of beds occupied per annum. Many are in the early stages which are so often curable or inhibited by proper surroundings, to which the general wards of a hospital cannot aspire.

**THE LATE DR. W. H. MURRAY.**—After an illness lasting several months, W. H. Murray, M.D Edin. (M.B., C M.. 1874), died last week at his residence in Galashiels, at the early age of 46. He was one of the best known practitioners in the Scottish Borders. In addition to an extensive practice, Dr. Murray found time to interest himself in public affairs, both municipal and political. He was one of the leading Conservatives in Galashiels.

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# Correspondence

We do not hold ourselves responsible for the opinions of our correspondents.

## THE CASE OF LIEUT. WARK.

*To the Editor of* The Medical Press and Circular.

Sir,—Though perhaps some of your medical readers may demur, I trust you will permit me to call the attention of the public to the vast progress that medical science has made among the educated classes during the last forty years. Indeed, even at a later date, the man would have been ridiculed who predicted that before the end of the century not only the Home Secretary and the judges, but even our common jurors would know more about the most abstruse branches of the science than the doctors themselves. Just forty years ago occurred the famous case of Dr. Smethurst. It revealed to the public the scandalous deficiences of the Home Office at that period. The jury may, indeed, have been in advance of the doctors (or of some of them) but the Home Secretary was literally unable to form any opinion for himself as to the cause of Miss Bankes's death, and was driven to the painful expedient of calling in a physician—the late Sir Benjamin Collins Brodie—to decide the question. Sir Benjamin, however, could not decide it. He merely said "I doubt," and by a strange misapplication of the legal principle that the prisoner is entitled to the benefit of the doubt (which in reality means that he is entitled to the benefits of such doubts as the judge in his charge may consider irremovable) the prisoner was actually set at liberty. Nor was the action of the Home Office in the Maybrick case in 1889 free from objection. The doctors were divided in opinion as to the cause of death. The jurors, with their more advanced knowledge of toxicology (under the direction of a judge whose ironical disclaimers of any knowledge of that science concealed a skill far exceeding that of Sir Benjamin Brodie) entertained no doubt whatever. Yet the weak Home Secretary actually consulted other doctors on the subject, and arrived at the astonishing result that the cause of death was actually doubtful! But by an important advance over his predecessor he naturally and justly decided that under the circumstances the Crown was clearly entitled to the benefit of this doubt. The Wark case, however, marks a new era. Drs Briggs and Paul had an advantage over the judge, the jury, and the Home Secretary in having made a careful post-mortem examination of the body which the others had not seen Yet notwithstanding this disadvantage, the judge, the jury, and the Home Secretary all saw clearly that death had resulted from an illegal operation which the doctors with their inferior knowledge of obstetrics had failed to discover. It will be recollected that the Home Secretary was the Minister in attendance when the heir to the throne was born, and I have no doubt that his knowledge of the subject proved of great advantage to the accoucheurs on that occasion. The lesson of the Wark case is that doctors should keep abreast of the age—that they should not be ignorant of the proofs of poisoning or violence, which are known to every man on the jury (at least as soon as he has heard the judge). Every physician or surgeon should recollect that he is placed in the witness-box for the same purpose, that according to the judge the Maybrick jury had been impanelled—that of solving an intellectual problem of great difficulty. If he cannot solve that problem he should not enter the witness-box at all. Why should he pester the public with doubts that never enter the heads of men who know far more about medicine and surgery than he does—too much about it indeed to make it worth their while to take out their diplomas? We do not want doubt. We want certainty. We can to a certain extent combat the unwillingness of the doctors to give us certainties by giving the benefit of their doubts to the Crown. We know that the proofs of murder are present in the body and that nothing but the ignorance or negligence of the doctors prevented these from being detected. If doctors cannot give us something better than doubt we had better dispense with their evidence altogether. It is their business to know, and a confession that they do not know is an admission that they do not understand their business It is fortunate for the public that we have a Home Secretary who cares as little for the doctors as he cares for the Chief Justice. He is as superior in medical knowledge to the former as he is in legal knowledge to the latter.

I am Sir, yours truly,

Gardez Bien.

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## CENSURABLE.

*To the Editor of* The Medical Press and Circular.

Sir,—I see that the dispenser to the Stockport practitioner who recently killed a woman by putting fifty grains of morphine into her medicine, the dose whereof he inadvertently changed from teaspoonfuls to tablespoonfuls, has been declared "censurable," while his employer was censured for having written his prescription in an incomplete form. There does not appear to have been any excuse for so grotesque an error. All the culprit had to say in extenuation of his conduct was that he was "confused" by neuralgic and domestic trouble. We all know what that means, and the question of diagnosis may safely be left to your readers.

The point I wish to call attention to is the inadequate protection to human life which the law affords. In any other country than this such an incident would, of a certainty, have entailed upon the delinquent a term of imprisonment, and his employer would have been mulcted in heavy damages in a civil court. Here they are both simply declared "censurable."

A medical man who employs an unqualified dispenser incurs a heavy moral responsibility, but it appears to me to savour of "infamous conduct"—a point which I commend to the notice of the General Medical Council.

I am, Sir, yours truly,

Observer.

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## THE CENTENARY OF NITROUS OXIDE AS AN ANÆSTHETIC.

*To the Editor of* The Medical Press and Circular.

Sir,—With your permission I would call the attention of your readers to the fact that this year is the centenary of the discovery of the anæsthetic properties of nitrous oxide gas. The discovery was made in the laboratory of the Hotwells Hospital, Clifton, Bristol, which Dr. Thomas Beddoes built, with the pecuniary aid of Mr. Edgeworth and Mr. Wedgewood, to test the therapeutic values of "factitious" airs.

It was probably the last week in November, 1799, that Mr. Humphrey Davy, as we learn from his letter to Mr. Davies Gilbert, made his celebrated statement:—"As nitrous oxide in its extensive operation appears capable of destroying physical pain, it may probably be used with advantage during surgical operations."

Wordsworth, Southey, Coleridge, the younger Priestley, James and Gregory Watt, Wedgewood, Count Rumford, and many other distinguished individuals, watched over the birth of modern anæsthetics, and of all these Davy alone suggested the practical application of the discovery.

One of the first to inhale the gas was Anna, the wife of Dr. Thomas Beddoes, Sister of Maria Edgeworth, the novelist, and daughter of Honora Sneyd, who married Richard Edgeworth in 1773.

Three years previously Miss Sneyd rejected the suit of John Andre, who was shot as a spy by George Washington's orders in 1780, for whom the whole British Army went into mourning, and of whom a tablet, in Westminster Abbey, tells: He "fell a sacrifice to his great zeal for his king and country, when employed in an important and hazardous enterprise."

I am, Sir, yours truly,

January, 1899. George Foy.

# Literature.

## PLAYFAIR'S MIDWIFERY. (a)

A NEW edition of such a standard work as this, calls more for welcome than criticism. Dr. Playfair writes not only with wide scientific knowledge, but with the indefinable quality of wisdom which renders his text-book of great value to practitioners, while the easy flowing style and the marginal notes at each paragraph make it appreciated by the student. The present edition has been largely revised and partly re-written, and some new plates and wood-cuts added, Several of the older wood-cuts might, however, have been altered with advantage, as they depict the obstetrician performing various operations, such as version and the application of forceps, with his coat and shirt sleeve down to his wrist. It is surely indispensable, from the point of view of aseptic midwifery, that the forearms should be bare and well disinfected, and it would impress this on the student's mind if the plates represented the sleeves well rolled up.

But on the score of asepsis most English text-books on midwifery seem to be woefully behindhand, and we fear that any student who told his examiner that he would douche the uterus with a Higginson's syringe would score badly, yet this is what Dr. Playfair recommends, and we can find no reference to the infinitely superior syphon douche. Again, in view of the excellent results at the Rotunda Hospital from plugging in accidental hæmorrhage, it is strange that this treatment is not even mentioned in discussing this most dangerous complication. But even when one differs with the author the charm of his style disarms an opponent, and one can only offer congratulations on the continued popularity of his treatise.

## POCKET DICTIONARY OF HYGIENE. (b)

IN this neat little pocket dictionary the authors have given concise and up-to-date information on a great number of matters relating to hygiene, and though the little work is primarily intended as a pocket companion for medical officers, sanitary inspectors, and those interested in hygiene, there is little information in it that would not be of use and interest to every householder.

As might be expected the preventive measures that should be adopted in the case of infective disease have received a large share of attention, though not to the neglect of other matters. If we were to single out a particular section for special mention, it would be the monograph on "Water," in which the more important considerations involved in securing a safe supply are ably set forth. The advice given as to the general procedure to be adopted in the care of patients suffering from zymotic diseases is thoroughly sound and practical, and the student will find the tables and other data given at the end very convenient for reference. The little book is evidently intended for hard wear, as it is bound in flexible leather, and the paper, though thin, is exceedingly tough to handle, and the moderate price at which it is issued (2s. 6d.), should place it within the popular reach.

## RAMSAY'S ATLAS OF EYE DISEASE. (c)

OF special diseases none are so dependent, for their delineation and understanding, as those of the eye and of the skin. Outlines with appropriate shading are sufficient to portray anatomical conditions and surgical affections, and even most medical diseases, but there is so much in the way of diagnosis to learn from the tints of colouring of an inflamed iris, or the minute distortions of a disintegrated cornea or lens, that the *visus eruditus* cannot be attained otherwise than by prolonged observation of multitudes of bad eyes. The diagnostic faculty can be acquired only upon the observation of hundreds of patients, but the acquirement can be greatly assisted by the study of a well illustrated volume, such as Dr. Ramsay's. The portrayal of eye diseases by the agency of the lithographer is attended with great difficulty, because, no matter how well selected the subjects may be, no matter how accurate the draughtsman and the colour artist, the printer is sure to overdo the colouring. It is, in fact, impossible to get in the half-tones and other minutiæ on the printing press, and, for this reason, all illustrations of eye disease are too blatant, and leave something to be desired. The only thoroughly satisfying pictures of eyes affections which we have ever seen are those of James Wardrop, of Edinburgh, published in 1808. Wardrop was a professional artist before he became an eye doctor, and, while he wrote an excellent *resume* of what was then known of eye diseases, he was forced to illustrate them with his own hand, and that of his daughters who were also professional artists. He had copper plate outlines printed in his book, and he and his assistants coloured them with the brush, with both the *tactus eruditus* and the *visus eruditus*, and every copy of the book issued was thus, actually, from the artistic brush of the expert himself. We advise any ophthalmic specialist to pounce upon a copy of Wardrop's book if one can be found.

Of the illustrative atlasses of eye disease which we have seen Dr. Ramsay's is one of the best, the subjects of illustration being, on the whole, well selected and, generally speaking, well depicted. Photogravure is availed of in many instances, and it is quite satisfactory in depiction of ptosis, œdema palpebrarum, and paralytic conditions, in which outline is everything and colouring is nothing, but we suggest that it was a mistake to seek to convey the idea of interstitial keratitis, or strumous ophthalmia, or Jacob's ulcer, or chronic glaucoma, by a method which does not admit of colour illustration, On the whole, as we have said, we feel that Dr. Ramsay has done good service in the publication of his atlas—that it will prove to be a first-class clinical book and a great help to the working practitioner, and, moreover, does credit to the enterprise of the author who has thus shown his familiarity with the multitudinous forms of eye disease.

## WEBSTER'S DISEASES OF WOMEN. (a)

OF the making of books there is no end, and we regret that in the volume before us we are unable to find any reason for its issue. As is usual with the Scotch school of gynæcologists much of the book is taken up with anatomy, which, though fully recognising its extreme importance, we think could better be found in Quain or Gray. Speaking generally, the book is a poor imitation of Hart and Barbour's "Manual of Gynæcology."

In "points to be observed before passing the sound" no mention is made even of douching the vagina, much less sterilising it, and yet this is one of the first lessons now impressed on the student; also it is a retrograde step to find a modern gynæcologist advocating the side position in examinations with fingers anointed with vaseline or oil and introduced under the clothing.

Shall we ever see the last of that dreadful Zwanck's pessary which is here figured as usual?

We are pleased to note that the author is apparently a believer in asepsis from the chapter on antisepsis and asepsis, but we would point out at the same time that considering his book is published in 1898, this chapter should have been brought up to date, this branch of medical science moves rapidly, besides it is not only in operative work that asepsis is indicated, probably there would be less occasion for resorting to this if more care were exercised during examinations per vaginam, &c. The credit of introducing ventro-fixation is due to Koeberle and Olshausen, and not to Howard Kelly, though we would wish to give him every credit for perfecting the operation. In conclusion, we regret to say though the book is clearly printed and well got up the author has failed to establish a claim when there are so many better, sounder, and more up-to-date books available.

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(a) "A Treatise on the Science and Practice of Midwifery." By W. S. Playfair, M.D. London: Smith, Elder and Co. Ninth Edition. 1898.

(b) "Pocket Dictionary of Hygiene." By C. T. Kingzett, F.I.C., and D. Homfray, B.Sc. London: Bailliere, Tindall and Cox. 1898.

(c) "Atlas of Diseases of the Eye." 48 full-page plates of the eye in colour and photogravure. By A. Maitland Ramsay, M.D., Professor of Ophthalmology, St. Mungo's College, Glasgow. Glasgow: MacLehose and Sons. Quarto, pp. 194; plates, 48.

(a) "Diseases of Women." By J. C. Webster. Pp. 688. Edinburgh: Young J. Pentland.

## WARING'S OPERATIVE SURGERY. (*a*)

We have looked into this book with great care, and have subjected it to the test which an operator may regard as the most severe, namely, that of using it frequently as a book of reference about matters on which the memory of even the most busy surgeon requires to be refreshed. It is pleasant to be able to report in its favour in a very unqualified way. Whether regard is had to its matter, text, or illustrations, it will be found alike satisfactory in all. It is a full, and yet a very concise, compendium of up-to-date operative work, clear without being tedious, and exact without waste of words. Whether as an educational instrument for students, or as a book for hasty reference by informed but busy operators, we can strongly recommend its use. It deals thoroughly with recent questions and methods, and with the exception of some minor matters, such as vasectomy, is really a complete compendium of the subjects it treats of; and it is right to remember that this operation may be regarded by the author as not yet being one of established reputation. The operation given for the cure of varicose veins, is certainly not the best, and we have seen results from the very simple proceeding described first by Sir Thornley Stoker in the *Dublin Journal of Medical Science* (March, 1895) superior to those of any other method.

## GUBB'S MIDWIFERY FOR MIDWIVES AND MONTHLY NURSES. (*b*)

This little work, which does not extend beyond a hundred pages, has, we are told, been compiled specially in view of the requirements of candidates for the certificate of the Obstetrical Society of London. That it will cover those requirements we can readily believe, indeed, we may congratulate the author upon not having kept too strictly to the somewhat narrow limits of the schedule. The amount of knowledge which a candidate midwife possesses on passing her examination by no means represents all that she may usefully acquire, not so much for the purpose of trespassing upon the field of activity which properly belongs to the medical man, but in order that she may understand better when to requisition skilled assistance, and also in order that she may be in a position to render intelligent aid to the doctor in operating procedures. If the midwife of the future will only conform to the advice here given there can never be any friction between her and the neighbouring doctors, and for her sake we trust she will. A midwife, who has carefully studied and thoroughly grasped this manual, will certainly be in a position to distinguish between a normal and an abnormal labour, and she will be prepared to deal with the ordinary emergencies of the lying-in room as they occur, and to cope with such as are within the scope of her duties; while in respect of the others she need never be at a loss to know what to do pending the arrival of the doctor. The subject is dealt with in plain English, and the text is copiously illustrated. It is printed in large type, and is altogether very easy reading. What more can the most fastidious student ask?

## EARL'S "LIVING ORGANISM." (*c*)

The author, recognising that biology has profoundly influenced current thought, and that biological discoveries are influencing philosophy, has attempted to lay down the true foundations of the study and to show how far conclusions may be drawn from them and how far speculations may be made. He defines the science of biology as "a certain body of connected knowledge, which is derived from the observation of living objects and from reflections based on that observation."

An important caution is: "Ideas derived from our own experience of life are too readily transferred to other forms of life," and the author warns his readers that the utmost we are entitled to do is to infer for the lower forms of life a nebulous state of something resembling feeling

The auther first gives a general outline of the scheme of biology, taking methods of alimentation as a guide; then deals with classification, surroundings, form, energy, development, sensation, &c., showing in each the permanent limits to knowledge.

On the whole, the book is interesting and suggestive, and it may keep eager biologists from too strongly advocating theories; but its real value is not to the biologist, but to those who are applying biological methods to other branches of research.

## BOTTONE ON X-RAYS. (*a*)

This little volume is one of many that have appeared since Prof. Röntgen's famous discovery of the X-rays. Its author has contented himself with giving a short account of the principles involved and the apparatus needed in the work of practical radiography. Wisely, as it seems to us, he has kept out of the field of medical and surgical work, into which some non-medical writers have recently shown a tendency to plunge with more or less disastrous results. He appears to have worked chiefly with a Wimshurst influence machine, a source of electricity that has hardly received the attention it deserves at the hands of practical Röntgen ray workers in this country. Among the illustrations is a useful one illustrating the effects of over-exposure and under exposure of the sensitive plate by comparison with a third that has been properly timed. The book will be found useful to those who want a short summary of the subject, but is not full enough to be of much service to the advanced worker.

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# Laboratory Notes.

## READY-MADE SOUPS.

The triumph of antisepsis by sterilisation is nowhere seen and appreciated to better advantage than when applied to articles for use in the culinary department. We have been afforded an opportunity of examining and testing various preserved soups prepared by the well-known West end caterer, Mr. Venant Benoist, of 36, Piccadilly, among them being "Real Turtle Soup" and "Consommé de Volaille." We first tested their keeping properties, and are enabled to state that, even in the absence of any special precautions as to temperature, &c., they were perfectly edible two months after receipt thereof, and provided high quality soups not differing, from a gastronomic point of view, from the freshly-made articles. So far as our experience of real turtle soup goes, the special properties and savour which make this *la reine des potages* are found in their entirety in the products contained in these sealed glass receptacles. Being preserved and sterilised in glass, there is no risk of contamination by the action of organic acids on a metal container, and analysis yielded no trace of any chemical preservatives. As the preparation of these soups in the ordinary way is a somewhat tedious and difficult procedure in the average kitchen, we are pleased to refer our readers to a means of obtaining them on less onerous conditions.

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The death is announced from Paris of Dr. Dumontpallier, who has acquired considerable notoriety, and even fame, as an authority on diseases of the nervous system more particularly in respect of the phenomena of hypnotism.

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(*a*) "Manual of Operative Surgery." By J. Waring, M.B., B.Sc. Lond., F.R C.S.; Demonstrator of Operative Surgery, St. Bartholomew's Hospital, &c., &c. Edinburgh: Young J. Pentland. 1898.

(*b*) "A Handbook of Midwifery for Midwives and Monthly Nurses." By Alfred S. Gubb, M.D. (Paris), &c. Aberdeen: Mr. James Bisset. 1898.

(*c*) "The Living Organism." an Introduction to the Problems of Biology. By Alfred Earl, M.A. London: Macmillan and Co. 1898. Pp. xiii.-271.

(*a*) "Radiography, in Practice and Theory." By S. R. Bottone. London: Whittaker and Co. 1889. Price 3s.

# Medical News.

### Liverpool Medical Institution.

AT the annual meeting, held Thursday, January 12th, the following list of office bearers, members of Council, and Committees was adopted:—President, W. Macfie Campbell; Vice-Presidents, R. S. Archer, H. Harvey *A. Bernard, and *T. B. Grimsdale; Hon. Treasurer, James Armstrong; Hon. General Secretary, J. M. Hunt; Hon. Secretary to Ordinary Meetings, W. Thelwall Thomas; Hon. Librarian, *W. Permewan; Council, F H. Barendt, E. A. Browne; R. Caton, F. Johnston, Leslie Roberts, Arthur Wallace, *William Alexander. *R A Bickersteth, *T. M. Dawson, *J. C. Davey, *J. Burns Gemmel, and *J. J. O'Hagan; Auditors, *H. Harvey and *C. J. Macalister; Pathological and Microscopical Committee, J. H. Abram, F. H Barendt, R. A. Bickersteth, R. Boyce, A W. Campbell, F. C. Larkin, C. J. Macalister, G. P. Newbolt, F. T. Paul, and C. S. Sherrington; Journal Committee, Hon. Sec Ordinary Meetings, Hon Sec Pathological Section, *F. T. Paul, F. H. Barendt, T B. Grimsdale, C. G. Lee, C. J. Macalister, G. P. Newbolt, and W. Permewan. Those marked (*) did not hold the same office last yerr.

### Medical, Sickness, and Accident Society.

THE annual monthly meeting of the Executive Committee of the Medical, Sickness, Annuity, and Life Assurance Society, was held at 429, Strand, London, W.C., on the 30th ult. There were present Dr. De Havilland Hal in the chair, Dr. J B. Ball, Dr. M. Greenwood, Dr. Walter Smith, Dr. Alfred S. Gubb, Dr. J. W. Hunt, Dr. W. Knowsley Sibley, and Dr F. J. Allan. The amounts presented showed that the business of the year 1898 would be no exception to the rule of prosperity which has attended the operations of the Society since it started in 1884. A large sum has been paid away during the twelve months as sickness allowance to the members incapacitated by illness or accident, but the total is well under the amount expected and provided for, and the year's working shows a considerable increase of the funds of the Society which now amount to over £120,000. Prospectuses and all information on application to Mr. F. Addiscott, Secretary, Medical, Sickness, and Accident Society, 33, Chancery Lane, London, W.C.

### Chelsea Hospital for Women

BARONNE DE HIRSCH has contributed £200 towards the £4,000 required for the new Nurses' Home, the enlargement of the operating theatre, and other improvements contemplated in connection with this institution.

### New Coroner's Court.

IN accordance with the policy of the London County Council, a new coroner's court was recently opened for public use at Hammersmith. It is described as the largest and most complete building of its kind in the metropolis. By an arrangement of passages the jury will only have to view the bodies through glass windows, and besides post-mortem rooms, it is fitted with a disinfecting-house, shell-house, and laboratory, together with a special mortuary for infectious cases. The total cost of the building, which is lighted throughout with electric light, is £3,743.

### British Gynæcological Society.

THE annual meeting of the Society was held on January 12th, 1899, the president, Dr. MacNaughton-Jones, in the chair. The following officers and Council for the year 1899 were elected:—

Hon. President.—R. Barnes, M.D, F.R.C.P. (London).

President.—H. MacNaughton-Jones, M D., F.R.C.S.I. (London).

Vice-Presidents.—G. G. Bantock, M D. (London), A. E. Cordes, M.D. (Geneva), G. Elder, M.D. (Nottingham), R. H. Hodgson, M.D. (London), F. Bowreman Jessett, F.R.C.S. (London), J. Macpherson Lawrie, M.D. (Weymouth), J. J. Macan, M.D. (London), R. Milne Murray, M.D. (Edinburgh), R. D. Purefoy, M.D. (Dublin), F. F. Schacht, M.D., B.A. (London), W. Travers, M.D., F.R.C.S. (London), and Professor Hector Treub, M.D. (Amsterdam).

Treasurer.—J. A Mansell-Moullin, M.D. (London).

Council.—W. Armstrong, M.R.C.S. (Buxton), N. Whitelaw Bourns, M.D. (London), Professor Murdoch Cameron, M.D. (Glasgow), John Campbell, M.D., F.R.C.S. (Belfast), G. Roe Carter, M.R.C P.I. (London), A. Donald, M.D. (Manchester), T. Eastes, M.D. F.R.C.S. (Folkestone), F. Edge, M.D.. F.R C.S. (Wolverhampton). C. H. Gage-Brown, M.D. (London), H. Bellamy Gardner, M.R C.S. (London), C. Godson, M.D. (London), H. S. Howell, M.D. (London), J. Furneaux Jordan, F.R.C.S. (Birmingham), Skene Keith, M B., F.R.C.S.Ed. (London), Christopher Martin, M.B., F.R.C.S. (Birmingham), T. Morton, M.D. (London), W. H. Newnham, M.B.Cantab. (Clifton), Professor A. W. Mayo-Robson, F.R.C.S. (Leeds), C. H. F. Routh, M.D. (London), W. Slimon, M.D. (London), E. T. Smith, L.S A. (London), Heywood Smith, M.D. (London), R. T. Smith, M.D. (London), and D. Thomson, M.D. (London).

Editors of Journal.—F. F. Schacht, M.D., B.A. (London), Arthur E. Giles, M.D., B.Sc. (London), and J. J. Macan, M D., M.A. (London).

Hon. Secretaries.—George E. Keith, M.B. (London), and Arthur E. Giles, M D., B Sc. (London).

The President gave his Annual Address on "Gynæcological Lessons of the Past Year." A *conversazione* followed, at which some 150 Fellows and visitors were present. Recitations by Mr. M. B. Spurr. and selections of vocal music by the Misses and Mr. Isidor de Solla were much appreciated. Some new and interesting gynæcological instruments were shown by the President, including Dr. Kolischer's operating cystoscope, Dr. Doyen's *levier pince* for producing hæmostasis by pressure and crushing, in vaginal and abdominal hysterectomy, Professor Schauta's ligature tightener for securing ligatures in difficult positions in the pelvis; and various other gynæcological appliances.

DR. M. K. HARGREAVES, of Wimbledon, was last week the defendant in an action for malpraxis brought by a carpenter who claimed damages on the ground that after an accident he had been treated by the defendant for fracture of the tibia, whereas the fibula was also broken. Evidence was given in plaintiff's favour by Dr. David Findlay, who asserted that extension ought to have been employed to prevent displacement, but after hearing professional testimony on the other side the jury unhesitatingly gave a verdict for the defendant.

### Society for the Relief of Widows and Orphans of Medical Men.

AT the quarterly court of directors of this Society, held on Wednesday last, Dr. Stamford Felce, V.P., in the chair, one new member was elected, and the deaths of seven reported. Among the deaths the directors had to regret those of three old and valued members, viz., Sir William Jenner, V.P.. Dr. Hare, and Dr. Munk. One application from a widow was received, and a grant at the rate of £50 per annum made. It was resolved to distribute the sum of £1,216 10s. among the fifty widows, ten orphans, and six recipients from the Copeland Fund. The expenses of the quarter were £77. A Christmas present of £551 had been given to the widows and orphans on December 18th, and a special grant of £20 had been made to a widow suffering from malignant disease.

AN unqualified person called Thomas Owen Davies was last week sued under the Apothecaries' Act on the ground of the illegal practice of medicine, and a penalty of £20 and costs was inflicted, it being intimated, however that the penalty would not be pressed for if the defendant would undertake not to repeat the offence.

### West London Medico-Chirurgical Society.

A DISCUSSION on "The Treatment—Medical and Surgical—of Acute Inflammation of the Vermiform Appendix" will take place at the next meeting of the Society on Friday, February 3rd, at 8.15 p.m., in the Society's Rooms at the West London Hospital, Hammersmith, W. It is expected that a large number of members and visitors will be present. Any medical man is invited to attend as a visitor if not already a member of the Society. The discussion will be opened by Dr. Seymour Taylor and Mr. McAdam Eccles, and, among others, the following have promised to take part: Dr. Donald Hood, Mr. C. B Keetley, Dr. Stanley Smith, Mr. L. A. Bidwell, Dr. H. A. Caley.

# Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves ' Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

M. N. O.—The marriage rate for London shows a steady increase, being higher in 1897 than for twenty-two years previously. Curiously enough, there is far from being a corresponding increase in the birth rate, which has progressively fallen for the last thirty years, and now stands at 30. The cause of this diminution is probably social rather than physiological, and it is a manifestation of a tendency which appears to be characteristic of existing civilisation.

Dr. **Ogilvie.**—We will endeavour to comply with your request in the near future.

Dr. P.—We are unable to publish your communication. partly by reason of its inordinate length, partly by reason of its excessively personal nature.

Dr. **Maygrier** (Paris).—The receipt of Prof. Maygrier's clinical lecture on "The Treatment of Fissures of the Nipples," from our French correspondent is hereby acknowledged with thanks.

### THE CONVICT COLLINS.

"Sir," writes T 426, "I find it stated that Dr. Collins has been transferred from Chelmsford to Portland. Sir, this is an error. Dr. Collins was transferred to Dartmoor. He is doing well as a member of No. 38 party (Med. Officer's party). All prisoners in No. 38 get full diet and full marks, and the supposed-to-be lightest labour in the prison. I left Collins and the party last week" My esteemed correspondent, says the *Sun*, is, as you see, an ex-convict, and has just done the best part of seven years' penal servitude.

### JENNERIAN LITERATURE.

*To the Editor of the* Medical Press and Circular.

Sir,—It has been suggested to me that the members of the medical profession might give valuable help in educating the public in the cause of vaccination by allowing specimens of Jennerian literature to lie on the tables of their waiting-rooms, where they might be seen by their patients and others. The Jenner Society will be happy to supply such literature to anyone who will apply for it.

I am glad to find, from communications I am increasingly receiving, that the members of the profession are beginning to take much more active part in this good work than they have hitherto done. by giving lectures and addresses on the subject, by correspondence in the public papers, and by joining in debates on it. I shall be pleased to give any assistance in this direction to any who may desire it.

I am, Sir, yours truly,
Francis T. Bond, M.D.,
Hon. Secretary, Jenner Society.

The Jenner Society, Gloucester, January 3rd, 1899.

[Dr. Bond sends us a large number of pamphlets which bear eloquent testimony to the good work done by his Society. Every medical man should have copies of these, which he can distribute among his patients.—Ed., M. P. & C.]

# Meetings of the Societies and Lectures.

### Wednesday, January 18th.

**Royal Microscopical Society** (20 Hanover Square, W.).—8 p.m. President: Annual Address.

**Royal Meteorological Society** (Institution of Civil Engineers, Gt. George Street, Westminster, S.W.).—7.30 p.m. Ordinary Meeting. 7.45 p.m. Report of the Council. Election of Officers and Council. Mr. F. C. Bayard (President): The Government Meteorological Organisations in Various Parts of the World (illustrated by lantern slides).

**North-West London Clinical Society** (North-West London Hospital).-8.30 p.m. Monthly Demonstration of Clinical Cases

### Thursday, January 19th

**Harveian Society of London** (Stafford Rooms, Titchborne Street, Edgware Road).—8.30 p.m. Annual General Meeting. Election of Officers. Presidential Address. Annual Conversazione.

### Friday, January 20th.

**Epidemiological Society of London** (11 Chandos Street, Cavendish Square, W.).—8.30 p.m. Paper:—Dr. B. Low: Epidemic Cerebro Spinal Meningitis.

**Royal Academy of Medicine in Ireland.—Section of Surgery.**—(Royal College of Surgeons).—Papers:-1. Mr. Henry Gray Croly: Dislocations and Fractures of the Astragalus. 2. Mr. John Lentaigne: A Case of Chronic Intestinal Obstruction treated by Laparotomy, with Enterotomy and formation of Intestinal Fistula followed by Excision of Cæcum. 3. Mr. W. I. De Courcy Wheeler: Diseases of the Foot and their Treatment. Living Exhibits.—1. Mr. Henry Gray Croly: (*a*) A man on whom the radical cure of Inguinal Hernia was performed by the displacement method. (*b*) Gentleman, aged 69 years, whose right astragalus was excised for simple complete luxation forwards and outwards, with photo. of same. Mr. Arthur Chance: Case of Pyloroplasty. 3. Mr. R. L. Swan (President of Section): (*a*) Woman from whom astragalus (bone exhibited) was removed after dislocation. (*b*) Young man from whom an attached osteofibrous body was removed from the intercondyloid space by sawing across the patella—(skiagraphs of the knee before and after the operation exhibited). (*c*) Infant, the subject of congenital dislocation of the head of the femur on the transverse ranus of the pubes (skiagraph before and after operation exhibited). 4. Mr. R. Glasgow Pattison: Recent fracture of Patella treated by new method. 5. Mr. John Lentaigne: (*a*) Girl, aged 12, treated for chronic intestinal obstruction by laparotomy with enterotomy and formation of intestinal fistula, with subsequent excision of cæcum for stricture at region of iliocæcal valve. (*b*) Cases of fracture simple of astragalus, with displacement of head of bone upwards and outwards. Card Specimens:—1. Mr. R. Glasgow Pattison: Tumour of Breast. 2. Mr. John Lentaigne: (*a*) Cæcum and part of ileum removed for stricture at iliocæcal valve with polypoid tumours projecting into cæcum. (*b*) Cast of foot in case of fracture of astragalus, with displacement of head. also skiagraph (both taken before operation).

**Society of Anæsthetists** (20 Hanover Square, W.).—8.30 p.m. Continuation of Adjourned Discussion on Selection of an Anæsthetic.

**Royal Institution of Great Britain.**—9 p.m. Professor Dewar: Liquid Hydrogen.

# Vacancies.

Finsbury Dispensary, Brewer Street, Goswell Road, London, E.C—Resident Medical Officer. Salary £120 per annum, with furnished residence in the Institution, attendance, coals, and gas.

General Hospital, Nottingham.—House Physician. Salary commencing at £100, with board, lodging, and washing.

Jaffray Branch of the General Hospital, Gravelly Hill, near Birmingham.—Resident Medical and Surgical Officer. Salary £150 per annum. with board, residence, and washing.

Newcastle-on-Tyne Dispensary.—Visiting Medical Assistant. Salary £120 for the first year and £150 afterwards.

Northampton General Infirmary.—Assistant House Surgeon, unmarried. Salary £100 per annum, with furnished apartments, board, attendance, and washing.

West Derby Union.—Resident Assistant Medical Officer for the Workhouse, Walton-on-the-Hill, Liverpool. Salary £100 per annum, with first-class rations, apartments, &c. Applications to the Union Clerk, Brougham Terrace, West Derby Road.

# Appointments.

**Benson, Francis Aloysius**, L.R.C.S. L.R.C.P.I., Public Vaccinator for the Ormesby District of the Middlesbrough Union.

**Cooper, O. W.**, M.B., M.R.C.P.Lond., Honorary Consulting Physician to the Leicester Infirmary.

**Gray, Sarah**, L.R.C.P., L.R.C.S.Edin., L.F.P. and S. Glasg., Assistant Surgeon for the Nottingham Hospital for Women.

**Greenwood, Frank R.**, M.R.C.S., L.R.C.P., Resident Surgical Officer for the Birmingham and Midland Free Hospital for Sick Children.

**Knox, J. E.**, M B., C.M.Edin.. Medical Officer for the Molesey Sanitary District of the Kingston Union.

**Osborne, O.**, L.R.C.P.Lond., M.R.C.S., Medical Officer of Health by the Bexhill Urban District Council.

**Peck, H.**, M.B.Edin., L.R.C.P., L.R.C.S., D.P.H.Camb., Medical Officer of Health for the Chesterfield Rural District.

**Pratt, Reginald**, M.D.Lond., M.R.C.S., an Honorary Physician to the Leicester Infirmary.

**Pugh, Robt.**, M.B., Ch B.Edin., Junior Assistant Medical Officer for the City Asylum, Birmingham.

# Births.

**Hargreaves.**—On Jan. 10th, at Akaroa, N.Z., the wife of W. H. Hargreaves, M.R.C.S.Lond. (late Middlesex Hospital), of a daughter.

**Jones.**—On Jan. 13th, at Bunbury Vicarage, Tarporley, the wife of Clement Royds Jones, M.B., of a son.

**Wornum.**—On Jan. 8th, at Belsize Park, N.W., the wife of George Porter Wornum, M.R.C.S., of a daughter.

# Marriages.

**Fulham-Turner—Elers.**—On Jan. 10th, by licence, at All Saints' Parish Church, Leyton, Essex, Harry Fulham-Turner, M.R.C.S., L.R.C.P., son of the late E. Fulham-Turner, M.B., to Margaret, eldest daughter of Walter Waring Elers, solicitor.

**Hastings—Mundella.**—On Jan. 5, at St. Mark's, Regent's Park, London, Edwin Birchall Hastings, M.D., youngest son of the late William Hastings, of Huddersfield, to Theresa, second daughter of the late John Mundella, of Nottingham.

**Nightingale—Collison.**—On Jan. 7, at St. Mary Abbot's, Kensington, Percy Athelstan Nightingale, M.D., son of the late Percy Nightingale, to Muriel Stoughton, third daughter of the late Charles Stoughton Collison, of Kensington, W.

**Taylor—Peech.**—On Jan. 7th, at Holy Trinity Church, Roehampton, S.W., Alfred Ernest Taylor, M.S., B.S.Lond., F.R.C.S.Eng., of Lancaster Gate, W., to Mary Emma, eldest daughter of William Peech, of Fern Bank, Roehampton Park, S.W.

# Deaths.

**Bright.**—On Jan. 11th, suddenly, at Alvaston, Forest Hill, John Meaburn Bright, M.D., M.R.C.S., Vice President British Medical Benevolent Society, aged 65.

**Farr.**—On Jan. 11th, suddenly, at Penrhyn Lodge, Twickenham, George Frederick Farr, M.R.C.S., L.R.C.P.E., aged 66.

**Pringle.**—On Jan. 13th, suddenly, at 11 Eliot Park, Blackheath, Brigade-Surgeon Lieut.-Col. Robt. Pringle, M.D., late Indian Army, aged 66.

**Mouat.**—On Jan. 4th, at Palace Gardens Terrace, Kensington, Surgeon-General Sir James Mouat, K.C.B., V.C., Q.H.S.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

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# Clinical Lecture
ON
# DYSPEPSIA OR GASTRIC DILATATION?

*Delivered at the Westminster Hospital.*

By WILLIAM MURRELL, M.D., F.R.C.P.,
Physician to, and Joint-Lecturer on Medicine at the Hospital.

THERE is no doubt that many patients who are supposed to be suffering from chronic dyspepsia are in reality the victims of dilatation of the stomach and could readily be cured by an operation. The symptoms are similar and might easily be incorrectly interpreted. Moreover, in these cases, patients often come with a ready made diagnosis, and when a patient says that he is suffering from indigestion it too often happens that a prescription is written without any detailed investigation into the nature of the symptoms and without any examination into the condition of the abdominal organs. There are, of course, many varieties of dyspepsia, such as nervous dyspepsia, gouty dyspepsia, and alcoholic dyspepsia, but the most common form is that due to gastric insufficiency. In these cases there is not only a diminished and inadequate secretion of gastric juice, but the motor activity of the organ is impaired. It is common enough in people who lead a sedentary life, take but little exercise, and work their brains inordinately.

The symptoms of gastric insufficiency and of gastric dilatation or gastrectasis have many points in common, although they differ in matters of detail. In the first place, there is the pain or discomfort which in cases of dyspepsia usually comes on soon after taking a meal. It is usually referred to the epigastric region, but may extend over the whole of the abdomen, and even to the interscapular region or some distant part of the body. It is not an acute pain, such as we get in biliary, renal, or intestinal colic, but is of a dull, aching character. It may persist for hours, especially after a full meal, or when food is taken of an especially indigestible character. It is usually accompanied by considerable depression of spirits, and the patient displays a marked disinclination for either mental or physical exertion. There is often drowsiness, with a feeling of oppression, and the patient, if disturbed, is apt to show signs of irritability. Sometimes the pain is of a burning character, and an acid bitter fluid, which sets the teeth on edge, regurgitates into the mouth. The patient calls it heartburn, and says that he has an attack of acidity. It is not in reality due to excess of hydrochloric acid in the stomach, but arises from the lactic acid formed by bacterial decomposition of carbohydrates or from butyric acid and other products of fermentation. The pain of gastric dilatation is of a somewhat different character—is not experienced immediately after food, is rarely acute, is not associated with pyrosis or eructations, and is independent of the kind of food taken. It is purely mechanical in origin, and is promptly relieved by vomiting or by syphonage. Vomiting is not a constant symptom of dyspepsia, but many patients intentionally make themselves sick for the sake of the relief which the evacuation of the contents of the stomach affords. When, however, there is vomiting it usually takes place soon after the indigestible meal has been taken. In dilatation of the stomach the vomiting is long delayed. For instance, in a case recently under my care, the patient dined at 2 p m., and vomited at 7 or 8 o'clock in the evening. Impairment of appetite is common to both conditions, and in gastrectasis it is especially capricious. In one of our cases the patient had long ceased to take meat, and lived almost entirely on milk and tea and bread and butter. In dyspepsia the evacuations are usually solid, dry, and hard, and they may be light in colour, whilst in dilated stomach they are usually shrunken and hard. Thirst is nearly always a prominent symptom of gastrectasis, and may be so pronounced as to lead to a suspicion that the patient has diabetes. The distended stomach is incapable of absorbing the fluid poured into it, and the patient is dry and parched. This symptom has often to be relieved by copious enemata of water, which the rectum absorbs with avidity. Loss of flesh is another prominent symptom of dilated stomach, and the patient becomes rapidly emaciated. One of our patients on admission weighed 104 lbs., and another only 72 lbs. The temperature is subnormal, and the patient is feeble and constantly complains of chilliness. The urine is scanty and contains triple phosphates in abundance. The vital condition is low, the pulse is weak, the face is pale and pinched, and the patient is capable of but little exertion. The spirits are depressed, and sleep is often disturbed by distressing dreams. Headache, tinnitus, vertigo, and other nervous phenomena are complained of, and the patient often presents indications of auto-intoxication due to the retention of unassimilated food, a condition resembling that so often seen in cases of long continued constipation.

Dyspepsia and gastrectasis have many symptoms in common, but there are many points of difference. The delayed vomiting, the thirst and the rapid emaciation in a case supposed to be dyspepsia, should excite a suspicion of the existence of a dilated stomach.

Any stomach is dilated whatever may be the capacity when its propulsive power is so diminished that the passage of the food is abnormally delayed. There is no standard stomach for a given size of body, and the capacity of an adult's stomach in a condition of health ranges from 9 ozs. to 60 ozs. The average is from thirty-five to forty ounces, and anything over sixty ounces is abnormal. Gastrectasis is usually associated with some form of pyloric obstruction, possibly malignant, but more probably due to contraction of the cicatrices of gastric ulcers. The ordinary treatment of gastric ulcer is notoriously inadequate, and many patients who have been confined to bed for six weeks or more, and who have been religiously fed on peptonised food or by rectal enemata, return in a few weeks with a recurrence of all their old symptoms, and in a large proportion of cases, with superadded gastrectasis. Gastric ulcer is the common starting point of dilated stomach, especially in young women, but it may arise from exceptional causes, such as torsion due to dislocation, adhesions to neighbouring structures, such as the liver or gall-bladder, and even to enteroptosis. This enteroptosis or visceroptosis is a very curious condition, the term being applied to those cases in which the various abdominal organs have become displaced from their normal position. As this displacement is nearly always in a downward direction, the term "dropping of the viscera" has been applied to it, and it is analogous to the "falling of the womb" with which we are familiar in women. Enteroptosis was originally described by Glénard in 1885, and is often spoken of in accordance with the very prevalent but by no means commendable custom of naming every pathological condition or group of symptoms after some particular individual, as Glénard's Disease. This displacement is especially apt to occur in cases of dilated stomach associated with obstruction of the pylorus, and it is both a cause and an effect. The stomach is usually displaced to the left, and the enlarged pylorus if it can be detected by manual examination is found to be well over the left of the median line Normally the pylorus is opposite a point just below the xiphisternum and just outside the parasternal line. This form of displacement of the stomach is, however, rare, and for all practical purposes dilatation of the stomach as a chronic affection is due either to malignant disease of the pylorus or to the contraction resulting from the cicatrices of gastric ulcers. Gastrectasis may, however, assume a more acute form, and is met with in the course of rheumatic fever and pneumonia, or as a complication of phthisis, diabetes, and other diseases. The enlarged abdomen of rickety children is in some cases due to this condition.

Chronic dilatation of the stomach occurs chiefly in women, and usually in women of middle age. When it is met with in persons over fifty it is commonly due to or associated with malignant disease of the pylorus. The physical signs are of the greatest value in arriving at a diagnosis. It is often said that it is difficult to map out the stomach by percussion, but I have not found this to be the case, and we have never had to resort to the expedient of distending the viscus by carbonic acid, formed by the administration first of an alkaline carbonate and then of an acid. The "splash" sign is not always obtainable, but when present it is an indication of considerable importance. Syphonage may be employed for diagnostic purposes, but it is not essential. In many of our cases the diagnosis was so clear that there was no necessity for putting the patient to the pain and discomfort of introducing a tube.

The treatment of cases of dyspepsia usually presents no difficulty. If there are from time to time failures it is from the neglect to recognise certain elementary facts which are familiar enough to everyone who has had much experience of out-patient work. In the treatment of dyspepsia it is necessary to remember that alkalies increase acid secretions and decrease alkaline secretions, and that acids increase alkaline secretions and decrease acid secretions. This is the key-note to the situation. Then, again, many prescribers have no facility in manipulating their bitter-tonics. They order some one particular member of the group with which they are familiar and ignore the others. If they prescribe gentian they prescribe gentian always, and never use its congeners quassia, calumba, chiretta, and so on. Then again many people have very little practical acquaintance with the value of oil of cajeput in the treatment of dyspepsia accompanied by flatulence. In a well-known book on diseases of the stomach I find a long list of antifermentatives, including resoscin and Beta-naphthol, but not a word about cajeput. Three drops of oil of cajeput on a piece of sugar or on a crumb of bread taken frequently is worth all the others put together. It is not only antiseptic but it is agreeable to take. Glycerin, too, is an excellent remedy, and a teaspoonful in a wine glass of water flavoured with a few drops of lemon juice will in many cases effect a speedy cure. Very often I use equal parts of glycerine and glycerine of borax. A useful prescription is boro-glyceride, half a drachm, glycerin half a drachm, spirit of chloroform, fifteen minims, syrup of lemon, half a drachm, and water to an ounce. Capsicum is most useful in alcoholic dyspepsia and in the gastritis of drunkards. Minim, or two minim doses are ample, but the tincture must never be given in an effervescing mixture or you may blind your patient. The custom of stimulating the mucous membrane of the stomach by the application of tincture of iodine is a good one. I order ten minims of tincture of iodine in an ounce of water, with half a drachm of glycerine. It is administered before food, and the patient is directed to roll over from side to side once or twice so as to diffuse it evenly all over the lining of the stomach. It gives rise to no pain but only to a pleasant sensation of warmth, and I have never known it do any harm even when there has been reason to suspect the existence of ulceration. Bichromate of potassium is another drug which it is impossible to ignore. Prof. T. R. Fraser, of Edinburgh, to whom we are indebted for the introduction of this remedy has shown that it is capable often in a short time of removing the entire group of symptoms encountered in dyspepsia especially anorexia, pain, nausea, vomiting, and gastric tenderness. It should be administered fasting in doses of from one-twelfth grain to one-sixth grain three times a day either in solution or in the form of a pill. The solution may be conveniently flavoured with syrup of tolu or syrup of orange, and the pills are best made up with kaolin ointment. In cases of gastric ulcer the results are just as favourable as in simple cases of dyspepsia with the exception that in acute gastric ulceration with hæmatemesis the bleeding from the stomach is not checked Probably the worst fault of all in the treatment of dyspepsia is the custom of prescribing pepsin without explicit directions as to the kind or make of pepsin which is to be dispensed. There are pepsins and pepsins; some are excellent whilst others are so inactive as to be practically useless. The estimation of the comparative value of different preparations of pepsin, although simple in theory is by no means easy in practice. The essential action of pepsin is proteolytic —the conversion of proteids into peptones—and this is taken as the test of the value of the specimen. The observation may be made on fibrin or egg-albumin, but the latter is more convenient. The eggs must be quite fresh and should be boiled in a uniform manner. The best way is to boil the water first, and then put the eggs in altogether, and let them boil for ten minutes. If a shorter time is allowed, the white will not separate from the yolk nicely and cleanly. Fifteen eggs will yield 7,000 grains of coagulated albumin, or perhaps a little less. The best test is the weight of albumen which one grain of pepsin will digest in four hours in eight ounces of 1 per cent. hydrochloric acid of sp. gr. 1·150 at a temperature of 38 deg. C. Some time ago I tested all the pepsins in the market, English as well as foreign, and the difference in activity was so startling that now I never prescribe pepsin without indicating the particular make required, and I never prescribe any special form of pepsin without previously ascertaining for myself exactly what it will do. Another mistake commonly made with respect to pepsin is to give it in doses which are too small and are powerless to exert any beneficial action.

The treatment of dilated stomach is a much more serious matter. Electricity is useless, and massage often fails to give good results. Lavage or syphonage is useful, but it is a slow, tedious, and disagreeable process. To have to wash out your stomach every night and morning is a serious addition to your other toilet requirements. The best plan is to have an operation, and to get cured at once. You remember a woman recently in the Hospital, the cubic capacity of whose stomach was eight pints. She had been under treatment for six months, and for the greater part of that time had had syphonage, but in spite of this she was steadily losing ground. I remembered that in cases of relaxed scrotum, I had seen a large fold of useless tissue removed in order to leave a serviceable bag in which to contain the testicles, without the necessity for constantly wearing a suspensory bandage, so I asked Mr. Spencer if he could not take a reef out of the woman's stomach; or, at all events, run in a few tucks so as to reduce its size and improve its motor power. He suggested that what I wanted was a combination of pyloroplasty and gastrorrhaphy —pyloroplasty to enlarge the pylorus, and gastrorrhaphy to reduce the stomach to its normal size. The words seem formidable, but the operation itself in his skilled hands fortunately presented no difficulty. The pyloric end of the stomach and the pylorus were found to be involved in a mass of scar tissue, with inflammatory bands outside. The bands were first divided between two ligatures, and then the mass of scar-tissue in the pylorus by means of longitudinal incisions. The pyloric aperture was stretched, and tucks were made in the wall of the stomach by interrupted sutures running along the whole of the anterior surface so as to reduce it to the normal size. The operation lasted over two hours, chiefly in consequence of the unsatisfactory condition of the patient, but she made an uninterruptedly good recovery. The temperature never rose above 100·4 F., there was no vomiting, and practically no pain or discomfort. Three weeks after the operation she was up and about, and could take meat, fish, pudding, bread and butter, jelly and eggs, without the slightest difficulty, and she had gained a stone in weight. The publication of this successful case (a) brought other patients desirous of obtaining relief, many of them being sent in especially with a view to operation, and Mr. Spencer now performs gastrorraphy almost every week. We are not yet in a position to publish statistics, but I may say that so far we have not had a single failure. As an illustration of the benefit to be derived from this mode of procedure, I will give you an outline of a case still in the hospital, which presents many features of interest. The patient, a single woman, æt. 48, was sent in under my care by Dr. Stonely Hill, on November 30th, 1898. She is a cook by occupation, and had suffered from flatulence for ten years, but with this exception had fairly good health until nine months ago, when the flatulence became worse, and she suffered from vomiting and pain referred to the epigastric region. The pain was not acute, but was of a gnawing character. At this time she had dinner at 2 p.m., and a cup of tea and a slice of bread and butter at 4 p.m. The pain always came on between 6 and 7 p.m., and was followed by vomiting. The vomited matter consisted first of her dinner and tea mixed, and then of white frothy fluid. The pain was relieved by vomiting, and did not return until the same time the next day. Her appetite was extremely poor, but even if she took no food all day she vomited large quantities of the white frothy fluid in the evening. About six months ago these symptoms increased in severity, the pain radiated all over the abdomen, and extended to the inter-scapular region. The flatulence and discomfort were more severe vomiting was more violent, and she suffered greatly from thirst. She rapidly lost flesh until she was reduced to 5 st. 2 lbs., and was unable to follow her occupation. On admission she was carefully examined but no tumour could be detected in the abdomen. The stomach was percussed out without difficulty. The highest limit of gastric resonance was the sixth rib in the nipple line, whilst its liver boundary extended to the subcostal line. Its greatest curvature extended in relation to the sixth, seventh, eighth, ninth, and tenth ribs to the subcostal line, whilst the lesser curvature was in the epigastric region the gastric note merging into a hyper-resonant area extending into the umbilical and right hypochondriac regions. The area of the stomach, however, varied from time to time, and not infrequently the gastric note could be detected as low as the umbilicus, The "splash" could be obtained, although not always. There was no doubt as to the diagnosis, and it was obviously a case of gastrectasis. The fact of the patient having been three years under observation and the absence of hæmatemesis practically excluded malignant disease and ulcer of the stomach. We were so certain about the nature of the case that we did not think it necessary to pass a tube into the stomach. Mr. Spencer decided to operate at once. The stomach was enormously distended, and there were old scars in the neighbourhood of the pylorus, which was attached by thickened bands to the under surface of the liver. The mode of procedure adopted was that already described, the operation lasting an hour and a quarter. The highest temperature was 100·4 degs., and on the third day the patient was able to take food by the mouth, and ten days later she was taking pounded meat and fish.

The prognosis in the case on which Mr. Spencer operated yesterday was considered to be less favourable. The following was the opinion given on admission: The patient is a woman of middle age who some years ago had a severe attack of gastric ulcer during which she vomited large quantities of blood. For the last thirteen weeks she has suffered from severe pain in the abdomen, coming on about half-an-hour after each meal and followed in about two hours by vomiting. When she lies on the left side there is a dull aching pain, which is quite independent of the pain excited by food. She loses flesh rapidly, and is greatly emaciated. The stomach is dilated, and its greater curvature extends well below the umbilicus. In the right hypochondriac region and in the upper part of the umbilical region a thickening can be detected both by palpation and by percussion. She has probably malignant disease of the pylorus, which may have attacked the site of old cicatricial tissue. Gastro-jejunostomy will probably have to be performed. This unfavourable prognosis fortunately turned out to be incorrect. Directly the abdomen was opened it was seen that there was no tumour. The stomach was constricted some little distance above the pylorus by old cicatricial tissue, which had resulted from the healing of an ulcer, but there was no malignant growth. The stomach was adherent to the under surface of the liver, and there were firm bands of attachment running between the stomach and the duodenum. The bands were divided between ligatures and the stomach was opened, but it was not thought necessary to run in tucks. You will have an opportunity of watching the progress of the case, which I have no doubt will be favourable. This patient affords a good illustration of the fact that a condition presenting all the clinical features of cancer of the stomach may turn out to be non-malignant, and may be relieved by a comparatively simple operation.

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(a) MEDICAL PRESS AND CIRCULAR, Nov. 2nd, 1898.

I am told that the operation of gastrorrhaphy is "unsurgical," but that is a matter of perfect indifference to me as long as it saves the lives of my patients. I am informed that it is just as absurd as it would be to treat stricture of the urethra by making tucks in a man's bladder. I do not see the analogy, for the bladder is simply a receptacle for urine, whilst the stomach is a secreting organ. Moreover, in our cases we always stretch the pylorus in addition to reducing the size of the stomach. But granting the analogy, I hardly think that our critics would propose dilating the pylorus by passing a bougie into the rectum.

My points are that many cases supposed to be chronic dyspepsia are in reality cases of dilated stomach, and that they can be cured by an operation.

## Paris Clinical Lectures.

# TREATMENT OF FISSURES OF THE NIPPLES BY ORTHOFORM.

By PROF. MAYGRIER,
Paris.

[FROM OUR FRENCH CORRESPONDENT.]

FEW affections exist for which so many remedies have been proposed as that of fissure of the nipples. This apparent abundance in therapeutics is in this case, as in almost every other, a proof of our poverty in respect of a really effectual medication. It appears to me, on the other hand, superfluous to remark how regrettable it would be to seem to despise this little lesion, which, although temporary and in general benign, is none the less extremely painful and frequently constitutes a point of entry to infection of the mammary gland; infection, needless to state, serious to the mother and dangerous to the infant. In most cases maternal nursing is jeopardised, and that is a result which it is the duty of the medical attendant to avoid if possible.

Antiseptic dressing, wet, dry, or astringent dressing, cicatrising varnish, local anæsthetics, all have been tried with variable results; tincture of benzoin, tannin, collodion, &c., nothing has proved definitely and constantly effective. I may add, however, that nothing is so variable as the conditions in which the treatment is habitually carried out, for the fissures may be more or less numerous and more or less infected in each case.

Up to the present, the alcohol dressing recommended by M. Budin, has given us the best results; but the painful phenomenon remains none the less, and we know that this fact has a real importance. Cocain used by Herrgott in this special point of view has not given all that was expected from it; even though washing of the nipple be insisted upon before presenting it to the infant, the cocain constitutes a dangerous poison for the latter, as its existence is at the mercy of a negligent mother. Further, cocain is not devoid of action on the physiology of the lacteal secretion. Various practitioners, among others, Guenel of Nantes, who published an instructive observation on the subject, state that they have witnessed a decrease and even a complete suppression of the milk under the employment of cocain. One of my colleagues used it twice in private practice to suppress the secretion at the period chosen for weaning the child, and with success. This fact is not so surprising when it is considered that the stimulation of the papillæ of the nipples in the act of nursing plays a manifest *rôle* in the function of the gland; to suppress its excitability by an anæsthetic closes the door to an essential reflex. It was with these facts in mind that I thought of employing orthoform, which had already given proof of its anæsthetic properties in its local application to cutaneous or mucous excoriations in the hands of Klaussner, Hirschbuch, Ginestous, Kallemberger, Neumayer, Yonge, &c.

Without devoting time to the chemical history of orthoform already given by all the above authors, I will simply remind you that it is the methylic ether of para-amidomela-oxy-benzoic acid, a synthetic product belonging to the same chemical family as cocain and different eucains described sometime ago. Orthoform is a crystalline yellowish power, insipid and inodorous, scarcely soluble in water, very soluble in alcohol, and especially so in ether, and by no means toxic. Einhorn applied in one week fifty grammes of orthoform to a large ulcer of the leg without provoking any symptoms of poisoning; more recently Soulier and Guinard, of Lyons, made a special study of the poisonous proportions of the drug and found it to average to one gramme per kilogramme of the weight of the body. Orthoform was introduced by its inventor as an antiseptic, but Lichwitz and Sabrayés made experiments with it and declared it to have but a moderate action in this direction, consequently it would not be well to place too much reliance on it and neglect the ordinary rules of asepsis. Can it by itself constitute a vehicle of germs and carry with it infection? In a word, is it necessary to submit it to disinfection before using it? I do not think so.

The most interesting point in the history of orthoform is its local analgesic action. It is very powerful, since the deepest burns become under its contact almost immediately painless, and Blondel was able to practise curettage under its application without causing much suffering. Bernoud and Garel, of Lyons, have used it with success to relieve dysphagia caused by tuberculous ulceration of the pharynx, and in certain small operations in this region. Yonge eased by its influence the burning pains of open wounds, while others have produced remarkable relief by applying it to the vesicles of intercostal zona. Its action is much more lasting than that of cocain, and in all the cases published, the prolongation of the anæsthesia was counted, not only by minutes, but by hours. Its average is twelve hours, but it extends sometimes to twenty-four and exceptionally to forty-eight hours (Einhorn). But this action is not exercised on the intact epithelium as is the case with cocain; placed on the tongue, orthoform does not produce the numbing sensation of the latter. The dermis must be exposed so that the powder can be brought in direct contact with the nerve terminals. Its essential indication is, therefore, the existence of a raw surface, however slight; under these conditions, orthoform produces absolute suppression of sensibility. It is necessary also that the contact with the wound be continuous as long as the desired effect is needed; it would appear that its slow solubility in the liquids of the human economy is the cause of the duration of the effect.

For the last six months I have employed orthoform in the maternity of the Charité Hospital in forty cases of fissure of the nipples. All the patients without exception experienced almost instant relief. I tried it in four different ways; the powder with wet dressing; the powder in the dry state; and lastly, a saturated alcoholic solution. The first mode of application was employed in 29 cases, and consisted simply in the direct application of the orthoform to the fissure and covering with a compress moistened with a solution of boric acid, with a piece of oil silk over all; the dressing was removed each time the child was put to the breast, and replaced after that function. The dry application was followed in six cases, and differed only from the former by the gauze being applied in the dry state; whilst the alcoholic dressing consisted in pouring four drops of a saturated alcoholic solution of orthoform on the fissures, followed by a dry compress. Each time the patients experienced a slight burning sensation for a few moments, but the operation of nursing was rendered almost painless—especially when the alcoholic dressing was applied. As the effect of the orthoform lasts several hours, it is not necessary to apply it each time the breast is given. One point worthy of mention, in conclusion, is the cicatrising action of orthoform. Under its influence, I have seen the fissures heal more rapidly than with any other dressing. In the cases above mentioned, the time taken was, on the average, four days without stopping the nursing, whilst with other treatments it took from ten to twelve days, and, moreover, nursing had to be suspended.

In short, orthoform seems to me to render good service in the treatment of fissure of the nipples, no matter how extensive, and of all the preparations it is to the alcoholic solution that I would give the preference. Four drops are sufficient to bring about the desired effect in the space of from five to ten minutes.

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# THE UPPER TERMINATIONS OF THE ANTERO-LATERAL AND DIRECT CEREBELLAR TRACTS.(a)

By ALEXANDER BRUCE, M.D., F.R.C.P.Ed.,
Lecturer on Pathology in the Edinburgh School of Medicine, Assistant Physician to the Edinburgh Royal Infirmary.

The symptoms of cerebellar disease were divisible into two classes:—those ordinarily present in cerebral lesion—headache, vomiting, optic neuritis, and the like; and localising symptoms, such as vertigo, ataxic gait and movements of the eyes. The variations in the symptoms met with in cases of cerebellar tumour were due, not to differences in the nature of the lesions, but to differences in their situations. Nothnagel was one of the first to point out that disturbance of equilibration was present only in lesions of the middle lobe, not in affections of the lateral lobes. This statement, however, required qualification, since slow growing tumours of the middle lobe might remain latent, while those of the lateral lobes might produce alterations of equilibration. The cortex of the middle lobe receives fibres from the comma tract, from the direct lateral cerebellar tract, and from the posterior columns of the cord These afferent fibres are probably chiefly concerned in the conduction of muscular sense impressions; they do not convey the sensations of touch, pain, or temperature. None of the fibres of these tracts pass into the lateral lobes of the cerebellum, with the possible exception of a few which may gain entrance indirectly from the pons. The afferent fibres from the semicircular canals end in the nucleus of Deiter's, and this nucleus has extensive connections with various parts of the base of the brain. It consists of large cells, very like those of the anterior cornua, and gives off efferent fibres to the third and sixth nuclei on both sides, and also two descending tracts, which run in the anterior and antero-lateral columns respectively, and end in the anterior horns of grey matter. Thus there is, through Deiter's nucleus, a connection between the muscles of one side of the body and the ocular muscles of the same side, and to a slighter extent, the ocular muscles of the opposite side. The two systems of fibres above-mentioned—the afferent fibres entering the middle lobe of the cerebellum, and the afferent and efferent fibres connected with Deiter's nucleus—are united by tracts running from the middle lobe to the roof nucleus, and from the roof nucleus to the nucleus of Deiter's. In order that equilibration may be maintained, it is necessary that this chain of fibres be intact. There are also fibres running from the dentate nucleus (which is connected with the middle lobe) in the cerebral peduncle to the optic thalamus and cerebral cortex of the opposite side. The lateral lobes of the cerebellum get fibres only from the pons.

Lesions of the superior and inferior cerebellar peduncles cause falling to the side of section; division of the lateral lobes brings about a similar result, but this is because of the impossibility of dividing these latter structures without injuring the superior and inferior peduncles as well. An exactly mesial division of the middle lobe causes little disturbance of equilibration, because of the symmetrical nature of the lesion; equilibration as a whole is weakened, but not otherwise affected. Total ablation of a lateral lobe causes falling to the side of the lesion, but only because of the injury to the inferior and superior cerebellar peduncles. Slight injuries to the lateral lobe cause little or no disturbance. Tumours of the middle lobe affect equilibration by destroying the chain of afferent and efferent tracts, and do so especially if a little to one side of the middle line. Tumours of the lateral lobe remain latent until they press upon the dentate or Deiter's nucleus or restiform body.

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# THE LESSONS IN GYNÆCOLOGY OF A YEAR.

By H. MACNAUGHTON-JONES, M.D., M.A.O.,
M.Ch., F.R.C.S.I. and E.,
President of the British Gynæcological Society.

(*Concluded.*)

Passing on to consider the circumstances and local conditions which determine the surgeon to perform laparotomy, or posterior vaginal cœliotomy in the treatment of extra-uterine pregnancy, these have been most clearly laid down during the past year. The indications for drainage in the abdominal operation, and the necessity for efficacious drainage in both instances, with a large rubber tube of a T shape in the case of a vaginal operation, have been emphasised. After the paper I have referred to, by our late President, Mr. Mayo Robson, on extra-uterine pregnancy, perhaps the two most important contributions of the year to this subject have been those of Mr. John Taylor, who chose it as his subject for the Ingleby Lectures, which have appeared in full in our journal, and the papers by Professor Bouilly, with an analysis of fifty personal observations, contributed to the journal, *La Gynæcologie*. It is noteworthy that if we take the entire number of cases recorded by these three authorities, under all circumstances, propitious or otherwise, making a total of 110, there have been but six deaths—surely a splendid triumph for our art! Of these six deaths, it is noteworthy that three occurred where the abdomen was full of blood, the patients dying from embolism and the consequences of collapse; a fourth died of septicæmia, the result of fœtal decomposition, and two others from septic peritonitis, the consequence, apparently, of the *debris* of coagula, which became septic. Four of these deaths occurred in the fifty cases reported by Professor Bouilly, and two in the sixty cases recorded by Mr. Mayo Robson and Mr. John Taylor.

Doyen, following up his new method of performing abdominal hysterectomy, securing hæmostasis and the control of the broad ligaments without the aid of clamps, brought before the Surgical Congress of Berlin the use of his powerful lever forceps in vaginal hysterectomy, by means of which the cellular tunic of the arteries is united under a pressure of from 400 to 1,200 kilogrammes. This instrument, firmly closed for thirty seconds on each broad ligament, allows the operator to cut between it and the uterus, after which the forceps

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(a) Abstract of paper read before the Edinburgh Medico-Churigical Society, January 18th, 1899.

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can be removed without any risk of hæmorrhage. The fundus of the uterus being drawn down, the attachments of the adnexa and the pedicles of the ovaries are treated in the same manner, only a few fine ligatures being used to check the venous hæmorrhage. Doyen states that in a great number of laparotomies, and sixty vaginal hysterectomies, he has used this instrument, and has never had a case of secondary hæmorrhage. By the kindness of Dr. Doyen I show you the appliance.

Such, gentlemen, are a few of the lines on which advance in our department has progressed during the past year. They are but a small proportion of the suggestions and successes recorded by a legion of distinguished gynæcologists working in all countries.

May I now state how I have personally been influenced by my own experience during the same period. This may well include the impressions made upon me by a month's visit to the Klinik of Professor Schauta in the Krankenhaus in Vienna, and to some private operations by him at the magnificent and thoroughly equipped sanatorium of Dr. Löwe.

First, I may venture a few remarks on the preparation of the patient, and some aseptic details generally. I may premise that I am more than ever convinced of the absolute need for the strictest observation of all the minute details of aseptic surgery. This term, of course, embraces such antiseptic aids as are essential and indispensable in the carrying out of asepsis. I have grown to be more searching in my general precautions, more exacting in the stringent regulations I impose on all who assist me in an operation. I have realised that perfection in the methods can only be obtained by the closest criticism of one's own personal precautionary measures, and the application of the same stringent rules to others. Allow me to cite a few common sources of danger. Final preparation of the arms and hands *before* the ordinary wearing apparel is covered by a clean overall: incomplete disinfection of the arms well above the elbows; the presence of finger nails; the short time spent over the sterilisation of the patient's abdomen, and particularly the umbilical depression; the preparation of the vagina. Let me, in consequence of a recent discussion at this Society, make a few observations on this simple matter. The patient is brought into the usual hysterectomy position, well to the edge of the table. The hair of the entire genitals has been previously shaved off. The abdomen and the flexures of the groins have been sterilised; the fingers with some sponge material well soaked, are now introduced into the vaginal canal which is subjected to a good lather, and, the perinæum being well depressed, this process is repeated several times, while the nurse, standing at the side, keeps up a stream of sterilised water from a douche and pipette on the parts from time to time. Finally, the entire vagina is subjected to a douche of 1 in 3,000 of mercuric perchloride. It is important to secure the thorough sterilisation of the external parts before the vagina is thus attacked. For sponging and compression with sterilised gauze and tampons, I have abandoned the use of any holder save an extremely light and long clamp forceps, which can be rapidly opened and closed on the tampons, and these latter, with the sponges, I have drawn out at the time and cut in the manner you see from tin boxes similar to those used for hairdressers' wool, according as I require them, in three sizes. These boxes are thoroughly disinfected before operation, and the sterilised bandages, unfolded, are then placed in them. Sterilised iodoform gauze, unrolled straight from the bandage, for tamponning the vagina (*a*) is similarly used. It may appear unnecessary to even hint at a caution which everyone is supposed to take with regard to catheterisation of the bladder after operation, when such a step is necessary. Still, it is remarkable how much laxity appertains in this matter. Sterilised glass catheters should be kept in perchloride solution, and two be used for each patient, one to be sterilised and kept ready to replace the other when required. Many a case of cystitis would be avoided if this precaution were taken, and early and gentle washing out of the bladder practised when the condition of the urine indicated this step.

We are constantly hearing of the importance of rapidity of operation, both abdominal and vaginal. Personally, if there be one thing more than another that I am convinced of, it is this, that it is perfection of detail, and not rapidity of execution, that all and especially young operators, should aim at. Doubtless there are parts of every operation which should be done as expeditiously as is possible, consistently with accuracy and neatness, and every appliance which helps us in this direction is to be welcomed. As much in this respect possibly depends upon the assistant who supervises the instruments as on the operator, but I am certain that in the cautious protection of bowel throughout an operation, in the perfect adaptation of peritoneal surfaces and edges, in the complete and certain stasis by ligature of every bleeding vessel and point, no matter how fine, in the cleanliness of exposed parts and surfaces before final closure of the wound, the safety and ultimate perfect recovery of the woman depend rather than upon rapidity of manipulation on the part of an operator.

I have recently operated under the following conditions, which I shall but briefly enumerate, as I hope to refer to the cases on a future occasion. A woman, æt. 30, was confined five weeks before I saw her in consultation. The delivery was followed within forty-eight hours by an elevation of temperature, and it was noticed that the abdomen was swollen, and appeared to contain fluid. The temperature remained erratic, varying in a range between 102 deg. and 105 deg. until I saw her, when she was undoubtedly very ill. I confirmed the view that we had to deal with a fairly large ovarian cyst which had probably suppurated, and that immediate operation was called for. Accordingly, within forty-eight hours I operated, Dr. Allen, of Stanmore, assisting me. The cyst wall was greatly thickened, closely adherent to the entire parietal peritoneum, which had literally to be peeled off at both sides, after the cyst had been tapped and syphoned of pus. Most difficult was the approach to a very broad pedicle, adhesions having been formed between the rectum at the left side, and the sac and an elongated and greatly enlarged Fallopian tube. The pedicle, however, was secured in three portions, and then came the most difficult part of the operation. The sac was firmly adherent posteriorly all over its surface to the bowel, the colon and meso-colon were plastered to it above, with the omentum, requiring the greatest care in separation, and considerable difficulty in the arrest of bleeding. However, finally the sac was removed in its entirety, all bleeding was arrested, the abdominal and pelvic cavities were left perfectly clean, and an operation, which lasted two hours and a half, was completed. The anæsthetic was ether; the patient suffered from no shock, and has made a good recovery. The bowel was protected all through as carefully as possible by small napkins of flannelette wrung out of warm sterilised water.

Quite recently I had an abdominal hysterectomy for a medium-sized fibroma, in which the left broad ligament was involved within the growth. The patient was exceptionally fat, and though the delivery of the tumour was rapid, I met with extreme difficulty in carrying out hæmostasis, which was, however, in the end most completely secured, though the operation occupied a period of over two hours. There was no shock, and there was a rapid recovery. I believe that if there be shock, directly resulting from an operation conducted under profound anæsthesia, it is much more likely to follow upon rough manipulation, injury to vital parts, unnecessary dragging and possible laceration of sensitive structures, than upon a necessarily increased duration of the operation. More recently still I operated by vaginal hysterectomy on a case of old and extreme procidentia, in which the bladder contained in the tumour had to be freed from firm adhesions, which reached to within half an inch of the margin of the os uteri. There was a large retroverted uterus. The operation was very prolonged, and there was subsequently shock; but here haste would have been disastrous—in all probability involving me in serious trouble with the bladder or ureters.

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(*a*) All such sterilised bandages can now be had in hermetically sealed boxes ready for use.

As to the material which I use for ligatures and sutures I have had the most complete satisfaction for the last three years in all cases in which I have used gut prepared after the method adopted by Martin, of Berlin. Silk I now sterilise by Howard Kelly's method. This gut is perfectly pliable, is strong enough for any purpose, and has no liability to slip. I adhere with perfect confidence to the triple suture for closure of the abdominal wound, fine silk for the peritoneum stronger for the well-adapted muscle and fascia, and silk-worm gut for the skin.

Hitherto I have had but one solitary experience of ventral hernia. This occurred in a patient mentally affected and who twice did all in her power to force open the abdominal wound, both before and after the sutures were removed. When I last saw her the protrusion was quite cured, after a dissection out of the entire cicatrix and readjustment of the layers.

If I presume to say what my personal feeling is with regard to a few disputed points connected with operative gynæcology, I do so from no egotistical desire to parade my own views. I may alter my present convictions, but those which I now feel are the results not only of my own experience, but the work which I have seen done by such advocates of different methods as Doyen, Hartmann, the Landaus, Olshausen and Winter, Martin, Schauta, and others. In all cases where there is doubt as to the feasibility of removal of the adnexa through adhesions, tumours, or collections of pus, by the vagina, laparotomy is the safest and most expeditious mode of operation. The same rule applies to myomata of a certain size, and to myoma complicating cancer of the uterus. Laparotomy still remains the safest and most classical method of dealing with ovarian cystoma. In small adnexal tumours, dependent upon their situation, anterior or posterior colpotomy is the most direct, as well as the safest means of operative diagnosis. For all cases of small adnexal tumours, vaginal cœliotomy is the route, which, both anatomically and clinically, should be followed, and the same remark applies to movable and small myomata and ovarian dermoids. In certain cases in which unexpected or insuperable obstacles are met with in the vaginal method, resort should be had to the combined operation. Operation by ligature is the most satisfactory, as it is the safest method in vaginal hysterectomy. While intra-peritoneal myo-hysterectomy, leaving the cervical stump, and carefully uniting the severed peritoneum, is in certain cases an admirable operation, it is not as complete nor as classical a step as total hysterectomy. This latter operation should be completed by careful adaptation of the peritoneal flaps, covering of the ovaries with the peritoneum, and shutting out of the vaginal canal by suturing the peritoneum anteriorly and posteriorly to the cut vaginal edges, followed by their adaptation. Only in exceptional cases, such as those complicated by adnexal tumours with fluid contents, need vaginal drainage be resorted to. The classical operation for a large double pyo-salpinx is laparotomy, with ablation of the diseased sacs, total hysterectomy, and completed as I have just said, by vaginal drainage by iodoform gauze.

A few words descriptive of the work I saw in Professor Schauta's Klinik this year in Vienna may interest the Fellows. Besides various minor operations, plastic and other, there were twelve vaginal hystero-oöphorectomies, one for myoma with adnexal tumour, one for double pyo-salpinx, six for various adnexal tumours, one for tubal gestation and hæmatocele, two for malignant conditions of the endometrium, one for chronic metritis with dermoid tumour of the ovary; three operations for abdominal total hysterectomy, two for simple myoma, and one for myoma and malignant disease; two operations of abdominal salpingo-oöphorectomy, both for tubal gestation, with rupture and hæmatocele; two ovariotomies, one abdominal, the other vaginal, both for cystoma, and one abandoned laparotomy for tumour of the adnexa and peritoneal adhesions.

I followed for several days the course of all these cases. Without exception they all did well, and I have since heard from Dr. Schmit the final result, which has been recovery in every instance. One of the cases of abdominal total hysterectomy was interesting, as occurring in a patient, aged 73, in whom the myoma was complicated with malignant disease of the uterus. In another, bi-lateral pyo-salpinx occurred as a complication of hæmatocele, the consequence of an extra-uterine fœtation. Here the fimbriæ were spread out in characteristic fashion over the interior of the sac. In a third case, an extra-uterine fœtation had been operated on two years previously, and a portion of the adnexa had been left. The operation was most difficult, in consequence of firm and extensive adhesions. It will be noticed that of twenty major operations, thirteen were performed *per vaginam*, and Professor Schauta is emphatic as to his preference for this route over the abdominal one whenever it is feasible to adopt it. It is more difficult, he says, but it is the most natural and the safest for the patient. I saw him remove a fair-sized ovarian cyst by the vagina, performing anterior colpotomy, tapping the cyst, withdrawing the sac, subsequently stitching the parietal peritoneum to the uterine peritoneum, and the vaginal wall to the uterus. One case of large bi-lateral pyo-salpinx was operated on by posterior colpotomy, the cœliotomy being rendered extremely difficult through the adhesions. The time occupied in performing the vaginal hysterectomy varied. One I saw completed in about twenty minutes, while the more difficult ones occupied over an hour, and on one or two occasions an hour and a half, and even more. The anæsthetic employed is a mixture of chloroform 1 pt., ether petrolei 1 pt., ether sulphine 2 pts. Professor Schauta uses no clamps. Having made the usual incision, he opens the anterior peritoneum, ligatures the uterine vessels at either side, and frees the cervix completely, sometimes dividing it, or occasionally removing it altogether. The adnexal vessels are next ligatured at one side, and if the adnexa be removed they are brought through the posterior opening. This is repeated at the other side. Occasionally, if there be difficulty, the fundus is divided so as to permit of either half being grasped, thus allowing of greater feeedom of manipulation, as well as increase of room. Silk is the material used altogether, both for ligature and for suture. I should mention that as soon as the peritoneum has been opened, its edge is carefully stitched to the vaginal wall in front. Subsequently, the posterior section is treated in a similar manner. A roll of sterilised iodoform gauze of some twenty to twenty four inches is passed up through the peritoneal opening, and tied with a string to distinguish it before it is severed, and then the vagina is loosely packed with more iodoform gauze. The vaginal sutures are left long, and are removed in about three weeks. This is very easily done. The internal strip of gauze is not removed for eight or ten days. Only on one occasion, after any of these vaginal operations, did I see a clamp remain for security's sake, in a difficult case of hæmostasis. Abdominal hysterectomy is not performed by Doyen's method. The tumour is delivered, severed and freed by ligature and section at either side from above down. The vagina is then opened, and the cervix is freed; most accurate adaptation of all peritoneal edges is obtained, the cut and exposed surfaces of the adnexa are covered carefully, iodoform is passed from above down into the vagina, and the peritoneum, with the vaginal opening is closed.

If there be any associated purulent condition of the adnexa an iodoform drain is pushed through into the vagina as usual. Speaking generally of his operations, I may say that they are performed under the strictest aseptic precautions; that there is no evidence of haste, but from first to last the most cautious and deliberate manipulation to secure the most complete hæmostasis and perfect cleanliness of all the parts exposed during operation. The toilette of the abdomen is secured by triple suture, and the patient is laid on a portable couch, on which is spread ready the waterproof sheeting, an outward swathe and an inner one of domette to make the tail bandage. Thus she is dressed with the least disturbance before being rolled into the ward. I have here a few appliances of Professor Schauta's which are interesting. His needle-holder for vaginal hysterectomy, curved, as you see, in the handle, which makes it more convenient than the straight instrument for carrying the needle laterally; and his ligature tightener, which enables the surgeon to tighten effectually a ligature placed on a deep-seated or inaccessible vessel. As a rule he uses Deschamp's needles for carrying the lateral ligatures, but for the control of special vessels and sutures he employs this holder.

I would wish, had there been time at my disposal, to say a word of the arrangements at the magnificent sanatoria of Löwe and Fürch. In the former, especially, the suites of operating theatres, with their adjacent rooms for anæsthetisation and washing purposes, as well as dressing-rooms for the surgeons and assistants, make one envious of the splendid facilities which a Vienna surgeon has for operating in private. No conceivable want is here left unfulfilled, and under an able directorate and staff, the patients are secured the very best attention.

Gentlemen, may I conclude this very imperfect summary of some of the lessons learned during the past year, and the reflections they have given rise to, by the expression of the hope that during our debates and discussions throughout the coming Session, the tone and character of our proceedings may be stamped by the recognition of our high aims and aspirations. A Society, like an individual, to be accounted worthy must be incited by ambition, and that is a poor ambition which sits down to follow afar off the lead of others who struggle in the same direction. Gynæcology, doubtless, is one of the younger handmaidens of medicine, yet so rapid has been her growth that the has outstripped in the importance of her discoveries and her art many of her older sisters in the race of advance. Let it be our justifiable boast that in our Transactions will be found work that entitles us to a foremost place among the many medical and scientific societies labouring ever unselfishly in the cause of progress and humanity.

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# Transactions of Societies.

## EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD JANUARY 18TH, 1899.

Dr. P. A. YOUNG, Vice-President, in the Chair.

### EXHIBITION OF PATIENTS.

MR. GREIG showed a case of congenital symmetrical perforation of both parietal bones. Two openings measuring 2 by 3½ cm. could be felt at the posterior superior angles of the bones, just in front of the lambdoidal suture. Firm pressure on these caused vertigo and flashes of light before the eyes. Otherwise the patient suffered no inconvenience; he had served in the army as a driver of artillery, and the condition had in no way interfered with the performance of his duties. Five such cases had been previously recorded, but the lesion had never before been discovered during life.

Mr. CAIRD and Mr. GUY showed a case of extensive destruction of the nose and palate due to tertiary syphilis.

### EXHIBITION OF SPECIMENS.

Dr. HARVEY LITTLEJOHN showed the following specimens from medico legal cases:—(1) Three hearts, two of which were hypertrophied; one of these (weighing 49 ozs.) was as large as any recorded. The third preparation was an example of spontaneous rupture of the musculi papillares and inner wall of the left ventricle. (2) A specimen of effusion of blood on the surface of the brain.

Dr. ALEXANDER BRUCE read a paper on the

### UPPER TERMINATIONS OF THE ASCENDING ANTERO-LATERAL AND DIRECT CEREBELLAR TRACTS.

An abstract of which will be found in another column.

Dr. SHENNAN and Mr. MILES read a paper on

### A CASE OF APHASIA.

The patient had suffered from left sided otorrhœa and deafness for three months. For three days before admission he had had acute pain in the ear and left side of the head. As the symptoms pointed to mastoid disease the antrum was drained, but signs of cerebral abscess developed. Mr. Miles trephined over the temporo-sphenoidal lobe, and found an abscess at its lower part. After the operation the patient improved greatly, but was noticed to be paraphasic; he constantly misplaced words, especially substantives. There were neither word-deafness nor word-blindness; he could read, write, and copy well. He progressed satisfactorily for a fortnight, and then became stuporose on account of the abscess not draining properly. After some pus was evacuated he again improved, but first facial paralysis, and then a hernia cerebri developed. Eventually he died two months after admission. He remained paraphasic throughout, the symptom being practically limited to the perpetual misuse of substantives. The diagnosis made was that an abscess was cutting off the fibres running between the auditory centre and Broca's convolution, and this was confirmed *post-mortem*.

Dr. WM. ELDER, in discussing the case, expressed the opinion that the ordinary speech centres were capable of further subdivision. From cases he had seen he believed that the memories of nouns were stored in an "annexe" of the word-hearing centre, and that this annexe was connected with the visual centre in the occipital lobe. Similarly, he thought that there was a special centre for the memory of verbs, and that this was connected with the motor areas.

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## SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MEETINGS HELD DECEMBER 8TH AND 22ND, 1898.

The President, Dr. ALFRED ROBINSON (Rotherham), in the Chair.

DR. ARTHUR HALL showed cases of seborrhœic eczema, Addison's disease, and hydroa of pregnancy with photographs.

Mr. ARCHIBALD CUFF demonstrated peculiarities of gaits and other abnormalities in a ricketty dwarf.

Dr. SINCLAIR WHITE exhibited and made remarks on (1) a case of movable hydronephrotic kidney cured by nephropexy, (2) gall-stones—cholecystotomy with choledochotomy, (3) large cartilage removed from the knee-joint, (4) traumatic aneurysm of brachial artery treated by the method of Antyllus, (5) spinal meningocele treated by excision of the sac, (6) cancerous uterus removed by colpo-hysterectomy.

Mr. RUPERT WATERHOUSE showed a brain with old cyst and recent blood clot causing right and left hemiplegia respectively at an interval of a year. Mr. Waterhouse also related a case of skin eruption, following the administration of a simple enema.

Dr. ADAMS showed a specimen of malignant growth of œsophagus with secondary growths on liver, and gave clinical and other particulars of the case.

Dr. BARDSWILL read a paper on "Supra-renal extract as a local anæsthetic."

Mr. WILFRED STOKES read a paper on "Synovitis associated with interstitial keratitis."

Mr. PRIESTLY showed a case of sporadic cretinism with photographs before and after treatment by thyroid extract.

Mr. TULL introduced a young man, from whose retina of right eye a piece of metal had been extracted with the electro-magnet. The fragment had been observed with the ophthalmoscope in the retina, and the result after removal was excellent.

Dr. SMITH on a case of

### PROGRESSIVE MUSCULAR ATROPHY COMMENCING IN THE LEGS.

Mrs. C., æt., 53, married, one child (stillborn), consulted me in May, complaining of weakness in legs. Illness commenced five years ago, when she noticed first a difficulty in dorsiflexing the feet, particularly on going upstairs. She also states that previous to this she had had a good deal of mental worry in connection with her family affairs. Examination shows both feet in the position of "drop foot," and considerable wasting of the muscles in front of the legs, the thigh muscles, and the glutei. Dorsiflexis of toes and feet is completely lost, and movements at knees and hips are feeble. Patient cannot walk without assistance, *e.g.*, by supporting herself by a table or chair. She cannot rise from a chair without assisting herself with her arms. The right side is worse than the left. The upper extremities are unaffected. Sensation is unaffected, although the limbs are cold and often livid. Bladder and rectum are normal. The muscles have not been tested for the R.D. Fibrillary tremors have not been observed. Both knee jerks are absent. From the fact that this patient first noticed a difficulty in dorsiflexing the feet, the disease probably started in the peronei and anterior tibial muscles. Treatment has been strychnine, iron and arsenic, and friction of the muscles She has also been using a Faradic machine. The patient fancies she has slightly improved.

**Mr. R. Favell** related a case of pan-hysterectomy which he had performed for myoma of uterus. The woman was aged 42, and during the last few months the periods had been very profuse. Three months before she was operated upon the hæmorrhage was so great that she thought she would have died. The uterus when removed weighed six and a half pounds. The myoma was found to be undergoing myxomatous degeneration, and a small fibroid in the wall of the uterus was undergoing calcification. The patient had made a good recovery.

Also, a multilocular ovarian tumour removed from a young woman. The tumour was disease of the left ovary, and to this the fimbriated end of the Fallopian tube of the opposite side had become firmly adherent. Also, a parovarian cyst removed from a woman, æt. 24.

Dr. **Arthur Hall** showed a case of

HERPES ZOSTER

of the left side of the thorax in a little boy who had been undergoing a prolonged course of arsenic for enlarged glands. After the first appearance of the eruption, owing to a misunderstanding on the part of the parents the medicine had not been omitted, with the result that in spite of the rash being dressed with sedative ointment and well protected, it had gone on to severe serpiginous ulceration. As soon as the arsenic was left off the ulcers began to heal rapidly.

Dr. **Hall** also showed photographs of double primary syphilitic sores of the hand in a midwife. The two sores appeared the same day and ran an exactly similar course. The secondary symptoms appeared a few weeks later.

Dr. **Hall** also related a case of papulo erythematous rash due to boracic acid. The patient had been taking half a drachm per day for about two weeks when it appeared. The irritation at night was considerable, and remained unrelieved by various sedatives, lotions, &c. The boracic acid was then left off, and in the course of a few days the rash disappeared altogether. On resuming the drug, an irritable scarlatiniform rash appeared within forty-eight hours, which again subsided on the drug being left off. The patient was suffering from old stricture with cystitis. There were no other symptoms of boracic acid poisoning.

**Mr. Makeig Jones** showed a boy, æt. 19, with congenital hypertrophy of the three middle toes of left foot —a condition known by the name of giant toes; also

A man, æt. 55, with amyotrophic paralysis of right arm and leg, coming on three weeks after slight injury to the right elbow and ankle joints fourteen months ago. The condition was now improving, but there had lately supervened contracture of the calf muscles. He had shown several similar cases at the Society and described them as a progressive muscular atrophy due to atrophic changes at the motor nerve root. He also suggested that many of the cases of ruptured nerves during reduction of shoulder dislocations were really similar trophic lesions.

Dr. **Robertson** read a paper on

INFANT-FEEDING AND EPIDEMIC DIARRHŒA,

in which he pointed out that there was ample evidence to show that epidemic diarrhœa was mainly due to ignorance and carelessness in the feeding of young children, while much might be done in the way of limiting the disease by improving the sanitary surroundings of the dwelling and enabling a clean milk to be procurable. Yet the real point to be attended to was the greater attention to cleanliness in feeding and rearing of infants. Such an object was extremely difficult to attain, but there was reason to believe that much could be done by the general distribution of leaflets on the subject to persons registering the birth of children. Such leaflets if well drawn up formed the basis on which the work of lady visitors rested and in time became the accepted model for the particular district.

# France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, January 22nd., 1899.

### PROPHYLACTIC MEASURES FOR THE PLAGUE.

**M. Proust** read a paper at the last meeting of the Académie de Médecine on the prophylactic measures to be taken against the invasion of the Indian plague into Europe, in which he said that the plague continued to ravage with intensity India, and more particularly in Bombay; it had also made its appearance in some parts of China and in Madagascar. It was of the utmost importance that the different measures already advised against the importation of the plague into Europe should be perfected and completed. Sanitary measures should be taken on the land frontiers and on the sea.

The attention of Europe should be drawn to the Persian Gulf, where no protection existed in spite of the neighbourhood of the contaminated districts, for if the plague traversed the Gulf Europe would be soon threatened. The prescriptions of the sanitary conferences were not executed sufficiently. The institution of the medical visit at Suez would be effectual if properly carried out, but false declarations on the part of the doctors and of the captains of vessels have been known to have been made. When a plague epidemic broke out on board ship, the patients should be brought to shore as quickly as possible and placed in the sanitary station, while the rats, which were powerful agents of contamination, should be utterly destroyed, and the vessel completely disinfected.

To accomplish these different desiderata, it is not necessary to call a new conference, as all the important prescriptions concerning the prophylaxis of plague and cholera were to be found in the conventions of Venice, Dresden, and Paris. What was necessary, however, was that the Governments should combine to execute seriously what the conferences had decided.

### THE RONTGEN RAYS.

At the Sociéte de Dermatologie, M. Bulzer presented a patient, who for the last year was submitted every day in a museum to the action of the X-rays. The result was cutaneous lesions on different parts of the body. The right hand and forearm were the seat of red and hard œdema; the skin of a violet tint, cracked and covered with a yellowish crust. The nails had fallen, but grew again thick and clubbed, The neck and right side of the face were also the seat of lesions, but in a less marked manner, while complete alopecia was found over the parietal region of the same side, and the beard and moustache had also disappeared.

M. Barthelemy said that alopecia was always observed following repeated expositions to the Rontgen rays when the tube was not held at a sufficient distance. He had remarked that individuals whose skin was naturally moist were particularly subject to these accidents. M. Brocq said a patient came under his notice suffering from acnea with hypertricosis She had come from Vienna, where she was treated by the X-rays seventeen consecutive times, being assured that a cure was certain. Although the acnea had rather increased under the treatment the hairs were dead and seemed ready to fall off. He asked his colleagues if they thought that they would not grow again. He was replied to by M. Barthelemy, who said that in the seven or eight cases of alopecia he had observed, he always found that the hair began to grow again after two months.

### Injections of Calomel and Orthoform.

M. Daulos presented a patient who suffered from sclero-gummatous glossitis of syphilitic origin. Some time ago his tongue had increased so much in volume and had become so painful that his life was in danger. Every kind of specific treatment had been tried without result, and injections of calomel were advised, but the patient dreaded the pain produced by the treatment. In order to satisfy him the speaker thought of trying orthoform with the calomel, and employed the following formula:—

Calomel, j gr.;
Orthoform, ii gr.;
Vaseline oil, xx drops.

The therapeutic results were excellent, and, what was worthy of remark, the patient suffered no pain, only a little soreness on the fourth day, the period when the injections of calomel provoke generally intolerable suffering. He had thus practised five injections with the same success. He thought that as orthoform was without danger his formula was worthy of further trial.

### Tincture of Iodine

Prof. Grosch strongly recommends the administration of tincture of iodine in the treatment in all kinds of gastro-intestinal affections, and especially in the diarrhœa of typhoid fever both in children and in adults. In children suffering from typhoid fever he gave four drops of the tincture every eight hours in sugared water. The temperature fell rapidly and the diarrhœa disappeared in four days. In adults he administered six drops three or four times a day. Of the forty cases thus treated none succumbed, and the favourable symptoms appeared at the outset of the treatment.

In acute gastro-intestinal affections of an infectious nature the results were signally favourable in the cases where the fever ran high, with vomiting and fetid diarrhœa. In infants the author gave one drop of the tincture of iodine three times a day.

### Lunatics and Habitual Drunkards.

A Bill has just been introduced in the Senate for the establishment by the Government of institutions devoted exclusively to the incarceration and treatment of lunatics, habitual inebriates, and dangerous patients. The grounds on which incarceration may be decreed by the Courts are stated, and the measure compels the placing in the asylums of criminals acquitted at Courts of Assizes on the ground of irresponsibility. It further provides that "Incarceration in a Special State Asylum shall be ordered when the lunatic has exhibited homicidal intents or a bent towards disgraceful assaults or arson, or when his depraved morals or perverse habits render him dangerous to other people." It is high time that such a law should be passed, for it is intolerable that lunatics and inebriates, forced despite themselves into the commission of crime, should be allowed to run about the streets, leaving death and dishonour in their track.

# Germany.

[from our own correspondent.]

Berlin, January 20th, 1899.

### Adulteration.

The adulteration of articles of food appears to be practised on a large scale in certain parts of Germany. Some statistics recently to hand from the municipal laboratory of Dresden show that out of 143 samples of butter analysed by the authorities, no less than 33 were condemned by reason of their admixture with foreign fats, the presence of an excess of salt, or by reason of advanced decomposition. This kind of adulteration, says the municipal chemist, is carried on in "a most unblushing fashion." Next to butter, honey seems to be a favourite object of fraudulent adulteration. In Dresden, as elsewhere, milk is still largely adulterated, in spite of the severe penalties directed against the practice. As might be expected in a country where sausages form a staple article of daily consumption, adulteration in various forms is rampant. The principal adulterant is potato flour, enabling the merchant to make use of dry or poor quality meat. To mix it with meat the addition of a considerable quantity of water is necessary, rendering sausages thus compounded peculiarly liable to undergo decomposition. The proportion of the adulterant varied between 1 and 13 per cent It would seem, indeed, that in respect of fraudulent adulteration the Germans "have accomplished really remarkable progress."

At the Medical Society Hr. A. Baginsky read a paper on

### Pericarditis in Childhood.

Pericarditis in common with a number of other diseases was formerly considered to be infrequent in childhood. Recent and more thorough observation had, however, taught to the contrary. Data varied and it was difficult to give a correct estimate of the frequency of the disease. He had made the observation that pericarditis was highly dangerous for childhood. He had observed sixty-four or sixty five cases of the disease in children under the fourteenth year in the K. K. Friedrich Hospital. Primary or accompanying diseases were twenty-four times rheumatic polyarthritis, eleven times tuberculosis, eleven times pleuro-pneumonia, seven times erysipelas and phlegmon, six times purulent pleuritis, five times severe diarrhœa, six times measles or pneumonia, twice scarlatina, twice meningitis, twice otitis, twice diphtheria, &c. In some cases decided septic processes were in play. Rheumatism was more frequent in children than was believed. During the period under notice he had seen 145 cases (with or without chorea). The exudation was either serous, fibrinous, hæmorrhagic, or purulent. There might be or might not be obliteration of the pericardium in the fibrinous cases. The serous form was observed in nine boys and seven girls. The symptoms were severe, especially in the arthritic cases. The diagnosis was very difficult. Dislocation of the heart with change of position were very small. The most important sign was the pericardial murmur. Purulent exudation was still more difficult to diagnose, a consideration of the accompanying symptoms was necessary. The speaker found pus in connection with erysipelas, grave angina, caries of the ribs, diffuse peritonitis, broncho-pneumonia, gastroenteritis, furunculosis, phelgmon of the neck, and double empyæma. The grave general symptom here predominated. He had seen septic diseases at the earlier ages (once in a child ten days old, twice at two years). Sudden rises of temperature pointed to the presence of a malignant process. Bacteriologically he had found bacterium coli, streptoc. staphyloc. pyocyaureus. Tuberculous pericarditis was much more rare, but when it did occur very malignant. He had seen eleven cases. The most frequent form was the polyarthritic. In childhood the early participation of the heart was the rule (according to Broadbent it was constant). Not infrequently later relapses took place, and these were often fatal. Children who had suffered from these diseases in childhood were in danger of recurrence in adult age, and often died in them. Salicylic acid often failed in these cases, inf digitalis, with large doses of diuretin (4 to 5 grm. daily) was better, especially if symptoms of stasis came on (dropsy, with tendeney to suffocation). In place of digitalis strophanthus was useful.

Hr. Leop. Casper gave a further report on

### Catheterisation of the Ureters,

comprising three interesting cases he had met with during the past four years. In the first case, after 36 hours' anuria, the ureteral catheter was passed. Five ctm. above the bladder opening the instrument came on an obstruction that could not be removed. Oil was then injected, and less came away than was injected. The patient was then put to bed. In 20 minutes' time 200 grms. of fluid were removed, and the following morning six litres. The second case was that of a young woman, with enlarged pelvis of the kidney and purulent urine. The kidney pelvis was washed out 13 or 14 times at intervals of six days, with silver nitrate solution. The kidney tumour gradually disappeared, and all the other symptoms subsided. The third case was one of pyelonephrosis in a man of 24. The pelvis was washed out, but a rigor and high temperature followed. After nine washings out the urine was thicker than ever, and it was decided that the kidney was tuberculous. At this point, however, all changed: the urine became clear, the kidney tumour subsided, and at present the man was well and fit for work

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## Austria.

[From our own Correspondent.]

Vienna, January 21st, 1899.

### Vibration Therapy.

We have again to discover the genius who devised the vibratory theory of treatment which is now set forth in the *Clinical Review*, by Herschell, who strongly advocates this method of treatment in obstinate constipation, and who seemingly lays claim to it being his own invention. No one can doubt the original description of his apparatus as peculiar to himself when an Austrian is told that it resembles the "stocke" or baton, carried by a "constable in England."

I often wonder how many Austrians will profit by this resemblance! This baton, or "stocke," is connected and kept in motion by an electric motor when applied to the bowel.

The novel "Vibrateur" is discovered to be nothing more than a modification of the Abbé Saint-Pierre method, who practised this form of treatment one hundred years ago for migraine and gastralgia, with a "vibratory instrument." At a later period Zander revived the treatment, and more recently Charcot devised a "vibrating chair" for a similar purpose. Whatever the English constable's baton may accomplish, it is evidently not a novelty in principle.

### Thrombus in Transverse Sinus.

At the Gesel'schaft der Aerzte, Biel showed a man whom he had operated on for "Thrombophlebitis sinus transversi ex otitide." The sinus was reached by an opening made through the mastoid portion of the temporal bone, and in order to enlarge the opening the jugular vein was ligatured. The wound healed and recovery followed. The first surgeon who performed this operation was Zaufal, who met with considerable success.

### Keratomalacia.

Elschnig showed preparations and photogrammes to the Society from a case of keratomalacia. This disease was first fully described by Graefe in 1866 as a morbid condition frequently occurring in infantile encephalitis. It has recently been established by different authorities as of bacterial origin.

The preparations were taken from the cornea of a woman, æt. 51, who was brought to hospital complaining of icterus and enlargement of the liver. On the cornea of the right eye was a large cicatrix, while the left had a deep circular ulcer; in both conjunctivæ the xerosis was prominently present.

She died shortly after admission The post-mortem revealed a carcinomatous condition of the ductus choledochus. A closer examination of the cornea disclosed long bands across its surface containing large groups of cocci. The xerosis had an undoubted effect on the keratomalacia, as it prevented the complete closing of the lids, and thus the proper moistening of the cornea, which would hasten the retrograde process. The effects of the icterus was to produce well marked xanthelasma of the lids.

In the discussion that followed, Prof. Kaposi thought the morbid process was inverted in this case, that the icterus was the consequence of xanthelasma and not the cause of icterus, as the xanthelasma process finally attacks the liver.

Prof. Paltauf remarked that xanthelasma not infrequently accompanied cirrhosis of the liver which might have been the case in the present instance.

### Ectopia Vesicæ.

Frank brought forward a young lad on whom he had operated for ectopia of the bladder. He made an opening through the wall of the bowel at the sigmoid flexure into which he attached the ureters, where they have united and healed.

The recovery was a perfect success; nothing but a slight oozing was observed for a short time after the operation, which soon disappeared.

The boy can now hold his urine in the rectum for three or four hours at a time. This interval he hopes will yet be further extended, as nature becomes accustomed to the abnormal habit.

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Sir William Broadbent, Bart., had conferred upon him, on Monday last, the honorary degree of LL.D. of the University of St. Andrews.

# The Operating Theatres.

## SEAMEN'S BRANCH HOSTITAL,

### Royal Albert Docks.

**Operation for Fractured Patella.**—Mr. **William Turner** operated on a man, æt. 43, who had been admitted the same morning for a fractured patella caused by a fall whilst pulling a truck. The right patella was fractured transversely a little below the middle, the separation between the fragments was about the breadth of two fingers; there was no swelling of the joint nor any external marks of violence. The limb was shaved and cleansed with soda and turpentine, and purified with 1 in 20 carbolic lotion and 1 in 2,000 perchloride solution. The operation was performed eight hours after the patient's admission. The limb having been again purified on the operating table a curved incision about four inches long was made on the outside of the patella, and the joint opened, continuous irrigation of 1 in 5,000 perchloride solution being kept up. The bone was found to be fractured transversely about its middle; covering each fractured surface was a strip of fascia like a curtain. A silver wire was next passed on each side of the middle line by means of a grooved drill, and in this manner the parts of the patella were brought into good apposition, the wires being passed so as not to injure the articular cartilage and the knots carefully imbedded in the periosteum, care also being taken to turn upwards and downwards respectively the curtain-like pieces of fascia into which also incisions were made over the bone, so as to allow the wire to rest next to the osseous surface, the fascia being finally sewn over the wire and the edges of the bone. The joint was made as dry as possible, and the skin wound sewn up. A back splint was applied, and the patient taken back to bed, where the whole limb would be elevated nearly at right angles to the trunk by means of a sling and an inclined plane. Mr. Turner said the man had been admitted immediately after the accident, and this allowed rest and ice to be applied at once, thus diminishing the amount of extravasation into the joint. He had performed the operation on the same day as the accident, which is not recommended by all surgeons, but in his opinion, by this early operation the damage to the tissue by the extravasated blood is diminished, the chances of traumatic synovitis are lessened, and there is a distinct gain to the patient of one week in the convalescence. Another point also in favour of early operation, he remarked, was that the quadriceps extensor had not time to waste to any great extent Mr. Turner said he always advocated the open method in cases of displacement of the fragments, particularly on account of the curtain of fibrous tissue which is invariably found between the broken surfaces. He prefers the external incision to any of the others usually employed as the scar is not knelt upon afterwards, the cicatrix does not stretch with early movement of the joint, and it is far removed from the silver wire. He drew attention to the grooved drill he had employed, which had the advantage of simplifying the passage of the wires, these being passed down the groove of the instrument without removing it. He pointed out that the man after being transported to bed would have the whole limb elevated nearly to a right angle with the body by means of a sling to the head of the bed, the back splint resting on an inclined plane; this position, he said, was originally recommended by Lord Lister, it had the particular advantage of lessening the amount of effusion into the joint. He pointed out that in the dressing of the case on the operating table it is important to bandage on the dressing before applying the splint, so that when the splint is removed the dressing remains intact. In about four days the limb would be brought right down and the splint removed, thus allowing the patient to move his leg a little in bed. Passive movement is then carried out every day until the tenth day, when the stitches are removed and collodion dressing applied; the joint is then flexed to a right angle. The patient is generally able to walk round his bed unaided on the fourteenth day, is discharged on the nineteenth or twenty-first, and is able to do full work before three months with perfect safety.

It is satisfactory to record that the above patient was discharged perfectly well on the nineteenth day.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 25, 1899.

## COLONIES FOR EPILEPTICS.

Much has been written of late in the lay press with regard to the proper treatment of the epileptic. By epileptic we mean of course the sane epileptic, and for the present we will consider the matter only in this limited sense. Unfortunately, as pointed out by one writer, the law does not allow County Councils to devote money to making public provision for the treatment of the sane epileptic two courses are possible, the one is to agitate for beneficent legislation in this direction, the other is to co-operate privately so as to obtain the necessary funds for the purpose. There seems to be no doubt, judging by the results at the Home for Epileptics founded by Lady Meath at Godalming in 1892, and at two other homes in this country, that the wors possible fate that can befal an epileptic is to be found in the same room with lunatics. That seems to be the opinion strongly expressed in the correspondence referred to. Now there are three classes to be considered here; there is the juvenile epileptic, the adult epileptic who is sane, and there is the insane epileptic. It goes without saying, and most medical men are familiar with this fact, that where there is epilepsy there is sooner or later more or less mental aberration. In the great majority of cases the aberration may be of a very transient character, so trifling as to mark a mere insignificant episode in the life history of the individual, but the fact remains that in a great many cases it is a mere stretch of courtesy to call many epileptics sane. In advancing this statement it must not be supposed that we are by any means out of sympathy with the idea that, if possible, the epileptic should be treated apart from the insane, under different, more promising, and more salutary conditions of treatment. We simply wish to point out that one must discriminate carefully so as to obtain the best results by a proper selection of cases. There can be no doubt, and those who have experience of the insane epileptic will confirm this statement, that even the insane epileptic in his lucid intervals, which are sometimes prolonged for weeks, and even months, is a most agreeable, amenable, helpful and sociable unit of the society in which he is placed. And if it is so of the insane epileptic it must be still more so of the sane epileptic, who, therefore, deserves our utmost compassion and the best efforts we can put forward for the amelioration of his condition. With regard to the juvenile epileptic, unfortunately he is too often afflicted with idiocy and imbecility as well, but there are sometimes cases of juvenile epilepsy well known to physicians in extensive practice, who have made astonishing recoveries from the disease during puberty or adolescence, and have passed through the remainder of their lives with little or no mental or nervous stigmata whatever. The treatment of the epileptic has been considered in a more generous and advanced way in Germany and America, but of late years evidence has been accumulating in this country that the public mind is wakening up to its responsibilities and giving more sympathetic consideration to the subject. It is earnestly to be hoped that this movement will grow, and that a differentiation will be made between the different classes, so that the proper treatment for each class of cases may be provided. The legislative machine is considerably overtaxed, yet it is quite possible that in the preparation of a new Lunacy Bill and in its passage through the Houses of Parliament a clause may be inserted giving the requisite power to County Councils to effect a real, solid improvement in the classification and treatment of the epileptic, whether sane or insane.

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## THE OPERATIVE TREATMENT OF MYOPIA.

SINCE Fukula revived in 1889 the method of treating cases of high myopia by removal of the lens the procedure has acquired a large measure of popularity, and a good deal of literature has accumulated upon the subject. In the present day, however, there are not wanting signs that the inexpedient policy is being pursued of resorting to the treatment indiscriminately, and of failing to observe the necessity of selecting the cases for its practice. Under these circumstances it is easy to see that, unless proper care be taken, untoward results are bound to ensue and, at the same time, the danger is incurred of again bringing this special form of treatment into disrepute. A word of warning, therefore, in this regard seems undeniably opportune. Even under the most favourable circumstances, a highly myopic eye is by no means a desirable organ upon which to operate. The condition of its tissues generally is far removed from that of the normal, and thus it comes to pass that the result of operative interference for the relief of high myopia must always largely be a matter of speculation, apart from any contingencies in regard to the operation itself. The speculative nature of the result, we fear, is precisely the reason which is now tending to the indiscriminate performance of the operation. The eagerness of the surgeon, of course, under the circumstances is natural. He is desirous of putting in practice a treatment which has resulted so brilliantly in many cases, and thus he is apt to allow his zeal to override his discretion. In such cases the disappointment attending failure is a matter which neither surgeon nor patient are likely to forget. Again, it is scarcely fair on the part of the surgeon recommending the treatment not to fully represent to the patient the risk associated with its practice. In appearance, perhaps also in fact, nothing is easier than to needle a lens; nevertheless, it is well known that eyes have been lost by suppuration after this simple process, despite the most rigid antiseptic and aseptic precautions. Clearly, therefore, it is impossible to assert that no risk exists, although in the majority of cases, perhaps, that may be small. In a practical and thoughtful paper upon this subject, published by Mr. Adams Frost in the December number of the *Edinburgh Medical Journal*, another note of warning is sounded. "It is possible," he says, "that the liability of myopic eyes to suffer from opacities in the vitreous, and detachment of the retina, is increased by the operation, but further experience is needed to determine this. In view of these facts it would seem advisable to confine the operation to one eye, at any rate until we have seen that the results remain good after the lapse of several years." Meanwhile, it is clear that the proper policy to pursue is to be careful in the selection of cases for the treatment. Given a suitable case a patient may be well advised to incur the risk of failure in view of the possible advantages in the event of success. A brilliant improvement in the vision has been many times attained at the removal of the lens in high myopia, and this has been associated with the no less advantage of enabling the patient to dispense altogether with the use of spectacles. Patients with 15 dioptres or more of myopia are much inconvenienced by the massive concave lenses which the correction of their defect requires them to wear. The relief, therefore, which they derive from the operation when it enables them to see clearly without glasses, may be readily understood. Upon the whole, then, prudence dictates caution in the adoption of this line of practice, until a more lengthened experience has been gained of its effects. While admitting that oftentimes the immediate effects have been brilliant, nevertheless it must be conceded that there is much yet to be learnt of its ultimate results. Until, therefore, this point has been determined, the operative treatment of high myopia cannot be otherwise regarded than as still upon its trial.

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## THE UNQUALIFIED DISPENSER

The fatality at Heaton Norris, near Stockport, where a woman died in consequence of an inexcusable blunder on the part of the unqualified dispenser of a local practitioner, has had for effect to direct attention to the risk inseparable from the employment, as dispensers, of persons who have undergone no training to fit them to discharge the responsible duties which they have undertaken. The notice of the Privy Council has been directed by an association of retail chemists to the circumstances of the case with the object of inducing that body to initiate legislation for the purpose of placing the dispensers employed by medical practitioners on the same footing as those employed by dispensing chemists, that is to say, to prohibit the compounding of scheduled poisons save by persons possessing a pharmaceutical qualification. It must be admitted that the quasi-legal status of these unqualified dispensers is very irregular. There is no obvious reason why the regulations with which the law hedges in the manipulation of poisons should not apply to the dispensers employed by medical practitioners, indeed the privileged position occupied by the latter in respect of the certification of death has been suggested as of itself a reason for insisting on special precautions. This argument is not without weight, although, as this very instance shows, medical men would be unlikely, as well as extremely ill-advised, to attempt to hush up an accident of this kind Still, if a qualification be thought necessary for the protection of the public in chemist's shops and open surgeries, it does not appear less necessary in private surgeries. The employment of such persons is not authorised by law but is established by long custom. As a matter of fact, the point, as far as we are aware, has never been raised before the General Medical Council, but one result of the communication which has been forwarded to the Privy Council may well be a request for the opinion of the Medical Council on the ethics of the question. Should this forecast prove correct, what is likely to be the attitude of the Council? We cannot without difficulty imagine the Council formally endorsing and approving the employment of persons who have not undergone any training in the manipulation of poisons, and whose knowledge of drugs and their doses may be, and probably usually is, of the slightest. Nor could the Council disclaim its responsibility in the matter, which is essentially one for its consideration. Should the matter come officially before the Council, especially if it be brought forward from high quarters, we apprehend that regulations of some kind would have to be made. It is extremely unlikely that any legislation will be initiated of the kind for which the Privy Council is now asked to stand sponsor, but the General Medical Council might conceivably prohibit the employment of persons as dispensers unless, if medical students, they had passed the examination in materia medica and pharmacology, or, in respect of others, unless they possess a certain minimum qualification in pharmacy. It must be admitted that accidents of this kind are extremely rare, but as only fatal cases are ever likely to become public there are no means of knowing to what extent public safety is jeopardised or compromised by the dispensing of medicines being left in the hands of unskilful and possibly ignorant persons. On general principles when we spy a danger we take such precautions as may appear necessary to prevent mishaps without waiting for mishaps to occur. We must not forget, however, that any sudden change in this direction would dislocate the practice of medicine throughout the land, for it would be no easy matter to replace the thousands of unqualified dispensers who at present discharge these humble but responsible functions. The matter, however, was certain to demand solution sooner or later, and very few catastrophes of the kind which furnishes the text of this article would suffice to awaken public opinion on a subject in which the public are primarily and immediately concerned.

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# Notes on Current Topics.

### Catching Cold.

The old-fashioned cold has been ousted to some extent from its former position in domestic medicine by the more modern influenza. An attack of influenza is a much better excuse for non-attendance at the office or shop than a cold, the latter being commonly regarded as an accommodation bill drawn by laziness on idleness. There is unquestionably such a thing as a cold, that is to say, a deviation from health obviously consequent upon, and due to, exposure to cold and damp. The initial sensation of cold is followed by more or less pronounced physical discomfort, possibly by more definite signs and symptoms of bronchitis or other disease *a frigore.* With that predilection for inexorable logic which characterises the undiscerning, the average citizen regards every illness commencing with a chill as a cold, losing sight of the fact that there are chills, *i.e.*, sensations of cold, which are in no wise due to the action of low temperatures. This vulgar error has been productive of serious consequences in more than one direction. Take, or instance, the case of the parturient Mrs. Smith up to twenty or thirty years ago. Two or three days after having presented Mr. Smith with an addition to his family, she shivers, and is forthwith declared to have caught a cold, for which Mrs. Gamp, who is in charge of the case, is probably blamed, though she protests with the energy which characterises most of her utterances, that she is at a loss to explain how this has come to pass. Mrs. Smith gets worse, and ultimately dies or passes many weary weeks on a sick bed, all on account, says the *vox populi*, of a cold. Thenceforth, it is laid down as a cardinal maxim in dealing with these cases, that fresh air *quâ* cold air must at all cost be excluded from the lying-in chamber. The results were most disastrous, and, indeed, could hardly be otherwise, for the prevailing stuffiness of the chamber, the too-copious use of hangings to ward off draughts, and the total absence of ventilation, constituted conditions eminently favourable to the retention and multiplication of disease-producing microbes, from the effects whereof, and not from cold, the unfortunate Mrs. Smith succumbed or not as the case may be. Nowadays, and rightly, we are all for fresh air. We fear no foe save the ubiquitous microbe, and we fight him with fire and poison, with results that amply suffice to justify this war *à l'outrance*. It may, on the other hand, be a person with a weak chest who experiences a "chill" and, as it is theoretically impossible ever to exclude the influence of cold, he or she attributes the symptoms which follow—the cough, the sweating, the expectoration, &c., to incautious exposure, whereas this chill merely heralded a rise of temperature incidental to an outburst of tuberculous disease. It would surprise many intelligent people to be told that a chill is a sign that there is fever, and that sweating is usually a sign that the fever is abating. Yet such is the unvarnished fact, and it would be well for it to be generally known. Cold is merely a debilitating agent, the effects whereof will vary according to the individual. It throws a strain on the organic machinery and the weakest part gives. If the machine as a whole is in good trim, nothing happens beyond a little temporary discomfort. In a rheumatic person it may determine pains in the joints; in another, bronchitis; in a third, kidney trouble; and so on—in short, it picks out the weak spots, and converts weakness into disease. Colds are notoriously infectious and the places where colds are most frequently caught are places where ventilation is defective and where microbes abound, as in theatres, churches, railway carriages, and the like, so that even the symptoms of the old-fashioned cold are for the most part the result of microbial infection and not of exposure.

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## The New Asylum for East Sussex.

THE East Sussex County Council have now advanced so far in the practical contemplation of the erection of a new asylum that we are able to form some conception of its size and arrangement In approaching the consideration of this scheme they have been largely guided by Dr. Hayes Newington, as he is specially qualified to advise in matters of this kind from his long experience of lunacy and lunacy administration. As a preliminary, it appears that a Committee of Council has made a most exhaustive inquiry as to the best methods of construction, administrative arrangement, and treatment in vogue in other asylums, notably in the newer asylums of England and Scotland. Thereafter a report was drawn up giving a summary of the results of inquiry and inspection, with recommendations as to the best means of achieving the best results. A few days ago the County Council by an unanimous vote homologated the action of their committee, and we endorse the remarks of Mr. Campion, the chairman of the visiting committee for many years at Hayward's Heath, that in taking up the matter so heartily, and in passing the committee's recommendation so unanimously they had behaved in a patriotic and noble way. Mr. Campion also paid a high tribute to Dr. Newington, who brought the members of the committee into connection with a great many doctors and others skilled in lunacy matters both in Scotland and England. Dr. Newington, with his usual zeal and energy and common sense, has brought the preliminary stage of matters to a most satisfactory conclusion, and the County Council are to be congratulated on having had his rare experience and judgment in these practical matters. As he points out, the ideas in the report circulated in the beginning of last year have been faithfully carried out as to the principal facts and in many matters of detail. The principal idea here is to break up the great mass of insanity such as in many asylums in the past had been huddled together. Provision will be made separately for those cases which have a chance of recovery, and also for the proper treatment of the sick and infirm. Into the many improvements we need not enter, but it is evident that little that is new in asylum management has escaped the observation of the management, and we recognise in the width of Dr. Newington's scope of investigation a wide unprejudiced view, from which he has carried into practical effect all that is good and excellent in the lunacy administration of to-day. We shall look forward with interest to the further development into stone and lime and actual working of this new scheme.

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## The Lunacy Commissionership in Scotland.

IN a few weeks a change will take place in the *personnel* of the present Scotch Lunacy Commission by the retirement of Dr. John Sibbald who has been on the Board as deputy and full commissioner for nearly twenty-nine years. It is a critical time in the history of Scotch lunacy administration, for Dr. Sibbald has been identified with all the best features of the so-called Scotch lunacy system. Since he became superintendent of the Argyle Asylum nearly forty years ago, Dr. Sibbald has never been a place seeker, nor has he put himself much to the front for the sake of mere personal promotion, and it is to be regretted that there are not more men of his stamp, actuated by the highest principles, charged with indefatigable industry, and a vigilance and enthusiasm which distinguishes him to the last. He has never slackened his pace for work and to-day is as keen on the scent of new developments in lunacy administration and treatment—perhaps even keener than he was thirty years ago. This is saying a good deal for his virility and conscientiousness and it makes us feel all the more regret that an inappreciative Government has not extended his time service. If Dr. Sibbald had been forward in his own interest, he might by his importunity have forced upon the Government a due acknowledgment of his claims; but he has been one of the quiet, undemonstrative workers who have achieved a great deal, for the like which other men would have been quick to claim the reward. The policy of the Scotch board has been largely decided by Dr. Sibbald, and his level-headed way of looking at things, his finely balanced and careful judgment, his impersonal sense of justice, have done much to raise the board in the esteem of all who have been engaged in this special department whether in the higher or lower walks of the lunacy work in the country. In determining his successor, Lord Balfour of Burleigh, the Secretary of State for Scotland, has undoubtedly a delicate task, and it is not our purpose to say anything of any of the individual candidates, but we fervently express the hope which is agitating this special department of medicine, that not only in the interest of Scotch lunacy, but of the general lunacy administration of the kingdom, Lord Balfour will exercise the wisest judgment and be happy in his choice of a successor to Dr. Sibbald. We express what we are sure must be the unanimous feeling of this special branch of our profession, that all good wishes go with Dr. Sibbald into his retirement, and that it will be exceedingly difficult to find such a man for such work again.

## Syphilis in the Army: 1812 and 1896.

IN a little monograph on "Syphilis among British Troops—Portugal 1812, India 1896," Dr. George Ogilvie has brought together some very interesting facts, which should be read by everyone who has the interest of our Army at heart. It has evidently already borne fruit, judging from the fact that the subject for the next Parkes' Memorial Prize will be, the "Prevalence and Prevention of Venereal Diseases in the British and Indian Armies." The author proves beyond doubt that Fergusson's statement of the gradual self-extinction of syphilis in the Peninsula is a mere fable, and it follows, therefore, that all theories built upon this assumption are worthless He also gives prominence to the fact that Fergusson himself discovered some years later that the cause of his deplorable experience in Portugal was injudicious treatment, and with commendable candour he himself published this fact in 1843. Dr. Ogilvie further points out that a similar cause may possibly be operative in India. He is, however, careful to state that "the term *treatment* must be taken in its widest sense, not merely as a question of an under, or an overdose of mercury, but as comprising all the means to effect a cure, especially hygienic measures and conditions." He adds:—"little weight ought to be attached to all suggestions of particular modes of administering mercury, such as injections, &c., which, in preference to all others, are supposed to solve this deeply-rooted difficulty." Perhaps now as formerly, as Fergusson points out, "the error lies in the abuse, not in the use of the mineral." An exhaustive inquiry into the whole details of the treatment, and the hygienic conditions is therefore necessary. It is sure to bear fruit if carried out in the spirit of unselfish veracity which made Fergusson lay aside all convenient theories of self-exhaustion of the disease in Portugal, and place the calamities occurring among English soldiers at his own door

## The Punishment of Abortionees.

IT may be an optical delusion but it is difficult to resist the conclusion that trials for attempting to procure, or for procuring, abortion were never so frequent as at the present time. Hardly a day passes but the subject is brought to one's attention in the daily press, and the greatest interest is evidently taken in these gruesome dramas by the reading public. One point cannot but challenge attention, namely, the immunity accorded to women at whose guilty solicitations the accused persons have lapsed into crime. There is no legitimate excuse for the inaction of the police in this matter. The law defines the responsibility of the woman without any ambiguity, but we cannot recall an instance in which she, perhaps the most reprehensible of the two parties to the offence, has ever been prosecuted. There have been several cases lately in which persons who procured or sought to procure abortion have been duly punished, while his or her partner in crime has been allowed to escape scot free. If it were brought home to such women that the very act of soliciting anyone to commit this crime is in itself punishable by a term of imprisonment, they would possibly display less alacrity in inciting others to forfeit character and liberty on their behalf. Every medical man has to decline such overtures many times a year, but while we can hardly go so far as to suggest that they should give applicants for abortion into custody, we most certainly urge upon the authorities the propriety of instituting proceedings whenever the solicitation has become a matter of public notoriety.

## Hospitals and Rates.

A MOTION is shortly to be brought before the London County Council by Mr. J. B. Porter to exempt the eleven large general hospitals of the metropolis from the payment of rates, which at present absorb a sum of £8,000 per annum. While one cannot but sympathise with the spirit which prompts the proposal, we question the justice and expediency of saddling the ratepayers of particular parishes with the rates of the hospitals which happen to be within their limits. The general hospitals of London are by no means merely local institutions. They receive as out, and as in-patients, not only the inhabitants of neighbouring parishes, but from a large area of the country around, and there is no obvious reason why the local ratepayers should be called upon to contribute to their medical needs. The payment of rates is a disbursement which differs in no essential respect from other expenses incidental to hospital management, and no valid reason has yet been put forward why rates should be treated differently from any other of the many items of hospital expenditure. A moderate measure of reform in the out-patient departments would at once place the finances of the large hospitals on a sound footing, and we are not anxious to remove an incentive thereto.

### The Rowland-Nugent Impersonation Case.

It is somewhat reassuring to those who still retain any hope of the future consolidation of the profession of medicine into an united body of men with well recognised rights, privileges, and responsibilities to note the wave of indignation that has swept through the lay Press anent the recent sentence upon the man Rowland for personation. So great has been the earnestness shown that it even suggests the possibility of the outside public being one day roused to take an interest in the question whether their lives and limbs shall be entrusted to ignorant quack or to skilled professional handling. But do these lay editors, who wax eloquent with indignation over Rowland's iniquity, reflect that it is mainly through the agency of their own columns that quackery gains the ear of the confiding crowd? What is the alternate distinction between Rowland and, say, a charlatan who calls himself "Doctor" on the strength of a bogus American diploma, and who advertises to cure cancer or who sends abortifacients to all and sundry? What, indeed, except that the one has, so to speak, "gone the whole hog," and by felony secured a registrable diploma, which the General Medical Council proceeded to place on its *Register*, apparently with touching confidence in human nature generally, but with entire mistrust of the adverse official warning conveyed by the Medical Defence Union. Now, for a little constructive criticism. Let Rowland work out his three years, and be thankful that his two terms of penal servitude run concurrently. Let the General Medical Council devise some commonsense means of protecting the *Register*; let the Medical Defence Union go to work with renewed vigour; let the lay newspapers cut out quack advertisements. Then—well—then let the general practitioner pluck up heart and organise.

### Hospitals Great and Hospitals Little.

A certain section of the philanthropic world has, of late years, advocated a pernicious favouritism of the large hospitals to the exclusion of the small. They are forgetful, seemingly, of the fact that most of the institutions now famous and flourishing once had their humble origin, although they ignore the circumstance just as carefully as the Hebrew millionaire omits any mention of his Whitechapel ancestry. This policy of neglecting the smaller hospitals has been adopted more or less by the Hospital Sunday Fund, but not by the Hospital Saturday Fund. A gross instance of the same tendency was shown last week in the London County Council, where a member gave notice of his intention to move that the eleven great general metropolitan hospitals should be exempted from the payment of rates. Why stop at eleven? Why not every charitable medical institution in the metropolis? Of a truth the great hospitals and the great philanthropists know how to pull the strings! So far as the medical profession is concerned the competition of the large general hospitals is disastrous, and now that at least four of them take money for their services, the evil is likely to increase like a rolling snowball in a not distant future.

### The Care of School Children.

One of the chief characteristics of the modern conscience is the recognition of the paramount duty of the protection of the child. As in all great national readjustments, however, the generation and growth of the good seed must necessarily be more or less a matter of time. That has proved the case emphatically in the case of the disabled classes of the Pauper Metropolitan School Children, but perhaps the carrying out of the Departmental Order is one of the great social measures for the coming session foreshadowed the other day by Sir Michael Hicks Beach. Now that we have compulsory education and board schools the necessity of some kind of systematic medical supervision of the scholars has every year become more and more apparent, while suspicion as to the agency of school life in the spread of communicable diseases has been deepened into certainty so far as the incidence of diphtheria is concerned, There can be no doubt whatever, that our treatment of the board school lags far behind that of several continental nations. For instance, as recent writer on the subject has pointed out, in Brussels every school child is medically examined once in every ten days, when eyes, teeth, ears and general physical condition are overhauled. If the child looked weak and puny, cod-liver oil and other appropriate remedies are promptly administered. At mid day a square meal is provided, partly by private benevolence and partly by the commercial funds. In short, the greatest care is taken to see that no child is ill-shod, ill-clad, or ill-fed. We wonder how long it will take Great Britain to rise to this standard of humane foresight, and to provide for the bodies as well as the brains of the children of the poor.

### A Curious Inquest

An inquest which presented some unusual features was held last week at Liverpool on the body of a lieutenant in the Royal Niger Company's service, who had died at the infirmary from the effects of gunshot wounds, stated to have been received in a skirmish with natives on the West Coast of Africa, though of this there was only hearsay evidence. An open verdict was returned, but the peculiar circumstances suggest the question whether an inquest is usually held to be necessary in all cases of death within a year of the receipt of wounds received in warfare. If not, why not? There must be many deaths every year—at Netley, for example—of soldiers who ultimately succumb to their wounds, yet we have never heard of an inquest being held to determine the circumstances under which the wounds were inflicted. We know of nothing in the law regulating the holding of inquests which would exempt soldiers from its operation. Perhaps some member of Parliament would ask the question with the view of elucidating a point which might conceivable acquire considerable importance under special circumstances.

### Gloucester and Vaccination.

We notice that the anti vaccinationists of Gloucester have boldly announced that the recent epidemic of small-pox has had no effect upon them beyond making them more determinedly anti-vaccinationist than ever. Intelligent persons of the general community will only be disposed to feel contempt for such individuals, whose courage, in many cases, oozed out of them during the epidemic to so great an extent that they found it necessary to have some vaccine injected into them for fear that they might contract small-pox. It was a fact that in Gloucester many of the anti-vaccinationist party voluntarily submitted to vaccination while the epidemic was laying a violent hand upon the deluded community who had followed their fatal teaching. The Gloucester "delusionists" are now also proud of the fact that during the quarter ending September last, out of 415 births there were only twelve vaccinations—less than 3 per cent., and they have, in addition, stated that none of them made any application for exemption under the conscientious clause, and that they have no intention of doing so. Of course, it goes without saying that the anti-vaccination party in Gloucester feel exceedingly well satisfied with themselves, and they are likely to remain so, until the next epidemic comes and compels them to submit to vaccination.

### The Liverpool Tropical Diseases School.

The School for Tropical Diseases at Liverpool is now practically established, and it is significant of the policy pursued in its organisation that everyone concerned therein appears to be satisfied. Regret can, therefore, only be expressed that Mr. Chamberlain has not so far used his influence to bring about a similar result in regard to the Tropical Diseases School scheme in London. Had the Colonial Secretary wisely submitted the scheme to competent authorities in the medical world instead of permitting himself to be guided in the matter by a body of laymen representing a local charity, there is no doubt that the London School for Tropical Diseases would have been just as successful in its inception as that at Liverpool has proved. There is, however, still time for Mr. Chamberlain to remedy his error of judgment. His only wish, no doubt, is to see the scheme carried out to the best advantage. But the only way of achieving this result is to place it upon a proper footing and then secure for it the confidence of the medical profession.

### A Disgraceful Affair.

At an inquest held before the Coroner for Lambeth, early last week, it transpired that in response to a message sent to a certain "Medical Hall," an unqualified person named Bloomenthal, apparently the proprietor of the concern, visited the person and supplied medicine. Later on in the day a lady called, and finding the patient in a bad way, fetched Mr. Neville Holland, described as M.R.C.S., and L.S.A., who diagnosed fracture of the hip, being, it is asserted, at the time, under the influence of drink, an assertion which he does not appear to have contradicted. The Coroner, at the instance of the jury, strongly censured Mr. Holland, whose conduct will be reported to the General Medical Council, while the attention of the Apothecaries' Society will be directed to that of Mr. Bloomenthal. It is a mystery how so many unqualified persons contrive to go on practising medicine year after year in flagrant defiance of the penalty recoverable under the Apothecaries' Act. One would expect neighbouring practitioners, who cannot well be ignorant of the character of these concerns, to call attention thereto, yet this seems to be but rarely the case. Mr. Holland has already been two years off the *Register* for "covering," and if this new offence be proved against him, it will go hard with him.

### A Windfall for the Hospital Sunday Fund.

The Council of the Hospital Sunday Fund learnt something very much to their advantage at their meeting last week. The announcement was made that a late resident of Brighton, Mr. William Vokins, had bequeathed a sum of £50,000 to the Fund, which would be paid over on the death of his wife. From this it may be assumed that the testator possessed some confidence in the mode in which the Fund is administered, and the Council may, therefore, regard his action in the light of a compliment to themselves. That a sum of this magnitude should have been given for the purpose of benefiting the hospital charities in London is an especially noteworthy fact, and, of course, it imposes a great responsibility upon those whose duty requires them to administer it in order that the wishes of the testator may be duly carried out.

### Metropolitan Hospital Saturday Fund.

The delegates of the above excellent body last week made their list of awards, amounting to the respectable sum of £17,030. It is a matter of some regret that this year shows a falling off to the extent of £500, while last year, again, was £600 less than that of 1897. To some extent, however, these deficiencies may be attributed to temporary causes. We note that the largest grants have been made to the great general hospitals, several of which have received enormous sums from the public in recent years. It would be more reassuring to the medical profession and to the public if the Hospital Saturday Fund could announce that distribution was made with a constant eye to economy of management and to the curtailing of indiscriminate charity. Again, what is the attitude of the Fund towards the payment by patients which, in defiance of professional opinion, was last year adopted by the London Hospital? Mr. Acland, the chairman, has done a vast deal in fostering sound principles in this most important body. There is a still greater field before him in helping to secure justice in the relations of the medical charities to medical men.

### Salicylate of Bismuth.

INVESTIGATIONS undertaken by a French pharmacist on the salicylates of bismuth tend to prove that the composition of these salts is far from uniform. Many of them, it is stated, are not, properly speaking, salts at all, but merely molecular combinations of bismuth oxide and salicylic acid. The fact that the salicylic acid is washed out of these so-called salicylates in direct proportion to the solubility of the acid in the solvent employed supports this view. Some of the samples proved to be mere mixtures of subnitrate of bismuth and salicylic acid. It is quite possible that this mixture may produce the effects expected of the salicylate salt of bismuth, but even if this be so it would be better for the prescriber to specify the proportions of the two constituents rather than leave this important detail to the whim or caprice of the manufacturing druggist.

### The Wrong Tooth!

AN extraordinary action was tried at the Wolverhampton County Court a few days ago, when a stable lad claimed £25 damages of Mr. Bebb, a medical practitioner, for having extracted the wrong tooth. It transpired that there was a bony growth at the root of the aching molar which projected beneath the adjacent one, dragging the latter out at the same time. The judge, of course, gave judgment for the defendant with costs. There are probably a large number of people who would be willing to have their teeth extracted at £25 apiece without costs.

### The Royal College of Surgeons and the Members' Gown.

As might have been anticipated the Council of the Royal College of Surgeons of England has adjourned the consideration of a gown for members *sine die*, a very appropriate way to dispose of a suggestion which was simply ridiculous on the face of it. Gowns and stuffed alligators as appurtenances of the consulting room belong to a bye-gone age, and we have no wish to rescuscitate them.

### The Guernsey Way of Dealing with Quacks.

A PERSON called Derentz, who was banished from Guernsey five years ago for malpractices, was summarily arrested last week and lodged in gaol, where he unsuccessfully attempted suicide. He is suspected of being in the habit of receiving young women in his house for the purpose of procuring abortion, keeping them under his charge until convalescence. Derentz is generally known as "the doctor," but possesses no medical qualification.

### British Hospital for Rome.

THE British colony in Rome have decided to found a hospital in the city for the benefit of English persons. The estimated cost of the erection and equipment of the institution is £7,000, of which sum only a small proportion still remains to be raised. The hospital, it is expected, will be ready for patients early next year.

A HERBALIST, named George Hare, 69, was found guilty of using an instrument with intent to procure abortion, and at the Old Bailey last week was sentenced to twelve years' imprisonment. In 1889 he was sentenced to a term of ten years' penal servitude for a similar offence.

ACCORDING to the report of the Medical Officer of Health for the parish of Stoke Newington, published last week, the recorded death-rate of the parish for the four weeks ended December 31st, was only 10·8, while that for the whole of London during the same period was 17·2.

LADY ELGIN opened the Lady Dufferin Victoria Hospital in Calcutta, last month. The building cost three lakhs of rupees, the bulk of the money having been subscribed by native gentlemen.

### PERSONAL.

SURGEON-GENERAL H S. MUIR has been appointed Deputy Director-General of the Army Medical Service.

SURGEON-GENERAL W. TAYLOR, C.B., has been appointed Principal Medical Officer in India.

SURGEON-GENERAL W. S. M. PRICE has been appointed Principal Medical Officer with the British Forces in Egypt.

MR. ALEXANDER G. R. FOULERTON, F.R.C.S.Eng., D P.H.Camb, F.C.S., has been appointed Bacteriologist to the Middlesex Hospital.

DR. ROBERT BARNES and MR. LAWSON TAIT have been elected Honorary Presidents of the Gynæcological Congress, which is to meet at Amsterdam in August.

H.R.H. THE PRINCE OF WALES has announced his intention of being present at the Hunterian Oration at the Royal College of Surgeons, England, on Tuesday, February 14th next.

THE President of the Royal College of Surgeons in Ireland entertained at his residence on Thursday last the Councillors of the College, with the addition of Sir Thornley Stoker and Dr. James Little.

Dr. N. H. CHOKSEY, medical officer in charge of the Arthur Road Hospital, Bombay, has been invested with the Order of the "Crown of Italy," by command of the King of Italy. The decoration was presented to Dr. Choksey for services rendered to the Italian representatives of the plague commission who visited India last year.

Dr. Molony, F.R.C.P.I., Senior Resident Medical Officer of St. Patrick's Hospital, Dublin, has accepted the offer of the Governors to take charge of the newly acquired country branch at Lucan. The vacancy thus created has been filled by the appointment of Dr. Robert Richard Leeper, at present Surgeon to the Rathdrum Union Infirmary, and Visitor of Lunatics under the Lord Chancellor. Dr. Leeper's contributions to psychological literature are well known.

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## Correspondence

We do not hold ourselves responsible for the opinions of our correspondents.

### PRIMARY EPITHELIOMA OF THE UVULA.

*To the Editor of* The Medical Press and Circular.

Sir,—Regarding your interesting note of Dr. Walker Downie's case of this nature reported in the current number of *The Scottish Medical and Surgical Journal*, you rightly say that it "is a very rare affection."

On referring to the original report, I find that Dr. Downie quotes from the third edition of my work, "The Throat and Nose, and their Diseases,' to the effect that I had up to that time not seen an example. This is true, but in my fifth edition, on page 322, I report an example as Case XXVII, that of a male patient, æt. 48, who was first seen by me on the recommendation of Dr. Watson, of Tunbridge Wells in June 15th, 1897, just a month before the date of Dr. Downie's case. The result of excision has been equally satisfactory, nineteen months having elapsed without recurrence. The coloured drawing of the appearance is given on Plate V., Fig. 37, and a microscopical section on page 323, as Fig. CLXIX, which showed the growth to be of the squamous variety of epithelioma.

I am, Sir, yours truly,

Lennox Browne.

Mansfield Street, W.,
January 20th, 1899.

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### POPULAR BACTERIOLOGY.

*To the Editor of* The Medical Press and Circular.

Sir,—In reference to the remarks contained in your last issue under this title, I beg to say, in the first place, that the writer nowhere makes it apparent that he bases them on material taken from three different sources. Of these, the first, which contains my repudiation of any desire to pose as a specialist, appeared in the *Lancet* of December 10th, and deals exclusively with the *therapeusis* of diphtheria, upon which point my experience, I repeat, does not justify my assuming a specialistic attitude.

The question of my appointment as bacteriologist rests upon an entirely different footing. I have no wish to boast, but, having devoted most of my spare time for the last ten years to this class of work, and having been sufficiently fond of, and interested in, it to maintain a laboratory at my own expense for the last seven years for its study, my claim might reasonably be a different one.

The lecture was not a public one, but was delivered before the members of the Camberwell Vestry, and such medical men as accepted the Vestry's invitation to attend. It was reported, most inaccurately, in the *Daily Telegraph* of the following day, and the report in question has been taken by your contributor as the basis of his criticisms, a very rash, as well as a very unfair proceeding. The time devoted to diphtheria may have been ten minutes out of eighty, and the absurd statement as to the relative virtues of vaccination and antitoxin (even the *Telegraph* did not limit me to diphtheria in this connection, as your contributor does) really amounted to no more than a statement of the possibility that vaccination, which only provides prophylaxis against one disease, might in the long run, prove to be a less important discovery than that of antitoxin, which opens an entirely new avenue in medical research, since it indicates a possible method of treatment of all infectious diseases upon the same lines. It was not thus, a question of the benefits that have accrued from the small amount of *work* that has been done, but of the enormous possibilities of the *method*.

The third source of information of which your contributor has availed himself is the "interview" in the *South London Press* of last Saturday. This journal having copied the *Telegraph* verbatim, I wrote to the Editor, and he sent down a reporter, who naturally availed himself of the opportunity of acquiring further information, as well as making the corrections which I insisted upon. The statement as to the reduction of mortality from diphtheria in Camberwell occurs in this, and I am at a loss to see what there is in it to which exception can be taken. Does your contributor deny my facts or my figures? That I have counted my chickens before they are hatched—or shall we say, killed?—is untrue. I have been set to work to assist the Vestry in reducing the mortality, and the figure mentioned is what we aim at. Unfortunately, I know only too well that the chances are a thousand to one against its being attained at present, since I know the difficulty which will be experienced in bringing home to medical men their duty in the matter. If we could do this, we should reduce the mortality to three per cent., and save 120 lives annually on the population of Camberwell, which is over a quarter of a million.

I have never yet heard it claimed for glycerinated lymph that it was absolutely sterile, nor was this my point. The hope I expressed was that we might be able to supply lymph in a form which would "satisfy the conscience of the most conscientious objector," since, being manufactured *in vitro*, it would be free from any suspicion of animal contamination. Anyone who has had much to do with the conscientious objector knows that this point is the real "refuge for the destitute" of the anti-vaccinationists.

Finally, may I suggest that your contributor, in denying the possibility of the extinction of infectious disease, in reply to a conjecture of mine, is venturing into regions of prophecy into which I, for one, am disinclined to follow him? That is what is being aimed at, and the progress made in this direction, and the increasing number of means available in the conflict, justify the hope that—though not in our lifetime—this may be accomplished. Your contributor may, however, comfort himself with the reflection that, whichever of us is in the right will never be able to enjoy the triumph, dear to the heart of every Englishman, of saying, 'I told you so."

I am, Sir, yours truly,

Edward C. Bousfield.

363, Old Kent Road, January 20th, 1899.

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### INACCURACIES IN THE *MEDICAL REGISTER*.

*To the Editor of* The Medical Press and Circular.

Sir,—Now that the question of the accuracy of the *Medical Register* is being ventilated, it may interest you to know that I recently accidentally discovered several errors in it. One is that of a friend of mine who has been dead for several years, but his name and address in a foreign town still figure in the *Register* of 1898. The name of his father who died more recently has, however, been removed. Three or four practitioners in this town are apparently liable to have their names erased as their addresses are totally wrong, and another friend of mine, who has practised in London for several years, is still officially located in the Royal Infirmary, Edinburgh.

These are merely random samples of inaccuracy from one cause or another, and doubtless many others could be added thereto.

I am, Sir, yours truly,

M. S.

Cambridge, January 23rd, 1899.

## PERSONATION AND ERASURE FROM THE *MEDICAL REGISTER.*

*To the Editor of* The Medical Press and Circular.

Sir,—May I point out that the periodical erasure of the names of registered practitioners who do not respond to the Registrar's roll-call affords no protection whatever against personation. The personator would of course take care to acknowledge receipt of the notice, and as the Registrar has no means of testing or controlling the authenticity of the signature, the fraud necessarily escapes detection.

I am, Sir, yours truly,
G. S. A.

## MEDICAL SOCIETY OF LONDON.

At the meeting on Monday evening last (January 23rd) Mr. Cuthbert Wallace read notes of three cases of appendicitis with diffuse peritonitis in which he had successfully operated. In two instances the peritonitis was general, but in the third it did not extend beyond the transverse meso-colon. In all three he had removed the appendix and turned out the intestines, flushing the belly cavity with sterile water. He made his incision through the right rectus muscle. All three cases recovered without a bad symptom.

In the discussion that followed the author was warmly congratulated on his unprecedented success. Mr. Clutton referred to the bad results which formerly followed ex-ventration, but thought it might be revived with advantage. To obviate the difficulty in getting the bowels to act he recalled a suggestion to inject a solution of magnesium sulphate into the bowels high up by means of a hypodermic syringe.

Mr. Stanley Boyd questioned the accuracy of the description of diffuse peritonitis in many of the recorded cases. He had inquired for a drug which would act on the bowels if injected hypodermically, but had not been able to find one. It must be impossible, under any circumstances, absolutely to cleanse the peritoneum, and much must depend on the patient's powers of resistance.

Mr. Bruce Clarke thought ex-ventration was, on the whole, a good thing, and he approved of the incision through the rectus.

Mr. Battle mentioned a case of diffuse peritonitis in which he had operated.

The President insisted on the prognostic value of thoracic breathing and abdominal hardness.

Mr. P. J. Freyer related "two recent cases of successful operation for impacted stone in the ureter." The first case was that of an officer, æt. 23, who had suffered from renal colic and hæmaturia for nineteen months. He exposed and incised the kidney, but found no stone. He found one, however, impacted four inches down the ureter, and he incised the ureter and removed the stone. The patient made a perfect recovery. In the second case, a man with multiple stricture had suffered for many years from symptoms of kidney stone. The left kidney was explored by another surgeon in 1895 without result, and on his re-exploring no kidney could be found. He subsequently performed internal urethrotomy, still without affording relief. Later on, with the cystoscope, he detected a stone projecting from the right ureteral orifice into the bladder, and this he removed with the lithotrite, after which the patient gradually recovered.

Mr. Bruce Clarke related the case of woman from whom he had removed a stone impacted five inches down the ureter.

## THE SWINEY PRIZE.

The adjudicators of the Swiney prize, at the meeting held in the rooms of the Society of Arts on Friday the 20th inst., awarded the prize for the present year to Dr. J. Dixon Mann, F.R.C.P., Professor of Forensic Medicine and Toxicology in Owens College, Manchester, for his work on "Forensic Medicine and Toxicology." The prize, in accordance with the will of the testator, is awarded on every fifth anniversary of his death to the author of the best published work on Jurisprudence. The prize consists of a silver goblet of the value of £100, with money to the same amount. Dr. Swiney died fifty years ago—on the 20th of January, 1844—and the award has been regularly made every fifth year to the present time. The Society of Arts are the trustees of the fund, and the award is made by that Society and the Royal College of Physicians of London. Having regard to this fact, the prize has up to the present date been given alternately for works on General Jurisprudence and on Medical Jurisprudence.

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Sir William McGregor, who has just been appointed Governor of Lagos, is M.D. of Aberdeen, but he early developed such striking administrative abilities that he does not seem to have practised his profession to any great extent. A medical education must, however, be valuable even to the governor of a colony.

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The Duchess of Albany last week opened the new Nurses' Home of the Chelsea Hospital for Women, and afterwards paid a visit to the hospital.

# Obituary.

## MR. ARTHUR HENRY WILSON, OF LIVERPOOL.

We sincerely regreat to have to announce the death of Mr. Arthur Henry Wilson, which took place at his residence, 30 Rodney Street, Liverpool, on January 15th, in his 39th year. The deceased, second son of Mr. C. B. Wilson, an old and highly respected surgeon of that city, had a distinguished career as a student, gaining the Lyon-Jones scholarship and gold medal in anatomy, and the Derby Exhibition in clinical medicine. Later he filled the offices of house physician and house surgeon at the Royal Infirmary, Liverpool, where his father had also been house surgeon in his early days. Commencing private practice he was appointed honorary surgeon to the Stanley Hospital, Liverpool, and some years ago he received the appointment of surgeon to the Northern Hospital, which post he retained to the time of his death. Rather reserved in manner, he did not court friendships, but those he made were firm and sure, and perhaps no one had warmer friends than Arthur Wilson. It may be truly said that those who knew him best loved him most.

As a surgeon he was able, clear-headed, and a skilful operator and his colleagues lose in him an esteemed and valued friend whose untimely end they deeply deplore. Some months ago he began to show signs of serious ill-health. At first the symptoms were far from pronounced, and considerable doubt existed as to the nature of the malady. Later on, however, symptoms of ulcerative endocarditis became evident, and to this he succumbed. The deceased was not married.

The funeral, which took place on the 18th inst., was very largely attended, the officiating clergyman being his brother-in-law, the Rev. Stephen Gladstone, rector of Hawarden.

# Literary Notes and Gossip.

We have received the first number of a new medical review, "Les Archives Provinciales de Medécine," edited by Dr. Marcel Baudouin, Paris. Among the contents is a valuable and exhaustive contribution, beautifully illustrated with coloured drawings, entitled "Mixed Tumours of the Parotid," by Drs. Curtis and Proces, which will well repay perusal. This new publication promises well, and should prove successful.

⁂

Several of our American contemporaries, just to hand, publish some comments upon the new departure in medical journalism which has been adopted by a medical journal, recently founded in Philadelphia, of refusing to issue exchange copies. No doubt, as a piece of "bluff," the announcement of this change was, to use a vulgar phrase, "smart," and, in any other country than the United States, might prove in the end to be a successful move. But, judging from the remarks of our contemporaries, just the opposite effect is likely to ensue, as the medical journal in question will probably, before long, find to its cost.

⁂

Under its new editor the *English Illustrated Magazine* has taken a new lease of life, and shows noteworthy improvement. The January number is a most interesting issue, containing many articles of the kind most likely to attract magazine readers. Moreover, a new feature has been introduced of coloured illustrations, and these are of a highly artistic and finished character. Mr. Bruce Ingram, the new editor, is to be congratulated upon the success with which he has inaugurated his assumption of office.

⁂

The new volume, July—December, 1898, of "Braithwaite's Retrospect of Medicine" just published, well sustains the reputation of the work. The valuable series of abstracts which it contains culled from the medical literature of the past half year renders it an essential volume to every practitioner desirous of keeping himself abreast with the times. Its usefulness is further increased by an admirable synopsis which shows at a glance the various subjects dealt with.

⁂

Messrs. Kegan Paul and Company have just issued a revised edition of Mr. E. A. Reynold-Ball's "Mediterranean Winter Resorts." Although the characteristic features are unchanged the requirements of ordinary tourists are more fully met than in the previous edition, and in the case of places of historic or artistic interest the principal sights are so fully described as to render the traveller independent of guide books. At the same time particular care is paid to the interests of those classes of visitors for whom the book is mainly intended viz., invalids and winter residents, and great importance is given to the medical aspects of various winter stations.

⁂

Messrs. John Wright and Co., of Bristol, have sent us a new "case paper," designed by Drs. Couch and Lancaster, which certainly offers some advantages over those in general use. It consists of four pages, the first whereof gives headings under which the various items of information concerning the name, &c., of a patient and the condition of his organs, can be entered, thus ensuring that no essential particulars are overlooked or omitted. The two centre pages are covered with tracings in faint red of the trunk, from the front and from behind, as well as in section, feet, hands, throat, larynx, &c., on which observed morbid conditions can be readily recorded. There remains a blank page for miscellaneous notes. These papers are supplied at 26s. per 1,000.

⁂

The "Phonographic Outlines of Medical Terms," published by the Society of Medical Phonographers is, or should be, of use to those medical students who are disposed to avail themselves of the facilities afforded by shorthand for taking notes of lectures, &c. As a matter of fact, however, this work does little more than show the easiest way in which a given scientific word can be written in full most of the outlines being, so to speak, *en toutes lettres*. What we should have imagined the student to require would be useful grammalogues of the more frequently used medical terms. Skilled writers of shorthand can, of course, invent these for current use as and when occasion may require, but even they might be glad of a few hints. There is an appendix containing a list of words having the same shorthand outline and distinguishable only by vocalisation or position, but in the interests of legibility we should advise the student phonographer to rely on the former rather than on the latter.

⁂

An official organ of "The International Commission on Adulteration" has just made its appearance under the title of the *British Food Journal and Analytical Review*. Its objects are as foreshadowed by the title, and, by its aid the Association—branches of which exist in every capital in Europe—will doubtless accomplish a good deal towards the suppression of adulteration of food and drugs. The initial number is in itself a powerful plea for its *raison d'etre*, and few would-be adulterators will care to be pilloried in an organ which, by reason of its official character, will find its way throughout the civilised world. The names of members of the Commission are given in the number before us, the President being Prof. Brouardel, of Paris, and the representatives for Great Britain: Sir Hy. Thompson, Bart.,; Sir Chas. Cameron, C.B.; Prof. Corfield, F.R C.P.Lond.; and Mr. Chas. E. Cassal, F I.C. The journal will be published monthly by Messrs. Baillière, Tindall, and Cox.

⁂

The "Plan and Plea for National Medicine," by E. L. Garbett, of the Peculiar People, is a protest against "the notion of a class of men learned in medicine and selling their advice" as being utterly foreign to the Old Testament. It may be that in those days no one had any medical advice worth paying for, but this is hardly sufficient to justify the abolition of doctors now, in favour of a birth-tax, or rather an ante-natal tax, "estimated at one halfpenny per week between the ages of 10 and 30, rising to threepence for the first year, twopence at 45, and an additional penny for every five years." In discussing the parcelling-out of the "health parish," we are directed "to multiply the number of persons in each age by that age's units of vitality, and then equalise the whole sum"—Q.E.D. The author incidentally protests against medical fees, which he (or she) regards as "percentage on outlay," and this leads her to, or from, the remark that "every farthing of interest on capital is damnable plunder of labourers," which is not exactly *ad rem*—but no matter!

⁂

It is rather a pity that Dr. Robert Bell's pamphlet on the safety of chloroform should be disfigured by such an intolerable amount of vehement rhetoric and abuse couched in biblical phraseology. Had he shown himself more temperate in his advocacy, and more guarded in his language, we should have congratulated him on having attacked a subject which certainly calls for attention. He has set himself the task of rehabilitating chloroform as an anæsthetic, it having fallen into disgrace owing to the numerous fatalities following its use by unskilled or careless persons who are unable, or for some reason unwilling, to adopt the only means whereby this powerful agent can be safely administered, *viz*, a regulating apparatus of an approved type. The statistics upon which the conclusion has been arrived at that ether is a safer anæsthetic than chloroform, are vitiated by the fact that they are mostly based on cases in which ether has been given by means of an apparatus, while chloroform has been given recklessly on a towel. The carelessness in each case being presumed equal, chloroform is obviously likely to prove more fatal than ether because it is much more powerful. That ether *per se* is not safe, is proved by the fact that no less than fifty-four deaths have been recorded in this country from that cause during the past year.

## NEW BOOKS AND NEW EDITIONS.

The following have been received for review since the publication of our last monthly list:—

Bailliere, Tindall, and Cox (London, Paris, Madrid).

Dictionary of Medical Terms. Vol. I., English-French. By H. de Méric, M.R.C.S., Surgeon to the French Hospital, London. Pp. 394. Price 5s.

Blackwood and Sons (Edinburgh and London).

The Good Regent: A Chronicle Play. By Professor Sir T. Grainger Stewart, M.D., LL.D. Pp. 207. Price 6s.

James Bowden (London).

The Secret of Good Health and Long Life. By Haydn Brown, L.R.C.P., L.R.C.S.Edin. Second Edition. Pp. 172,

J. and A. Churchill (London).

Guy's Hospital Reports. Vol. LIII. Edited by E. C. Perry, M.A., M.D, and W. H. A. Jacobson, M.A., M.Ch. Pp. 310.

St. Thomas's Hospital Reports. Vol. XXVI. Edited by Dr. Hector Mackenzie and Mr. G. H. Makins. Pp. 472, with additional reports on special departments. Price 8s. 6d.

W. and A. K. Johnston (Edinburgh).

The Anatomy of Labour and its bearing on Clinical Work. By A. H. F. Barbour, M.D., F.R.C.P.Ed,, F.R.S.Ed Pp. 216 and 146 2nd Edition.

Sampson, Low, Marston, and Co. (London).

Twentieth Century Practice. Vol. XV. Infectious Diseases. Edited by Thos. L. Stedman, M.D., New York Pp. 658.

The Scientific Press, Limited (London).

Poison Romance and Poison Mysteries. By C. J. S. Thompson. Pp. 255. Price 6s.

Simpkin, Marshall, Hamilton, Kent and Co. (London).

The Retrospect of Medicine. Edited by Jas. Braithwaite, M.D. Lond., and E. F. Trevelyan, M.D., M.R.C.P.Lond. Vol. CXVIII. Pp. 440.

Swan, Sonnenschein and Co. (London).

Sanataria for Consumptives in all Parts of the World. By F. R. Walters, M.D., M.R.C.P. Pp. 371. Price 10s. 6d.

John Wright and Co. (London).

The Treatment of Disease by Physical Methods. By T. Stretch Dowse, M.D., F.R.C P.Ed. Pp. 412. Price 7s. 6d. net.

T. Fisher Unwin (London).

Life of Man on the High Alps. By Angelo Mosso. Translated from the Italian. By E. Lough Kiesow. Pp. 342. Illustrated. Price 21s.

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# Literature.

## LOCKWOOD ON HERNIA, HYDROCELE, AND VARICOCELE. (a)

Another work by this author cannot fail to give pleasure and instruction, and the more so since the volume before us is the writer's verdict on his own practical experience. It is the record of his operations for the radical cure of herniæ, of hydrocele, and varicocele. He well says that the operation for the radical cure of hernia has no longer to be defended, though it is, perhaps, to be desired that the expression "the operation for the radical cure of herniæ" might have given way to the less cumbersome, and less dogmatic one of "the radical operation upon herniæ." This needs no defence, because of its success, its low death-rate, and its freedom from the complication of suppuration, which latter fact we think is greatly due to the work and teaching of Mr. Lockwood. In dealing with operations upon herniæ, the author divides all such protrusions into three varieties —congenital, traumatic, and acquired. We think that this is a little unfortunate, since the terms used are generally somewhat differently employed. "Congenital" is correct if by it is meant, as Mr. Lockwood does, that the hernia is due to some failure in development, but "acquired" should include all other forms of herniæ. Thus the variety "traumatic" is to be but a subdivision of "acquired," and even then should have two meanings — namely, to indicate those protrusions which are the result of operative procedures on the abdominal wall, and those which are caused by actual tearing asunder of fibres, true "ruptures." Mr. Lockwood is emphatic that in inguinal herniæ one is only likely to secure good and lasting results in the cases of congenital and "traumatic" herniæ, and this teaching is the outcome of all the experience of those who have had a large number of cases under their care. With regard to the congenital variety as it occurs in infants, he holds with many other surgeons, that a carefully adjusted spring truss will, in a large majority of the instances bring about a cure, but if it does not before the child begins the active enjoyment of athletic pursuits, then operation should be advised. His directions for the performance of the operation, after his explanation of the preparation of the patient, leave nothing to be desired. He dwells on the very important point as to the manner in which an arrested testis is to be dealt with when encountered in the radical operation. His experience of returning it to the extra-peritoneal tissue is limited to one case, but others have found but little harm to follow such a procedure in instances where the organ cannot be brought into its natural resting place. Mr. Lockwood's remarks on hydrocele, and varicocele are chiefly in connection with their complicating the operation for the relief of hernia, but the whole subject of these conditions is very carefully reviewed, especially in reference to operations for their radical cure. He advocates excision of the sac in the hydrocele, and sterilised twisted silk in ligating a varicocele. From every point of view we cannot regard this work otherwise than as one that will considerably help surgeons in the selection and treatment by operation of the many forms of scrotal swellings, designated by the terms hernia, hydrocele, and varicocele.

## OSLER'S PRINCIPLES AND PRACTICE OF MEDICINE. (a)

New improvements in type and paper have been called in to increase the attractiveness of the present issue of this deservedly popular American text-book; the text has been in all parts revised, and in considerable proportion re-written, so as to bring the volume abreast of the present state of scientific and clinical knowledge. These modifications were very necessary, of course, as the former edition is *three years* old, which appears to be the maximum degree of longevity which this progressive and unsympathetic age allows to any representative text-book of the science of medicine.

"The following articles have been re-written or are new:—Vaccination, Beri-beri, the Bubonic Plague, Cerebro-Spinal Fever, Pneumonia, Malta Fever, Yellow Fever, Dengue, Leprosy, Glandular Fever, the Gonorrhœal Infection, Cancer of the Stomach, the Gastric Neuroses, the Cirrhoses of the Liver, Jaundice, the Diseases of the Bile Passages, Diseases of the Pancreas, Diseases of the Thymus Gland, Diseases of the Spleen, Lymphatism, Addison's Disease, Encephalitis, Neurasthenia, Erythro-melalgia, and many other shorter articles, as Ether Pneumonia, Anæsthesia Paralysis, Pneumaturia, Albumenuria, &c.

"Into the sections on Typhoid Fever, Tuberculosis, Rheumatic Fever, Diabetes, Gout, Parasitic Diseases, Diseases of the Blood, Heart, Lungs, and Kidneys, much new matter has been incorporated. The section on Diseases of the Nervous System has been rearranged, and an attempt has been made to group the diseases in accordance with the modern conceptions of the anatomy and function of the parts."

A text book, so well known to the professional public of the period, assuredly requires no critical introduction through the medium of our pages. Accordingly, we think it only necessary to say that the author has used all his wonted care and skill in bringing the present issue fully abreast of the most advanced lines of our scientific knowledge, and has been well seconded by the efforts of the publisher, printer, and bookbinder in their respective spheres. They have succeeded in making this admirable manual of medicine attractive in direct proportion to its instructiveness, and the net result of their "conjoint" labours is the best hand-book in the English language of its subject that we know of.

## ANDERSON'S YELLOW FEVER. (b)

This little book of one hundred and six small octavo pages contains an excellent clinical picture of yellow fever, and gives the author's experiences of the disease; an experience gained in thirty-four years' hard work in the West Indies.

Like all physicians of his day, Dr. Anderson went to the Tropics without any knowledge of tropical diseases, but, fortunately, for himself he formed the acquaintance of two physicians who were very competent and quite willing to instruct him in the nature and treatment of these diseases.

The book is intended for practitioners, and not for students reading for examination, and consequently there is nothing about the theories of the fever.

As a record of the author's personal experience of yellow fever in the West Indies, the book has a distinct value, and may be read with great advantage by physicians who propose practising in the Tropics. He is clear and brief in statement, telling his story plainly in idiomatic English, for which, and for the absence of padding, we are truly grateful. The number of fatal cases is less when antitoxin is used early in the illness than in those who do not receive it until a later period. The frequency of the occurrence of paralysis is not diminished, but the percentage of recoveries in cases with paralysis is slightly increased.

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(a) "On Hernia, Hydrocele, and Varicocele" By C. B. Lockwood, F.R.C.S., Assistant Surgeon to St. Bartholomew's Hospital, Surgeon to the Great Northern Central Hospital. London and Edinburgh: Young J. Pentland. 1899.

(a) "The Principles and Practice of Medicine." Designed for the use of Practitioners and Students of Medicine. By William Osler, M.D., LL.D.Edin., F.R.S., F.R C.P., Professor of Medicine in the Johns Hopkins University, and Physician-in-Chief to the Johns Hopkins Hospital, Baltimore; formerly Professor of the Institutes of Medicine, McGill University, Montreal; and Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia. Third edition, largely re-written. Edinburgh and London: Young J. Pentland. 1898.

(b) "Yellow Fever in the West Indies." By Izett Anderson, M.D.Edin. London: H. K. Lewis 1898.

Rashes are produced in about one-third of the cases, and are attributable to the antitoxin. Pain and occasional swelling about the joints are produced in a small number of cases. Even when used in very large doses, no serious ill effects have followed the injection of antitoxin.

Although we do not wholly accept these conclusions, we recognise the value of the report as a most useful contribution to the study of this terrible disease; an immense mass of facts have been collected, classified, and supplied to the reader in a form which enables him to draw his own conclusions and supplies him with a great body of information on the disease.

## THE CLINICAL SOCIETY'S TRANSACTIONS. (*a*)

THE present volume of Transactions, which was published on October 11th last, is one of unusual interest. In an appendix it contains the "Report of the Committee on the Antitoxin of Diphtheria."

To similar reports published by this great Society the medical profession and the public are much indebted.

The investigation of other medical problems undertaken by this Society have been carried out with a thoroughness that left nothing to be desired; the members who undertook the onerous task seemed to be one and all fired with an enthusiasm for scientific truth that carried them successfully through labours that would have deterred less fervent students.

These well-known facts give a great value to any pronouncement on medical matters the Society may make. It is, therefore, of the utmost importance that no opinion will be expressed by the Society without the most scrupulous care being taken that the conclusion arrived at is based on the clearest proof. We wish we could see our way to the acceptance of the conclusions arrived at in the "Report of the Committee on the Antitoxin of Diphtheria." We have a great respect for the labours of the Committee, and we acknowledge that the subject selected for investigation was worthy of the Society's best effort for elucidation, and that it is one of the most pressing problems in the medical world. But all this said, all of which is distinctly creditable to the Society, does not alter our opinion on the conclusions, which are as follows:—

The use of antitoxin reduces the mortality by one-third.

The mortality in tracheotomy falls by one-half.

Extension of membrane to the larynx rarely occurs after the administration of antitoxin.

The duration of life in fatal cases is decidedly prolonged.

Of the thirty-six original articles in the volume we have not space to tell their value; they are all of the high standard of excellence that characterised the proceedings of the Society from its beginning, and placed it in the first rank of scientific medical societies.

We may just add that the work has been carried on for over thirty years by honorary secretaries; a fact which speaks eloquently of the love of medicine for medicine's sake.

## TOURETTE'S TREATMENT OF SYPHILITIC MYELITIS. (*b*)

THIS new series of short monographs—not exceeding 100 small octavo pages—has for its object to provide the student and general practitioner with such information concerning current events in medical literature as is necessary for their "examination and everyday professional work." The present volume contains a brief and lucid sketch of the principal forms of syphilitic myelitis, their pathology and treatment, by a writer of repute and competence. Most of the illustrative cases are taken from the stock of his personal experience. This subject is familiar to all who are cognisant of the discussion which occupied two meetings of the Medical and Chirurgical Society of London in February and March, 1895; yet a few points are deserving of special mention. Under the designation, "Myélite syphilitique, pseudo-tabétique," attention has been drawn by the author to cases in which the meningo-myelitic process is in the main limited to the region of the posterior roots of the cord, causing their compression by inflammatory products. Thus the picture of tabes may be closely mimicked. The author is of opinion that the rare cases of recovery from tabes after mercurial treatment belong to this category. This is hardly likely considering the difference in the clinical features of the two affections with regard to reflexes and gait. In opposition to Erb, the author has found that pupilary symptoms are pretty frequently met with in Erb's spastic paraplegia. In particular, the so-called "sympathetic ptosis," due to implication of the first dorsal pair, is declared to be by no means rare. This is explained by the circumstance that even in cases of apparently only dorso-lumbar localisation, the microscope nearly always reveals the whole spinal axis to be involved by the myelitic process. A separate chapter is allotted to hereditary syphilis as a cause of myelitic affections, in particular, in adult age. According to the imperfect state of our actual knowledge on this subject it is chiefly of a conjectural and controvertible description. With regard to treatment, subcutaneous injections of mercurial salts (exception is taken to calomel) are advocated in cases of urgency, while in the more chronic forms, preference is given to the inunctions. The handy little book is neatly got up, and well printed. Within its scope it is an altogether readable and commendable publication.

## MOULLIN ON INFLAMMATION OF THE BLADDER. (*a*)

WE are old enough to have heard the oft-told lecture on "Catheter Fever," and we remember the serious tones in which the lecturer told of the unavoidable risk attendant on such a simple operation as passing a catheter. Why the fever should follow in one case and not in another was, we were gravely informed, a mystery. In fulness of time the mystery has been solved, and we now know that a dirty catheter set up septic poisoning, which was attended with all the train of symptoms that are included under the name fever

It appears, however, from Mr. Moullin's monograph that there are some members of the profession still living who are not convinced of the truth of the theory that the fever is due to septic poisoning; to try and convince these doubters is the principal aim and object of the book before us. Twelve chapters are devoted to the subject, and we are inclined to think that the doubter who reads the monograph and still remains unconvinced of the truth of the theory can hardly be said to be capable of reasoning. The book well sustains the credit of the author for fulness of knowledge, and facility and clearness in teaching.

## MORRIS ON RINGWORM. (*b*)

OF recent years a vast impulse has been given to the study of ringworm by the researches of Sabouraud, who first definitely established the plurality of fungus in that disease. In the book under review the author has treated the subject systematically and thoroughly from one end to the other, and has produced a concise, up-to-date, and accurate monograph. With practised literary skill he has drawn up a clear history of the gradual evolution of medical knowledge upon the subject. We note that he appears disinclined to follow Sabouraud in his well-nigh endless differentiation of fungi and of the distinct species

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(*a*) "Transactions of the Clinical Society of London." Vol. XXXI. London: Longmans, Green and Co. 1898.

(*b*) "Formes cliniques" et traitement des myélites syphilitiques; Les Actualités Medicales. Paris: Baillière et Fils. 1899.

(*a*) "Inflammation of the Bladder and Urinary Fever." By C. Mansell-Moullin, M.D.Oxon., F.R.C.S. London: H. K. Lewis. 1898

(*b*) "Ringworm, in the Light of Recent Research." By Malcolm Morris, Surgeon to Skin Department, St. Mary's Hospital. Cassell and Co., London. 1898.

of trichophytic invasion. The ordinary practitioner of medicine will be inclined to agree with his view on the uselessness of "over-refining" in etiology, and of transcendental classification, for, after all, as in the present volume, there is no correspondingly new or startling advance to be recorded in the treatment of the troublesome and refractory disease under notice. As the result of a wide experience, Mr. Morris answers the question as to when ringworm of the scalp can be said to be cured in the following way:—"My own rule is, after a careful examination, to leave the case untreated for a month; and if no short hairs can be found, if the part is free from scaliness, and the new hair sufficiently grown to cover the patch, I pronounce the case cured." A chapter at the end of the book is devoted to the highly important point of prophylaxis, and some practical recommendations are made as regards elementary schools. The main principles laid down are the need of systematic inspection, and of isolation without interference with education, as a matter of fact, precisely on the lines now adopted in dealing with ophthalmia in the Metropolitan Poor Law schools. The book is illustrated with over a score of artistic micro-photographic reproductions, and is exceedingly well published and edited.

### British Medical Benevolent Fund.

The annual general meeting of the above Fund was held on Friday, January 13th, at the residence of the Treasurer, Sir W. H. Broadbent, who occupied the chair in the unavoidable absence of Sir James Paget, Bart., the President. Dr. Samuel West, the Honorary Secretary for finance, presented the report of the committee and the financial statement for the past year. These showed that subscriptions amounting to £1,192 8s. 6d., and donations amounting to £492 7s. 11d. had been received and distributed in grants varying from £5 to £18 to 158 out of 184 applicants. Interest on invested capital had yielded £2,328 14s. 10d. from which annuities of £20 each had been paid to 108 recipients of the age of 60 and upwards One new annuity had been created, and twelve annuitants elected during the year. The resignation, on account of continued ill-health, of Mr. Joseph White, the honorary secretary for cases, was received with great regret, and he was unanimously elected a vice-president, Mr. W. E. Sargant being appointed his successor. Cordial votes of thanks were passed to all the officers of the Fund and to the Press, both lay and medical, the meeting being concluded by a special vote of thanks to Sir William Broadbent, who for many years has taken as treasurer a great and active interest in the affairs of the charity. Although the above figures show an increase upon the previous year's receipts the grant department is still a source of anxiety, as most deserving cases have frequently to be passed over. The income of this branch is derived entirely from annual subscriptions and donations, and the committee earnestly appeals to the profession and others to become annual subscribers. A donation of £5, or a yearly subscription 10s., entitles the donor to the privilege of recommending cases. The books and accounts have been, as usual, exhaustively audited by a chartered accountant, Mr. B. F Voelckher, who continues to act as honorary auditor of the fund, and who draws special attention in his report to the extremely small working expenses, which are again, as they have now been for some years, under 5 per cent. of the receipts,

### The "Barker" Anatomical Prizes.

The value of the prize is £21, and it is open for competition to any student whose name is on the Anatomical Class List of any school in the United Kingdom. The subject of this prize for 1899 has been announced by the Irish College of Surgeons as dissections to illustrate the anatomy of the larynx. 1. The preparation must be marked with a fictitious signature, and accompanied by a sealed envelope bearing outside the same signature. The competitor must make a declaration that the work has been carried out by himself. The printed form necessary for this declaration can be obtained on application to the curator. 2. The dissections are to be mounted in vessels fitted with glass covers. 3. No prize will be awarded unless sufficient merit he shown, 70 per cent. of the total marks being the minimum. The following is the scale of marks:—(a) For the merit of dissection, 60; (b) for excellence of setting, 20; (c) for originality, 20: total, 100. Those dissections become the property of the College 4. Those competitors who enter dissections for which prizes are not awarded, but which show sufficient merit, may be refunded such amount of the cost of production as the examiners deem fit. 5. The cost and risks of transport must be borne by the student. The prize is awarded by the curator of the Royal College of Surgeons in Ireland, the President of the College, and the Professor of Anatomy of the University of Dublin

### Bacteriological Department of King's College, London.

The Secretary of State for the Colonies has intimated to the Council of King's College that, in selecting candidates for the Colonial Medical Services preference will be given (other things being equal) to qualified medical men who have received such bacteriological or similar special training as King's College provides. Mr. Chamberlain has conveyed his thanks to the Principal and Professor Crookshank for the assistance they have given in promoting the scheme for instructing colonial candidates in tropical diseases, and the Council of King's College and Professor Crookshank have promised to cooperate to the best of their power in carrying out Mr. Chamberlain's scheme.

### Bradford and District Medico-Ethical Society.

The annual general meeting of this Society was held on Wednesday evening, January 18th inst., at the Midland Hotel, Bradford. There was a large attendance, the following gentlemen being present:—Drs. C. F. M. Althorp, S. Johnston, J. Mossop, E. G. Peck, R. Hamilton, P. E. Miall, Bell Graham, W. A. Evans, T. Curtis Denby, W. Horrocks, J. H. Bell, F. W. Eurich, D. Goyder, W. Parkinson, Ar. Manknell, F. K. March, H. J. Butler, R. Love, Basil Hall, A. Rabagliati, A. Bronner, G. H. Moorhead, and W. Handcock.

The usual business of the Society was transacted, and the officers were elected for the ensuing year:—President, P. E. Miall, Esq.; vice-president, Dr. T. Curtis Denby; treasurer, Dr. F. K. March; secretaries, Mr. W. Horrocks, Mr. Ar. Manknell. Committee, Drs. C F. M. Althorp, D. Goyder, J. H. Bell, J. Mossop, A. Rabagliati, H. J. Butler. Auditors, Drs. W. J. Parkinson, and E. G. Peck.

### Tuberculosis in Milk.

The question of the sale of milk infected with tuberculous disease has recently been under the consideration of a committee of the Westminster Vestry. The committee, having taken the opinion of the medical officer of health on the subject, will bring up a report at a meeting of the vestry on Wednesday, recommending that, in the interests of the public health, and with a view to preventing the spread of tuberculous diseases among children, a communication be addressed to the Local Government Board pointing out the need for legislation dealing with the sale of milk contaminated with tubercle bacilli; also that it be suggested to the other local authorities in the metropolis that their co-operation in the matter would be to the advantage of the public health.

### Death from Tetanus.

An inquest was held on Saturday at St. Pancras, on the body of a man, aged 26, an ostler, who on January 12th was passing through Russell Square when the gale was at its height. His hat was blown off into the garden of the square. He thereupon mounted the rails, and a spike ran through an old shoe, penetrating the foot. He subsequently attended the Royal Free Hospital for treatment, and was admitted on January 17th. He died there last Thursday from tetanus, a result of his injuries. A verdict of "Accidental death" was returned.

A special General Board of Governors of the St. John's Hospital for Diseases of the Skin was held at the Westminster Palace Hotel last week, on requisition, to consider the action of the Board of Management with regard to a letter addressed by them to Dr. J. Vinrace, dismissing him as physician of the Hospital There was a large attendance, and after an animated discussion the action of the Board was endorsed by the Governors, the voting being thirty-eight for and six against.

# Notices to Correspondents, Short Letters, &c.

☞ **Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.**

### EUROPHEN AS A SUBSTITUTE FOR IODOFORM.

*To the Editor of the* Medical Press and Circular.

Sir,—I had recently under my care a patient suffering from extensive cancerous mischief of the left breast. The breast had been removed some twelve months previously, but the mischief returned and involved the surrounding tissues. There was a large foul smelling wound extending from the left axilla to the right of the middle line of the sternum, and about six inches long from above downwards.

The patient could not bear the putrid smell of this terrible mass, but said that, though so very bad, it was preferable to the pungent smell of iodoform which seemed also to interfere with her breathing, which was already much impeded. All wet disinfectants as carbolic acid, liq. hydrarg., perchlor, sanitas, &c., seemed to make the wound worse, and could only be used for cleansing night and morning. There was a distinct odour about the room, and even the house. On my using europhen the smell was quickly kept under, and after a few days the house and room had no taint in it. I can only add that europhen did all that is claimed for it, and rendered the remaining weeks of my patient's life bearable.

I am, Sir, yours truly,
(Signed)
Milbourne S. B. Coombs, L.R.C P.Ed., L.R.C.S.Ed.
St. Nicholas House, Newport, I.W.

Dr. Brand.—There is no ethical law against the custom, but we agree with our correspondent that it is an offence against good taste.

### A FAIR STUDENT'S DIFFICULTY.

At a clinique some time ago a genial physician had occasion to draw the attention of his class to a certain symptom commonly associated with the disease he was demonstrating. The class consisted of ladies, and one was asked to come forward and mark the symptom. This consisted of a specific sound heard in the neck region, and which proceeds from an arterial source; it is technically known as the "bruit de diable." The fair student expressed herself unsatisfied; it had not appealed to her as being obvious at all, and certainly the sound belied its name. "Ah! I see." said the physician, smiling, "you have misinterpreted the French term. 'Bruit de diable' does Not mean a 'devil of a noise.'"—*Edinburgh Evening Despatch.*

Young Consultant.—The Cavendish Lodge (No. 2,620), founded in connection with the West London Hospital and the West London Medico-Chirurgical Society, meets at the Royal Palace Hotel, Kensington, and is not exclusively medical.

### CONGENITAL ABSENCE OF LUNG

*To the Editor of the* Medical Press and Circular.

Sir —The case of congenital absence of one lung is not unique, as reported at page 45 of your valuable journal, as reference to section 645, 2, of the "Medical Digest" will show.

I am, Sir, yours truly,
R. Neale, M.D.Lond.

### A MEDICAL GOLF TOURNAMENT

has been arranged for 1899 on similar lines to that held last year. Entries, with lowest handicap and subscription 5s., to be sent not later than February 6th to the hon. sec., Mr. Rolf Creasy, Windlesham, Surrey.

# Meetings of the Societies and Lectures.

### Wednesday, January 25th.

Dermatological Society of Great Britain and Ireland (20 Hanover Square, W.).- 4.30 p.m. Informal Exhibition of Cases. 5 p.m. Paper:—Dr. Crocker: Recurrent Scarlatiniform Desquamative Erythema.

### Thursday, January 26th.

Ophthalmological Society of the United Kingdom.—8 p.m. Card Specimens. 8.30 p.m. Papers:—Mr. H. Grimsdale: Rapid Changes in Refraction in connection with Diabetes. Dr. M. Davidson: On the Stereoscopic Examination of Skiagraphs of Foreign Bodies in the Eye and Orbit. Mr. C. D. Marshall: Epithelial Implantation Cysts of the Iris.

British Balneological and Climatological Society (20 Hanover Square, W.).—8.30 p.m. Papers:—Dr. H. E. Crook (Margate): The Climate of Margate in Relation to Disease. Dr. B. Cruickshank (Nairn): Notes on Nairn—chiefly Climatic. Dr. W. Bain (Harrogate): The Action of certain Mineral Waters on the Quadriurate and Biurate of Soda

### Friday, January 27th.

Clinical Society of London (20 Hanover Square, W.).- 8.30 p.m. Papers:—Mr. J. Hutchinson, jun.: Three Cases of Abdominal Section (*a*) for Ruptured Ovarian Cyst, (*b*) for Perforation of the Urinary Bladder, (*c*) for Traumatic Intraperitoneal Hæmorrhage. Dr. Abrahams: Rheumatic Tonsillitis. Mr. R. Morison (introduced by Mr. Lockwood): Patients showing Results of Stomach Surgery, with description of the operations performed. Mr. W. G Spencer: Tuberculous Cavities in the Lungs giving rise to Gaseous Metastatic Abscesses.

British Laryngological, Rhinological, and Otological Association (11 Chandos Street, Cavendish Square).—3 p.m. Cases will be shown and papers read by Drs. Barclay Baron (Bristol), R. H. Woods (Dublin), Dundas Grant, Mr. Lennox Browne, Wyatt Wingrave, &c., &c.

Royal Academy of Medicine in Ireland.—Section of Medicine.—8 p m. Exhibits:—Dr. Langford Symes: A Case of Erb's Juvenile Form of Muscular Atrophy. Dr. J. B. Coleman: (*a*) A Case of Progressive Muscular Atrophy; (*b*) A Case of Anterior Cornual Myelitis. Papers:—Dr. Conolly Norman: The Clinical Features of Beri-beri. Dr. H. C. Drury: Morphinomania. Dr. J. B. Coleman: Notes on a Case of Addison's Disease.

# Vacancies.

Cancer Hospital.—House Surgeon. Salary at the rate of £50 per annum. with board and residence. Applications to the Secretary, Cancer Hospital, Brompton, before the 4th prox. (See advert.)

Clayton Hospital and Wakefield General Dispensary, Wakefield.—House Surgeon, unmarried. Salary £90 per annum, with board, lodging, and washing.

Finsbury Dispensary, Brewer Street, Goswell Road, London, E.C.—Resident Medical Officer. Salary £120 per annum, with furnished residence in the Institution, attendance, coals, and gas.

Hastings, St. Leonards, and East Sussex Hospital, Hastings.—House Surgeon, unmarried. Salary £75 per annum, with board, residence, and laundry expenses.

Liverpool Dispensaries —Two Assistant Surgeons, unmarried. Salary £80 for the first year and £90 per annum afterwards, with apartments, board, and attendance. Applications to the Secretary, 34 Moorfields, Liverpool.

Metropolitan Asylums Board.—Assistant Medical Officer at Western Fever Hospital, Fulham. Salary £160, increasing to £200, with board, residence, attendance, and washing. (See advert.)

Northampton General Infirmary.—Assistant House Surgeon, unmarried. Salary £100 per annum, with furnished apartments, board, attendance, and washing.

Township of Toxteth Park.—Senior Assistant Medical Officer for the Workhouse and Infirmary. Salary £100 per annum, with board, washing, and apartments. Applications to the Clerk to the Guardians, 15 High Park Street, Liverpool.

# Appointments.

Bennett, Harry C., M.B., M.R.C.S., L.R.C.P., House Physician at the Sunderland Infirmary.

Butler, James, M.B.Glasg., Junior Assistant Medical Medical Officer for the Govan District Asylum, Hawkhead, Paisley.

Churton, John C., M.R.C.S., L.R.C.P., Junior House Surgeon for the Stanley Hospital, Liverpool.

Coleman, Ernest, M.B., B.S.Lond., Assistant Medical Officer for the County Asylum, Rainhill, near Liverpool.

Foulerton, A. G. R., F.R.C.S.Eng., L.R.C.P.Lond., D.P.H.Camb., Bacteriologist to the Middlesex Hospital.

Henderson, R. G., M.A., M.B., Ch.B.Aberd., Senior House Surgeon for the Stanley Hospital, Liverpool.

Mayne, William Sydney, L.R.C.P.Lond., M.R.C.S., Assistant Medical Officer for the Plymouth Borough Asylum.

Moore, F. H., L.R.C.P., L.R.C.S.Irel., Medical Officer for the Sibsey Sanitary District of the Boston Union.

Perrott, C. J., L.R.C.P., L.R.C.S.Irel., Medical Officer for the Oldland Sanitary District of the Keynsham Union.

Thomas, R. D., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Medical Office for the Guilsfield District of the Llanfyllin Union.

# Births.

Goddard.—Jan. 18th, at 11 Norfolk Crescent, Hyde Park, London the wife of Walter Horace Goddard, M.D., M.A. (Cantab.), of a daughter.

# Marriages.

Braine-Hartnell—Barker.—Jan. 19th, at Havering, Essex, Christopher Braine-Hartnell, M.R.C.S., L.R.C.P. of Cheltenham, son of the late Rev. G. T. Braine-Hartnell, M.A., to Constance Lilian, daughter of the Rev. J. C. Barker, M.A., Vicar of Havering.

Clarke—Gee.—Jan. 19th, at St. John the Baptist's Church, Leicester, Astley Vavasour Clarke, M.D.Cantab., eldest son of Julius St. Thos. Clarke, M.D., of Leicester, to Ethel Mary (Poppy), eldest daughter of H. Simpson Gee, J.P., of Knighton Frith, Leicester.

Evans—Chapple.—Jan. 17th, at Holy Trinity, Brook Green, Arthur Vernon Evans, M.R.C.S., L.R.C.P., second son of Samuel Evans, R.W.S., Eton, to Pauline Chapple, fourth daughter of the late Robert Chapple, Deputy Surgeon-General.

# Deaths.

Blasson.—Jan. 17th, at Bourne, Lincolnshire, George John Blasson, M.R.C.S., L.S.A., aged 61 years.

Bowes.—Jan. 16th, suddenly, at Symnel, Aldington, Kent, William Bowes, M.R.C.S., L.S.A., eldest son of the late William Bowes, of Eltham, Kent, aged 59.

Cole.—Jan. 15th, suddenly, at Bath, Thomas Cole, M.D.Lond., F.R.C.P., aged 53 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXVIII. WEDNESDAY, FEBRUARY 1, 1899. No. 5.

## Original Communications.

# TWO RECENT CASES OF SUCCESSFUL OPERATION FOR IMPACTED STONE IN THE URETER. (a)

By P. J. FREYER, M.A., M.D., M Ch.,
Surgeon to St. Peter's Hospital.

THE short paper to which I invite your attention this evening is to be regarded as a mere fragment—a brief contribution to the surgery of the ureter. This latter is a subject which during the last few years has engaged the attention of surgeons; and, still, how few instances of operation for stone in the ureter have been placed upon record. I think you will agree with me that it is incumbent on every surgeon who meets with such cases in his practice to publish details thereof, so that, in time, we may have accumulated a sufficiently large and varied number, as a basis from which to draw authoritative conclusions as to the best methods of dealing with stone impacted in any particular part of the ureteral canal. It is in this spirit that I venture to place before you details of two cases of operation for impacted ureteral calculus which have recently fallen to my lot, each in its way, I venture to think, possessing some features of interest.

Lieut. D., Royal Artillery, æt. 23, sent by Dr. Blood, of Woolwich, consulted me on July 19th, 1898. He had suffered, off and on, for 19 months from renal colic and hæmaturia. The symptoms first set in at Malta in January, 1897, in the form of coliky pains in both loins, extending across the abdomen, whenever he rode on horseback. These were at first considered to be due to indigestion; but on the third or fourth day on dismounting he found that his urine contained blood, so he went on the sick list. The symptoms passed off in a few days with rest and treatment. Three weeks later, his duties being heavy and involving much riding, the symptoms returned, and he had again to go on the sick list. The pain at this period was mainly confined to the left side, commencing in the loin, shooting down to the groin, and sometimes across the abdomen, giving rise to the sensation of a string being tied tightly round the body. At no period did the pain shoot down into the testicles, nor was the organ retracted.

The symptoms continuing, he came to England in May, 1897, and placed himself under the care of a well-known London physician. The renal attacks with hæmaturia continued to come on periodically every fortnight or so, and, strange to say, two of his worst attacks seemed to have been brought on by short sailing trips, though he did not suffer from sea-sickness. Getting no better he returned to Malta in August, 1897, and during the voyage painless hæmaturia set in, which continued, off and on, till September, when another severe attack of pain in the left loin occurred, and the hæmaturia suddenly ceased. He was then seen by Major Swabey, R.A.M.C., who diagnosed the case as one of stone in the kidney. Unable to continue at duty he went to Sicily, but the voyage again brought on hæmaturia, accompanied by fever, which after lasting a week again wound up with severe colic. He returned to duty at Malta at the end of the month of October, but had to lie down for several hours in the middle of the day to relieve the pain. The re-drilling commenced on November 1st, and the first route-march brought on pain and hæmorrhage. He was excused marching and rode in a carriage, but though the pain was less the hæmorrhage continued. In December he passed two stones by the urethra, cylindrical in shape and like red sand-stone. The acute pain up to this was in the left side; and from that period till July, 1898, though there was occasional hæmaturia and the urine contained albumen, there was no severe pain, merely a dull aching in both loins.

In May, 1898, he returned to England for duty at Woolwich. On July 10th he took a lot of exercise, and next day an acute attack of pain set in in the right side, which lasted seventy-two hours continuously, during which he was kept under the influence of morphia by Dr. Blood. The pain was excruciating, accompanied by restlessness, nausea, and vomiting, with constant desire to micturate, only a small quantity of high-coloured urine passing each time. For two days after this attack the urine was clear, but after that became thick and bloody again.

I found that there was a slightly movable tumour in the region of the right kidney as large as two fists, extremely tender on palpation both in the loin and in front. There was no stabbing pain on pressure at the back, but distinct tenderness at one spot in front, midway between the navel and the anterior superior spine of the ilium. Urine, colour of Madeira wine, acid, sp. gr. 1015, containing blood corpuscles and crystals of oxalate of lime, also albumen. The left kidney was normal. My diagnosis was—stone in the pelvis of the kidney, trying to pass down the ureter and causing obstruction of urine.

On July 30th the patient entered a surgical home, and on August 1st I operated, Mr. W. Braine giving the anæsthetic and Mr. B. Smeaton assisting. Drs. A. M. MacDonnell and H. T. Griffiths were also present. The kidney was rapidly exposed through an oblique lumbar incision 4½ inches long, and the fatty capsule opened. No stone was detected on feeling it all over. The kidney, which was much enlarged and congested, was stripped of its fatty capsule and brought out on to the loin through the wound. I felt it carefully all over, but could detect no stone. The kidney was then opened through the convex border by means of a scalpel, and my finger passed into the pelvis, a rush of urine taking place through the wound, and the kidney collapsing much in size. No stone could be found, though my finger passed easily into the calyces, which, with the pelvis, formed a large, smooth-walled cavity. I then passed a catheter down the ureter as far as four inches from the pelvis, where it was obstructed. A long silver probe was then passed, and a stone felt in the ureter at this point.

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(a) Paper read before the Medical Society of London, January 23rd, 1899.

The incision in the loin was at once extended downwards and inwards for four or five inches, and the peritoneum raised inwards from off the ureter by my fingers, till I could grasp the stone (which felt the size of a filbert), lying in the ureter between my finger and thumb. I made several attempts to push the stone upwards into the kidney, but it was too firmly impacted in the ureter, so the ureter was incised longitudinally over the stone, which was pushed through the wound by the point of my finger. A bougie was then passed into the bladder through the ureter from the pelvis. I did not suture the wound in the ureter because (1) suturing of the ureter when a stone is removed extra-peritoneally is a debatable proceeding; (2) the ureter was so narrow that suturing would probably cause contraction of the canal; and (3) though I could extract the stone with the limited incision already indicated, the successful suturing of the ureter at the bottom of a deep wound was impossible without a much more extended dissection. I contended myself, therefore, by placing a large drainage tube down to the opening in the ureter, along the back of the kidney, bringing the muscles together by buried silk sutures, and the superficial parts by silk-worm gut. The wound in the kidney was partially closed by two sutures, the middle portion being left open so that the urine might flow freely through the loin, and thus avoid tension on the ureter till the wound in it should have healed.

Bloody urine was passed freely by the urethra in the evening, showing that the ureter was patent: and bloody urine by both loin and urethra for several days. On the third day I began to shorten the drainage tube daily, and this was completely removed on August 7th. On the 8th the wound was firmly united, save in the track of the drainage tube. On the 9th urine ceased to flow by the loin.

The patient made a rapid recovery; was sitting up on August 28th; went for a walk on September 2nd; and left the home on September 7th, travelling by train to Margate. Soon after he began to bicycle; he started to rejoin his battery at Gibraltar on November 15th. He is now in excellent health, and wrote to me in the end of December last that he does five or six hours work daily with his battery, ascending the Rock 1,300 feet.

It may be of interest to mention, as bearing on the hereditary tendency of stone, that owing to the successful result in this case, the patient's mother, who for seventeen years had suffered from stone in the kidney, placed herself in my hands. On September 28th, 1898, I performed a lumbar nephro-lithotomy. Dr. Dudley Buxton, anæsthetist, and Mr. Swinford Edwards assisting me, removing one largish oxalate of lime stone from the pelvis, and several smaller ones from the calyces. The kidney, which was extremely large, was sutured. No urine passed by the wound, and the patient made a rapid and successful recovery. Furthermore, this lady's father suffered severely from gravel for many years before his death. Some years ago I operated successfully for stone in the bladder on three generations in the same year—son, father, and grandfather.

The second case, a man, æt. 53, has been a patient at St. Peter's Hospital, off and on, for thirteen years, suffering from multiple stricture of the urethra, which has been operated on several times, and symptoms of kidney stone. In 1895 his left kidney was explored for stone by another surgeon, but with a negative result. Temporary relief ensued, but the old symptoms again returned, and in the summer of 1897 he was very ill, the pain in the left loin being very severe at times, radiating to the groin and testicle, and accompanied by hæmaturia, which at times was very profuse; there was also occasionally pain in the right loin. The urine was extremely thick and offensive, and on standing deposited pus amounting to half its bulk. I determined under these circumstances to explore the left kidney again, which was accomplished on September 1st, 1897, by an oblique lumbar incision. A most careful search was made, but no kidney was found, though I passed my fingers well up under the ribs, down to the iliac fossa, and inwards to the aorta, pushing the peritoneum out of the way. The patient rapidly recovered from the operation, but there was only a very temporary relief to the symptoms, which soon set in as bad as ever. Under the impression that the symptoms might in large part be due to backward pressure, resulting from the stricture, which had again contracted, so that a No. 6 bougie, English scale, was passed with difficulty, I performed internal urethrotomy on November 18th, 1897, cutting three dense cartilaginous strictures up to 16 of the English scale. The patient was extremely ill after the operation for two days with severe rigors, the temperature rising to 106 degs. F., and the urine being very scanty; but he recovered, though slowly, leaving the hospital early in January. This operation, though it afforded a free flow for the passage of his urine, did not much diminish his other symptoms. Though the pain in the left loin gradually diminished, that in the right loin increased, and for months he continued to attend the out-patient department, his urine constantly containing much pus, and at times a considerable quantity of blood. Occasionally the right loin became much swollen, and the disappearance of the swelling was always followed by an increase in the quantity of pus in the urine. In October, 1898, he began to complain of great irritability of the bladder; there was constant desire to pass water with pain at the end of the penis. He was admitted into hospital, and on November 9th I cystoscoped him under an anæsthetic, and detected a long, narrow, rough, pencil-shaped stone projecting into the bladder from the right ureteral opening. The portion of stone projecting into the bladder appeared by the cystoscope to be about ½ in. long, and dark grey in colour. My colleague, Mr. Reginald Harrison, and others had an excellent view of the stone. I at once introduced a lithotrite, and after three or four unsuccessful attempts, eventually caught the stone between the blades, pulled it out of the ureteral opening, crushed it and removed the *debris* by the aspirator. The *debris* consisted of urates and weighed 12 grains. On November 23rd the patient was again cystoscoped. The bladder walls were coated with mucus; both ureters were seen to be acting, and flakes of pus were seen issuing from them.

The patient has continued to improve steadily in health. The pains in the loins have disappeared; there is no hæmaturia and scarcely any pus in his urine He states that he is in better health than he has been for years.

The history of this case presents many points for speculation which would, however, be foreign to the purpose of this paper; the case being now brought forward only for the purpose of illustrating what I believe to be a novel method by which a stone projecting into the bladder from the ureter may possibly sometimes be successfully removed.

I will, in conclusion, briefly refer to five other instances of stone impacted or encysted in the ureter, which have been operated on by me—four of these during my experience in India. In three, the stone was impacted at the ureteral orifice, projecting into the bladder and felt by the sound. One occurred in a female, two in males. In each instance an operation was undertaken, under the impression that I had to deal with an ordinary case of stone in the bladder and in each case the stone was dislodged from its position by introducing the forefinger through the dilated urethra in the female and through the ordinary perineal lithotomy wound in the males, scraping the orifice of the ureter by the finger nail, the stone being forced downwards and inwards by the hand placed on the groin, and then removed by the ordinary lithotomy forceps.

In the *British Medical Journal*, May 9th, 1891, page 1,005, I have given details of a boy, æt. 15, from whom I removed, at two different sittings, by litholopaxy two separate stones, weighing respectively 757 and 581 grains, aggregating more than 3¼ ounces After removing the first stone from the bladder, I found that there was a second lying in the lower part of the right ureter close to the bladder. The second stone was felt as a hard tumour in the loin, about 3 inches long, and could easily be felt in the ureter between a finger in the rectum and the hand on the groin. I determined to remove this stone by suprapubic cystotomy as soon as the patient should have recovered from the first operation, but on the fourth day the tumour in the groin suddenly disappeared, and a stone was felt lying free in the bladder, and successfully removed by litholopaxy. Evidently this latter stone, lying in the ureter, rested on the stone located in the bladder; as soon as this support was removed the ureteral calculus was pushed into the bladder by the force of the accumulated urine behind it.

The fifth case is recorded in the "Medico-Chirurgical Transactions," vol. 81. It was that of an obscure cystic tumour of the bladder, which contained two calculi, weighing 41 grains, removed supra pubically. My explanation of the case was this—that the stones descending from the kidney were arrested at that portion of the ureter which passes obliquely through the bladder wall, and that, unable to escape owing to a contracted orifice, they bulged the bladder wall inwards, forming a smooth cystic tumour which was recognised by the cystoscope, and successfully dealt with in the way indicated.

Harley Street, W.

# THE ELECTROTHERAPY OF INFLAMMATORY AFFECTIONS OF THE EYE.

By PERCY DUNN, F.R.C.S.,
Ophthalmic Surgeon to the West London Hospital.

The eye is obviously, for anatomical reasons, an inconvenient organ for the efficient application of electricity. For the most part, therefore, the study of the subject of electro-therapeutics has never found much favour among ophthalmic surgeons. In America, however, a good deal of importance appears to be attached to the electrical treatment of eye diseases. On the other hand, in this country it is doubtful whether any ophthalmic surgeon regularly resorts to, or even recommends it. The object, nevertheless, of this paper is to draw attention to some recently published observations upon the subject by Reuss of Vienna, which are not without interest. The originality, perhaps, in Reuss's observations rests in the fact that they are confined to inflammatory affections of the eye, and that he claims for the faradaic current a superiority over the galvanic current in the treatment of these cases. In 1896 he published the results of his ten years' experience of this method of treatment, and in Graefe's *Archiv. f. ophthalmol.* for September 2nd, 1898, some further results appear, giving his most recent views as to the value and suitability of electro-therapics in inflammatory ocular affections So far as the galvanic current is concerned his objections to it are: (1) That a galvanometer is required; (2) that the current can only be applied by a medical man; (3) that excoriations may be caused; (4) that harm results if a current of too high a power be used.

Reuss, therefore, enjoins that the faradaic current should be employed in all cases, save those of scleritis. With regard to the latter he recommends the galvanic current, as being more active and more useful than the faradaic current.

The following is the method described as the best for applying faradaism to the eye. A small metallic electrode is used, made in the form of an oval cup 40 mm. by 28 mm. in size. Between the electrode and the closed eye a layer of moist cotton wool is placed, while the other electrode is held by the patient in one of his hands. The intensity of the current is regulated by the patient's tolerance of the sensations produced. Séances lasting from fifteen to thirty minutes are recommended But in exceptional cases these may be prolonged, even to an hour. Mention may now be made of the particular diseases for which Reuss has successfully employed electricity.

In iritis and iridocyclitis he affirms that the treatment is strikingly beneficial in causing the relief of pain. The pain disappears as if by magic. "In order," he says, "to convince my class of this fact, I showed a patient suffering from an acute attack of iritis, accompanied by intense pain and blepharospasm. I applied faradaism there and then; and in the course of a minute and a half or so, the pain was relieved, and the patient opened his eye and gazed wonderingly round the class." However, he admits that the relief is only temporary, that is to say, the pain recurs if the current be not soon re-applied. According to Reuss the duration of the relief varies with the period during which the faradaism is employed, and he thinks that the latter should be applied for at least half an hour in bad cases.

In this connection reference may be made to the experience of Alleman, of Brooklyn. Alleman holds that in cases of acute iritis the use of electricity is of doubtful benefit. In some cases he has seen the pain relieved by the application of the anode to the closed lids with a current of one milliampère for two or three minutes, but, he adds, "this will often prove of no avail." The difference, however, in these results may be due to the fact that while Alleman uses a galvanic current, Reuss uses a faradaic one.

One of the advantages claimed for the use of electricity in these cases is that it facilitates the absorption of iritic exudations, and upon this point there seems to be a concurrence of opinion among authorities. Alleman, for example, states that he has had the most satisfactory results from the use of the galvanic current in cases of adhesions and inflammatory deposits following iritis. He has found that the adhesions have given way, and that a manifest improvement in the vision has resulted. The most effective mode of application is to place the cathode with a current say, of two milliampères, upon the closed lids for five minutes

Reuss recommends faradisation for fifteen to thirty minutes in keratitis; he states that the photophobia and pain are marvellously relieved by this means, even before any other treatment has been employed. He further adds that faradaism may be employed to relieve the pain and photophobia in phlyctenular conjunctivitis. The application, however, of electricity for the relief of photophobia is not new. Many observers have alluded to the utility of this form of treatment, and among others Benson, of Dublin, has recorded thirty-two cases in which its value was markedly demonstrated.

It would be interesting to test the value of a faradaic current upon a chronic vascular ulcer of the cornea. Such ulcers are known in some cases to prove extremely rebellious to treatment. I have elsewhere pointed out the treatment for these, which, in my hands, has proved most successful. (*a*) But every therapeutic measure may fail, as occurred in a case of a schoolboy, æt. 14, who was lately under my care.

Master A. was brought to me by his father in June last, with a small ulcer upon the lower part of each cornea. My usual treatment was prescribed, and for a time the result was quite satisfactory. But shortly after he returned to school the ulcers relapsed. I therefore urged the necessity of sea air to complete the cure. The boy was sent to Herne Bay, and after having been there for six weeks, he came back to town greatly improved in health, with one eye quite sound and the other (left) practically well. Within, however, a fortnight's time the left eye again became deeply injected and painful, and the ulcer again resisted treatment. As it was useless for the boy to attempt to resume his school work, I advised his father to send him for a further term to the seaside. My patient, therefore, was sent to Broadstairs for nine weeks, and I recently saw him on his return. He is now in every way fully restored to health, both eyes being quite sound. It would have been interesting in this case to have tried the effect of faradaism upon the intractable vascular ulcer of the left cornea. Local treatment, however, must be futile, unless and until the constitutional vice has been removed upon which the malnutition and the ulceration of the cornea depends.

Another class of cases in which Reuss affirms that he has employed electricity with benefit is that of inflammatory conditions of lost eyes, and he claims as the result thereof that he has been able to avert the necessity of surgical interference. But this must surely be a doubtful advantage. An inflamed and lost eye which is painful should be removed, and especially is this the case if the fellow eye be sound. Nothing is to be gained by retaining a lost eye under such circumstances, while the risk of sympathetic ophthalmia being excited by the useless organ can scarcely be overlooked, despite the fact that such an untoward contingency would not accord, perhaps, with the modern views of the micro-organic origin of his fatal ocular affection.

Upon the subject of the use of electricity in the treatment of vitreous opacities Reuss expresses himself somewhat guardedly. "The same can be said," he asserts, "of electrical treatment in these cases as can be said of other forms of treatment: in a certain number of patients the results are successful, with in others there is failure." He believes, however, that electricity is an excellent adjuvant to other remedial measures. In contradistinction to these remarks reference may be made to the published experience of American and other authorities. Girard-Teulon states that the electrical current is the most effectual and also the most rapid remedy in the treatment of vitreous opacities, and Alleman also affirms that the current has been employed with much success in these cases. Again, Little (Philadelphia) has recorded in the *Transactions* of the American Ophthalmological Society several cases in which the electrical treatment was beneficial, and he believed it to be of use in any form of hyalitis. Similar results have been recorded by Le Fort.

In the treatment of intra-ocular hæmorrhage Reuss states that blood in the anterior chamber is quickly absorbed under the influence of a faradaic current, but he definitely admits that electricity is of no use in cases of retinal hæmorrhage. Upon this point he and Alleman are again at variance. The latter expresses himself as follows:—"In hæmorrhagic retinitis the galvanic current may be employed with the reasonable expectation of clearing up the hæmorrhages, and of preventing recurrences. In diabetic retinitis, with or without a central scotoma, the treatment is especially indicated."

The tragic accident which occurred to Duchenne, by which the sight was destroyed in a patient to whose eyes he applied electricity, was sufficient for some time to throw this method of treatment into the shade. But even apart from any consideration of this kind there does not appear to be much field for the useful application of electricity in the treatment of ocular affections. Nevertheless, I thought that it would be of interest to call attention to some of the latest views expressed upon the subject, and thus this paper has been compiled.

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## Paris Clinical Lectures.

# THE TREATMENT OF ACUTE INTESTINAL OBSTRUCTION.

*Delivered at the Hôpital de la Pitié, Paris,*

By Professor P. BERGER,
Professor of Clinical Surgery.

Among the problems which present themselves in clinical surgery there are some, the solution of which needs establishing in advance. These are cases where the necessity for prompt resolution leaves no time for prolonged study, and in which it is necessary to act according to rules already laid down. In no department of practice are such rules more demanded than in presence of acute obstruction of the bowels. In cases such as hernial strangulation it is upon rapid action that success depends; but here ends analogy between the two conditions, in spite of the similarity of their symptoms. Cases of strangulated hernia can receive nothing but advantage from operative interference, and the operation ought to be performed not only in the most numerous cases in which diagnosis demands it, but even in doubtful cases, since the operation is simple, easily performed, rapid, and absolutely devoid of danger, and certainly efficacious in every instance in which it is resorted to in time.

Very different is the solution in presence of a rapidly progressing case of internal strangulation. The chances of recovery, even in the absence of all operative interference, always exist; and operative intervention itself always seriously presents to the surgeon two different courses, of which each belongs to a certain class of case, and is useless or even hurtful in others. These procedures are laparotomy and enterotomy—to use terms as classical as they are in appropriate—by which are designated two operations, between which there has been established a distinction which exists only because we are too often incapable of recognising the cases which one or the other ought to be reserved for. Before considering these indications, let us first strive to balance them to explain their advantages and their dangers. The surgeon, in presence of an intestinal obstruction, ought to go straight for the obstacle. To recognise and do away with this, such is the end to which laparotomy leads—the abdominal incision, which is itself merely a means of access, and to which has nevertheless been given the name of the method of intervention itself. This is the only rational operation and the only one capable of yielding complete success from the surgical and practical aspect of the case. It is to this that the most brilliant successes are due: the immediate termination of all complications and a rapid cure in cases apparently desperate; but this operation is dangerous, and often inefficacious.

Operative statistics bring out the enormous mortality which follows the procedure: 102 cures, 226

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(*a*) *Lancet*, October 22nd, 1898.

deaths, 69 per cent. of failures in Farquhard Curtis's hands, 25 deaths—that is, 60·5 per cent. mortality in the practice of Obalinski; and we have lately heard our colleague, M. Schwartz, at the last meeting of the Société de Chirurgie, state that there were only two cures in seven cases in his wards at the Cochin Hospital. Only a little less unfavourable were the results communicated to the Congress of German surgeons by Z. Heidenhain. Out of 30 laparotomy operations for acute intestinal obstruction performed in the clinic of Prof. Helferich 14 only were cured. At the Société de Chirurgie this year also M.M. Hartmann and A. Broca brought forward facts in sufficient numbers giving a proportion of 45 to 50 per 100 recoveries from laparotomy. In spite of these scarcely less discouraging statistics, the proportion of failures which follow laparotomy remains very considerable. In appreciating these, though it is necessary to bear in mind the gravity of the patient's condition and his exhaustion at the time of operation, and to make these responsible within certain limits for the drawbacks attending the operation, one ought not to forget that the operation must in a good number of cases tend to precipitate a fatal termination. This it may do by its long duration, by the intra-abdominal manipulations which it necessitates which aggravate the collapse resulting from nervous shock and exposure to the atmosphere of a large portion of the surface of the bowels—an exposure which it is not always possible to prevent in searching for the seat of strangulation. The operation is often ineffectual. Too frequently it merely establishes the fact that the obstruction cannot be removed, or at any rate not without performance of an operation so prolonged and laborious, as to be out of the question in the precarious condition of the patient. Of this, examples will be presently given. It even happens that minute search fails to discover the obstruction or demonstrates that no material obstruction really exists. In all such cases establishment of an artificial anus is the sole resource; but this is accomplished when the patient, often exhausted by the prolonged operative procedures, has lost the favourable chances which a more rapid selection of operation might have preserved for him.

Nélaton's operation, enterotomy, the immediate establishment of artificial anus, does not present itself under a more favourable aspect. Statistics show a mortality following this operation almost as great as that after laparotomy. And it must be noted that laparotomy is rarely practised except in favourable cases, cases in which the powers of the patient are not exhausted, whereas artificial anus offers a chance of relief which ought not to be withheld from the patient even in the most critical situation. Statistics of this operation give a great number of instances in which an unfavourable ending has been due to the disease itself and not to the operation.

Practised under ordinary conditions establishment of an artificial anus is a rapid and simple operation, which may often be carried out even without anæsthesia. It gives immediate relief, even if it does not remove the obstacle to the passage of the contents of the bowels. The rapid emptying of the intestines and subsidence of inflation of the belly often after a few days enables discovery of the cause of obstruction to be made, and creates more favourable conditions for a new operation. In certain cases the complete emptying of the higher end suffices to bring about in course of a few days spontaneous re-establishment of a normal passage with closure of the artificial opening soon after. A case of this kind I saw last year with M M. Tapret and Nélaton. This was in a man, æt. 40, who some months before had suffered attacks of acute occlusion which had yielded to medical treatment. When I saw him nothing but gas had been passed per anum for three days; the belly was so distended that the abdominal walls seemed ready to burst; the distension was mainly towards the right side, where also colon was most localised, and palpation revealed the greatest tenderness.

An operation was decided upon. I made along the external border of the right rectus, an incision permitting admission of my hand. I found the cæcum, the ascending colon, and the transverse colon enormously distended, the cæcum having at least the dimensions of an arm. The distension ceased suddenly in the left hypochondrium, and I examined the junction of the descending and transverse colon without discovering any stricture or material obstacle at that point. Fearing to compromise favourable chances by prolonged incisions and examinations, and taking great pains to maintain the bowel which tended to protrude, I resolved to form an artificial anus in the cæcum. I closed the incision throughout the greater part, fixed the cæcum at its lower angle, and opened it by an incision one centimetre and a half long. An abundant discharge of gas and of liquid matter occurred through this opening, and at the end of eight days the obstruction, whatever it may have been, had disappeared, and two months later the opening of the intestine in the abdominal wall had closed without operative interference. I saw this case within the last few days. The patient has had no further trouble for a year and a half.

The establishment of an artificial anus thus gives immediate relief, averts the more urgent complications, and makes life secure for a time, and sometimes makes possible a complete cure with or without further operation. It is not necessary to dwell upon the horrible and often permanent infirmity at the price of which these advantages are obtained. On the other hand, there are many cases in which artificial anus does no good; others in which it is hurtful. If the obstacle is situated in the small intestine at a point at a spot above the ileo-cæcal valve the artificial opening above the point will have the effect of suppressing the intestinal functions in the whole length of bowel below. Thus if the clinical facts brought forward by Trzebichy, and others prove that the function of the bowels may be suppressed without serious consequences up to 2 m. 80 of the length of the small intestine it is none the less certain that an artificial anus placed too high exposes the patient to rapid malnutrition and death within a short period. There are, moreover, cases of occlusion in which opening the bowel does not prevent a case taking a fatal course.

Last year an elderly female was admitted to my clinic presenting all the symptoms of acute intestinal occlusion lasting at least three days. She was already very weak, the pulse was rapid and small, expression much changed, anxiety extreme, the belly distended and painful, especially on the left side. After examining for hernia and finding none I considered that artificial anus gave the patient the best chance of recovery. M. Reblant performed the operation with great rapidity, but no improvement followed, and the patient died within 24 hours. The autopsy disclosed a strangulated obturator hernia. Perhaps a more minute analysis of the clinical facts would have led to recognition of the real condition. The patient had complained of a pain in the thigh, and this ought to recall the fact that it is not only the orifices which give passage to common herniæ which ought to be examined in acute occlusion, but also the orifices of exceptional herniæ. I shall return presently to this point.

I had thus committed a fault of observation; and if the majority of surgeons, who have had cases of a similar kind, have in like manner erred, since only

57 cases out of 135 of this character were correctly diagnosed, this does not diminish my error. But even admitting that the hernia could not have been recognised before the operation, the choice of that operation was quite ill-advised; the artificial anus had not relieved the strangulation; laparotomy would have permitted its recognition. Would this have saved the patient? It is very doubtful, but it would have obviated the regret of having missed the true cause of the trouble. The result must be the same in a large number of the class of cases properly termed internal strangulations. In this variety, artificial anus, apart from the fact that it is most frequently established in the small intestine—that is, in too high a situation—does not stay the progress of the malady, since the constriction persists in spite of it.

The conclusion from what precedes is that it is necessary to recognise the nature and the situation of the obstacle to be dealt with. Laparotomy, which answers in some cases, is hurtful in others; artificial anus, which alone is applicable to these, is insufficient to prevent ill results, and is consequently useless under the circumstances in which laparotomy alone is indicated.

As we have just seen, laparotomy is alone applicable in cases of true internal strangulation It answers in strangulation by bands, by adhesions, and in diverticular strangulations. If the intestine is nipped in an abnormal orifice of the mesentery created by a prior operation, or by an epiploic cord wound round it, the course of the mischief cannot be stayed except by releasing the intestine from the constriction.

The same considerations apply even more forcibly to all cases of deep herniæ, of preperitoneal or retroperitoneal herniæ; and of internal herniæ. Belonging to this category is the hernia which occurs in the posterior cavity of the omentum through the hiatus of Winslow, the hernia of Trentz, the hernia of Douglas's pouch, and the retrosessile hernia of which Samter has published an interesting example, and the deep strangulated laparoceles such as Ferrier and Furneaux Jordan have recognised and cured by laparotomy; certain obturator herniæ of which we shall give an example, and the ischiatic herniæ (hernia ischiatica incipiens, Langer) consisting of a lateral compression of the intestine; certain inguinal herniæ; and especially cruro-peritoneal and even anomalous crural herniæ like the pectineal hernia of Alberti. In all these instances when there exist no external signs laparotomy alone can lead to recognition of the nature of the case, and of the seat of the obstruction; and if the results are often unsatisfactory it is mainly because delay has allowed grave injury to the bowel or hernial sac to supervene.

Amenable also and solely to laparotomy are cases of occlusion due to impaction of a biliary calculus in the bile duct or even in the small intestine—accidents often very difficult to account for but which can be dealt with only by extraction of the foreign body by laparotomy. To be logical we ought also to group here torsions of the bowel, cases of volvulus, of which the most frequent cause is intestinal or mesenteric adhesions, but which would maintain and render permanent the effects of plastic peritonitis around the twisted portion of intestine. Logically also it is laparotomy which should be preferred in cases of invagination, for this operation alone allows of recognition of the amount of ulceration or irreducibility of the intestine, the seat of intussusception. It is after having seen and made out the state of things that the reduction of the invaginated bowel may be attempted or resection of the irreducible knuckle of intestine, or that the question of artificial anus may be considered. But the results of operations, however rational these may appear, do not always answer expectations. It is in cases of invagination that laparotomy has been followed by the highest mortality; the statistics are hardly better in volvulus, and the enormous proportion of 80 per cent. mortality which accompanies these operations, shows that the most rational indications are not always those which succeed best.

There is another group of cases which it may seem strange to describe as acute occlusions, but in which the symptoms of strangulation advance rapidly and render them difficult to distinguish from actual internal strangulations. These are cases of compression of the bowel by tumours; of stenosis; of cancerous narrowing and specially of these where the phenomena of occlusion appear suddenly. It has often happened to me to open the abdomen expecting to find a strangulation due to a band or some similar cause, and to come upon an annular cancer of the iliac flexure of the colon which had made itself known only by the crisis for which I was called upon to intervene. In these cases an artificial anus is the sole resource. Ablation of a tumour of the bowel and re-establishment of continuity by suture in an exhausted patient, and with the further local conditions involving enormous dilatation of the higher portion of bowel by gas and solid matter can hardly end otherwise than in failure.

In Heidenhain's statistics, just quoted, laparotomy for deeply placed narrowing of the bowel give six deaths in six cases. Creation of an exit for matters as quickly as possible is the only thing to be done in these cases; and here it is that artificial anus affords a remedy, provided it is established without delay. Later, when the first danger has passed away, when the bowels have resumed their normal dimensions, it may be possible to attack the seat of mischief, and to remove the tumour causing the pressure; enterectomy and enterorrhaphy being done under more favourable conditions. The actual indication, and the only one to attend to first, is to give free vent to the contents of the bowel.

Other cases, again, are met with in which the bowels are the seat of distension, for which no material cause can be discovered. I was called to a woman, 75 years old. She had been in perfect health up to four days earlier. Following a mild attack of indigestion, the belly became distended. There was colic, and frequent desire to evacuate the bowels, but neither gas nor solid matters escaped. Vomiting followed, and the pulse became weak and small. She seemed dying, and the practitioner in charge of the case did not think her fit to bear the smallest operation. Mr. Paul Regnier, however, resolved to give the patient a chance by making an artificial anus; but an enema administered as a preliminary, joined to the effect of the emotion caused by the proposed operation, brought on an evacuation of old fœtid contents of the bowels; and within a few days complete recovery took place. In this case obstruction by fæces had become in an aged, feeble patient a cause of paralysis of the bowel which might have terminated fatally.

M. Sejars has recently communicated to the Société de Chirurgie five cases of the highest interest of patients attacked with symptoms of acute occlusion in whom laparotomy revealed enormous distension of the entire intestine without the existence of any appreciable obstacle. A small button-hole opening in the cæcum, by allowing evacuation of gas and solids, sufficed to cure these cases—examples of pseudo-strangulation without discoverable cause. In cases of this kind electrical treatment methodically applied, according to the method of M. Boudet, sometimes does wonders. When symptoms persist a small flap opening is the proper thing if the nature of the case can be made out.

Side by side with the cases of pseudo-paralytic strangulation must be placed those of spasmodic strangulation. The existence of such a cause is doubted by some authorities, but seems placed beyond doubt by the observations of Helferich who, in the course of the operations of laparotomy for relief of acute occlusion was able to establish the existence of spasmodic narrowing of the intestine, and the absence of any other obstacle save functional spasm. In cases of this kind it is hardly necessary to say that if medical treatment fail—opium is the drug indicated—opening of the bowel is the most suitable procedure.

*(To be continued.)*

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## RHEUMATIC TONSILLITIS. (a)

By Dr. BERTRAM ABRAHAMS.

The material upon which this paper is based is mainly composed of cases of rheumatic tonsillitis observed by the author during the last three years. A large number of cases of chorea, rheumatism, and cardiac disease, both in adults and children, have been investigated and tabulated, and the resulting statistics compared with those of previous observers, in order to ascertain as accurately as possible the relation of the throat affection to the rheumatism. The bacteriology of many of the cases has also been studied with a view to obtaining some light upon the ætiology of the disease itself. The bulk of the work, in so far as it relates to children, was done in the out-patient department of the Evelina Hospital for Children. Dr. George Carpenter was kind enough to permit the use of the material, and also to allow the results to be compared with his own works for the last ten years. Details are given in the paper of a number of cases illustrating—(1) The occurrence of endocarditis after non-scarlatinal tonsillitis without the intervention of arthritis or chorea; (2) tonsillitis immediately followed by a first attack of chorea; (3) repeated attacks of chorea, each preceded by tonsillitis; (4) the occurrence of sore throats at various points in the rheumatic series. Clinically, five varieties of rheumatic throat affection may be distinguished. (1) Faucial erythema, the pharyngeal inflammation described by Trousseau as ushering in an attack of acute rheumatism. (2) Follicular tonsillitis. (3) Quinsy. Between these latter no pathological distinction can be at present drawn, though it is notable that when a patient has repeated attacks, they are almost always solely of one kind or the other, an alternation being rarely observed. As is also the case with non-rheumatic forms, the follicular variety is commoner in children, the quinsy in adults (4) The abortive form described by Singer (angine rhumatismale of French authors), in which the joint and muscle pains are vague, is not so frequent as he states. No case should be included under this head in which there is not adequate personal or family history of rheumatism. After making this observation a considerable number of instances remain, the most noteworthy point about which is their liability to die suddenly from cardiac failure. (5) Chronic rheumatic tonsillitis is described by Dr. Max Thorner; this affection is more probably gouty in nature. A statistical inquiry was made into consecutive cases of three distinct affections, namely, 248 of chorea, 43 of acquired heart disease in children unassociated with chorea, and 66 of rheumatic fever in adults. Of the choreas in which a reliable history was obtainable, 53·4 per cent. had a family or personal one of sore throat. This history was not associated with any marked predisposition to either arthritis or heart disease. Of the cardiac cases 66·7 per cent. gave a history of throat affections. Among the adults 45·5 per cent. had a definite throat history, 21·2 per cent. had suffered from ulcerated throats within three weeks of the attack of acute rheumatism, and 47·2 per cent. showed faucial erythema within two days from its onset. In children, where the commencement is insidious, faucial erythema is extremely rare. On the other hand, a large proportion of them had follicular tonsillitis when first seen, several being brought up on its account and either revealing cardiac disease when examined or developing chorea while under observation. There seems little reason to doubt that in many of these cases the tonsils may have been the channel of infection; this is, of course, by no means invariably true, as the sore throat is often a late term in the rheumatic series. Bacteriological examination of the tonsils and their exudation in a large number of cases revealed the constant presence of strepto- and staphylococci, the former more frequently, but the latter oftener in pure culture. Similar organisms were found in the urine drawn from the bladder with all antiseptic precautions. Taking these results together with the discovery of the same microbes in the blood and affected joints in acute rheumatism by Sahli and others, the probability of the occurrence of infection through the tonsil becomes very strong. It is believed by many that the rheumatic patient is poisoned by the attenuated virus of a germ which when fully active leads to pyæmia. The following conclusions are put forward:—1. The more common varieties of rheumatic sore throat fall into two main categories, faucial erythema and tonsillitis proper. 2. Faucial erythema is most common in adults, rheumatic tonsillitis in children, in whom it usually assumes the follicular type, quinsy being more frequent in older subjects. 3. Faucial erythema is an initial manifestation of acute rheumatism, tonsillitis may be the actual primary lesion. 4. Many cases are now definitely on record in which endocarditis has followed a non-scarlatinal tonsillitis unaccompanied by joint pains. In numerous other instances the tonsillitis has immediately preceded an attack of arthritis or of chorea. 5. The presence of the same micro-organisms in the tonsils, joints, blood, and urine is evidence in favour of the participation of pyogenic cocci in the ætiology of rheumatism.

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# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

Meeting held, Friday, January 27th, 1899.

Mr. Langton, President, in the Chair.

### THREE CASES OF ABDOMINAL SECTION.

Mr. J. Hutchinson, jun., read notes of three cases in which he thought it necessary to perform abdominal section. In none of them was there any external wound. Case 1. A man, æt. 32, was run over and subsequently became collapsed. Slight abdominal distension and much tenderness with dulness beyond the left linea semilunaris which shifted on change of position. On the following day the temperature had risen to 102, and the abdominal distension had increased. On opening the abdomen he found it full of blood, but in spite of careful search he could find no vessel requiring ligature. Great relief followed the removal of the blood, but some oozing occurred, subsequently, as evidenced by dulness in the flanks and the escape of blood into the dressings. He left the hospital a month later. He raised the question whether the presence of effused blood within the peritoneal cavity was likely to prove injurious, and he thought it was. Case 2. A single woman was brought to the hospital with symptoms pointing to intestinal obstruction. On opening the abdomen over two pints of clear, pale, yellow odourless fluid escaped. The intestines were slightly congested, the stomach dilated, the uterus enlarged as at the third month of pregnancy. He was at a loss to discover the nature of the fluid, and closed the wound. In spite of a passing improvement the patient aborted on the following day, and died soon after. Post-mortem the abdomen again contained a large quantity of the same serous fluid, and the intestines showed signs of commencing peritonitis. Exactly in the middle line of the posterior surface of the bladder, one inch above the peritoneal reflexion, and therefore hidden from view, was a small round perforation 1/7 inch in diameter, through which urine could readily be expressed. Bladder and urethra otherwise normal. If the nature of the fluid had even been suspected he thought it might have been possible to discover and repair the perforation. He surmised, under the circumstances, that the wound was caused by an unskilful attempt to procure abortion. From the history, it seemed likely that urine had been leaking into the peritoneum for at least four days. He discussed the effects of effused urine in the peritoneal cavity, and recalled that experiments on animals had shown that healthy urine may be injected into the abdomen without giving rise to much local reaction, that in moderate quantities it may be absorbed and the animal recover. Case 3. A woman, æt. 47, was admitted with the history that, previously in perfect health, while lifting a basket on the preceding day she had been seized with pain in the left side of the abdomen, followed by vomiting and some collapse. A smooth, movable tumour could be made out to the left of the middle line about the size of a fœtal head. This was dull on percussion, but there was no dulness in the flanks. Nothing of interest was made out by vaginal examination. He diagnosed ovarian cyst, the seat of a twist or rupture. On opening the abdomen a quantity of characteristic glairy fluid escaped, and it was seen that the largest cyst of a multilocular ovarian tumour had ruptured. The fluid was sponged away, but the cavity was not irrigated. Recovery followed. Admitting that the thin serous fluid of an ordinary ovarian cyst might, if effused in the peritoneal cavity, undergo absorption without giving rise to much trouble, he asked whether this thick glairy fluid would prove equally innocuous.

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(a) Abstract of paper read before the meeting of the Clinical Society of London, January 27th, 1899.

The PRESIDENT, commenting on the first case, observed that though blood in the peritoneal cavity need not give rise to septic mischief it would, nevertheless, be advisable to operate, because one could not know the conditions which had given rise to the effusion. He related the case of a man who had received a bullet wound three inches below the nipple. As there was internal hæmorrhage he opened the abdomen and found that the liver had been extensively lacerated, but ultimately he managed to arrest the hæmorrhage, and the patient recovered.

Mr. DUNN pointed out that the blood which had oozed after the operation, which appeared to have been considerable in quantity, did not seem to have done any harm. The President's case was not altogether parallel, because the wound was or might be septic.

Mr. HUTCHINSON, in reply, insisted on the great relief that had followed the operation in respect of the pain, adding that he had purposely left the lower part of the wound loose so as to allow of the escape of any subsequent effusion of blood.

Dr. BATTY SHAW, in reference to the author's third case, related the case of a woman who was admitted to hospital three days after labour. After delivery it was noticed that there was something abnormal in the abdomen, and she was sent into the hospital with the diagnosis of rupture of an ovarian cyst. She died on reaching the ward, and post-mortem they found a pale straw-coloured fluid in the abdomen without any sign of inflammation, and a collapsed ovarian cyst. He remarked that there had been no noteworthy increase in the quantity of urine passed since the accident. The fluid was thin, but that he suggested might be due to dilution with fluid secreted by the peritoneum.

Mr. CHARTERS SYMONDS related the case of a child, æt. 14, in whom he had recognised the presence of an ovarian tumour, but when they came to operate no trace of the tumour could be found, though there was nothing in the recent history pointing to rupture. He opened the abdomen all the same, and found the peritoneal cavity full of serous fluid, together with a ruptured ovarian cyst. The patient recovered. He also related the case of a woman, æt. 35, who came in with a history pointing to rupture of an ovarian cyst. Owing to special circumstances, there was a delay of some days in operating, and when this was decided upon she was in a serious condition. She died of shock, and though there was much fluid in the abdomen, there were no signs of inflammation. He thought that if he had not operated, this patient might have recovered.

The PRESIDENT thought the extravasation of a thick viscid fluid with the things that it might contain might not improbably determine peritonitis. He related the case of a lady with an ovarian tumour, in which spontaneous rupture, followed by shock and ultimate recovery, took place no less than four times. After the last rupture, he opened the abdomen and removed the collapsed cyst. There had never been any peritonitis nor any adhesions.

Mr. HUTCHINSON, in reply, asked what was the cause of death in Dr. Shaw's case, as there was no peritonitis. He mentioned a case in which a lady ruptured an ovarian cyst, from being thrown forward in a cab.

DR. BERTRAM ABRAHAMS read a paper

ON RHEUMATIC TONSILLITIS

an abstract whereof will be found on page 113.

Dr. KINGSTON FOWLER was glad to have the author's confirmation of his own observations first published in 1880. He agreed that tonsillitis might be followed by rheumatism or cholera or endocarditis. He questioned the accuracy of the term "ulcerated sore throat" adding that in ordinary tonsilitis no ulceration properly so called was present. He recalled the case of a man who was admitted with quinsy for which he was being treated with chlorate of potash and iron. He remarked at the time that if he had seen this patient on his admission he would have felt disposed to give him antirheumatic remedies. Eight days after this, while still in bed, this patient had an attack of acute rheumatism. He urged that if the rheumatic nature of these throats were recognised in good time and anti-rheumatic remedies administered the attack of rheumatism might be averted. He also mentioned the case of a gentleman who had a sore throat just before going on his holidays. He went mountain climbing nevertheless and was laid up in the high Alps with a severe attack of rheumatic fever. He deprecated the use of the term "growing pains," an expression which he suggested was a reflection on the Creator and ought to be avoided, such pains being in reality rheumatic.

Dr. CARR asked whether it was possible to diagnose these supposed rheumatic throats or whether they were to judge from the history or from the subsequent occurrence of rheumatism. In one of the author's cases the interval between the sore throat and the rheumatism was a year, and in another seventeen years. He suggested that an ordinary tonsillitis might attack rheumatic as well as other subjects. He had not been able to convince himself that anti-rheumatic remedies modified the course of these tonsillites. He defended the use of the term "growing pains" which he thought were actually as described. He himself had suffered therefrom, yet he was not rheumatic.

Dr. LUCAS BENHAM thought any kind of sore throat might be followed by rheumatism, but the sore throat always seemed to precede the rheumatism, and even to be the cause of it. He related a case of a child who had ordinary tonsillitis lasting three days, and just when he was getting well there was a rise of temperature and a mitral murmur developed. He pointed out that when there was great œdema of the tonsils a slough might form at the point of contact which was followed by an ulcer.

Dr. SUTHERLAND admitted that it was difficult to demonstrate the connection between sore thoat and rheumatism, but some still asked whether erythema nodosum and chorea were rheumatic manifestations. He suggested that the tonsils might not be the only structures attacked and referred to cases in which there was headache, vomiting, and general malaise, without any localising sign in association with well marked tonsillitis in patients who subsequently developed rheumatism. He thought that the lymphoid tissue of the alimentary tract might share in the process, and called attention to the existence of "rheumatic appendicitis."

Dr. TOOGOOD said that according to his experience most cases of follicular tonsillitis were of bacterial origin, and were markedly infectious. The organisms he had met with were streptococci and staphylococci, and sometimes the short diphtheria bacillus.

Dr. **Abrahams**, in reply, explained that growing pains and ulcerated sore throat were merely colloquial expressions which one had to make use of in questioning patients. He was not satisfied that the antirheumatic treatment of these throats had any beneficial effect, and he mentioned a case to show that the administration of the salicylates could not be relied upon to avert the subsequent occurrence of an attack of rheumatism. He asked what could have been the cause of death in his case, assuming that the patient was not suffering from diphtheria. The non-success of antirheumatic treatment he thought was in favour of a bacterial origin. He concurred in Dr. Sutherland's remarks as to the gastro-intestinal disturbance in some of these cases. He pointed out that the germs referred to by Dr. Toogood were not invariably present, and possibly the attenuated form was the true cause of rheumatism.

## HARVEIAN SOCIETY OF LONDON.

The Annual Meeting, Presidential Address, Election of Officers, and *conversazione* of this Society took place on Thursday, January 19th.

At the close of the presidential address, the scrutineers of the ballot declared that the officers recommended by the Council had been duly elected.

Votes of thanks were proposed and carried to the retiring officers. The meeting then resolved itself into a *conversazione*, instrumental and vocal music were provided by the string band of the Royal Horse Guards Blue, and by the Crichton Glee Singers, under the direction of Mr. Mervyn Dene. A collection of sporting guns, past and present, was exhibited by Dr. F. W. Cock, and Messrs. Coxeter gave a demonstration of the use of "X" Rays.

The President, Dr. **Jas. F. Goodhart**, delivered an address, entitled

"OPINION THE SALT OF FACT,"

in which he dwelt on the value of opinion in things medical as well as of verified fact. He held that the promise of success satisfied the human mind as finished success can never do. Hence the fascination which treatment based on theory always exercised. Such treatment might fail from various causes, but it did not follow that the theory was altogether wrong. He alluded to the recently advocated methods of treating cancer by electrical currents of high tension, by the use of toxins, and by oophorectomy. Such methods had all failed, but who could say that the ideas on which they were based might not be "stepping-stones to higher things"?

On the other hand, the theory on which treatment was based might be utterly wrong, and yet the treatment might be successful. For instance, dilatation of the heart and stomach had been regarded as due to inability of the organs to drive their contents through obstruction ahead. But he believed that dilatation was a primary passive process, and that hypertrophy was the attempt to remedy this condition. Still, this view did not interfere with the success of treatment based on an opposite assumption.

The lecturer then referred to the statement recently made by Dr. Sidney Phillips that disease has changed in type. He fully concurred in this view, and illustrated the changes, not only in the case of enteric fever, but in other diseases, such as diphtheria, pneumonia, and appendicitis. He compared the accounts of influenza by Huxham, in 1733, and of morbilli, by Sydenham (1670), with the phenomena of those diseases in their present type. The change of type was apparent not only in diseases but in man, and thought and even in the expression of thought. This was exemplified in the case of painters, novelists, and other writers. Man and his view of his environment were in a constant condition of change.

One had only to look at the pictures by Rembrandt and other old masters, or read the novels of Burney, Thackeray, and Dickens to see how widely their outlook on nature differed from that of present-artists and writers.

He had entitled his address "Opinion the Salt of Fact." In the study of disease he believed there was a legitimate sphere for the nebulous phase of thought—although the fruit of speculation might often seem unripe.

## France.

[FROM OUR OWN CORRESPONDENT.]

Paris, January 29th, 1899.

### A Novel Feature in Artificial Air.

At the meeting of the Académie of Médicine M Laborde read a paper on a chemical substance which by its simple contact with air vitiated by respiration regenerates it completely, restoring to it its first qualities. In other words this substance removes absolutely the carbonic acid from the foul air, as well as the water vapour, and irrespirable products, and renders to it in exchange the exact quantity of oxygen required. From the first series of experiments it was discovered that six or eight pounds of the substance would keep alive in a space hermetically sealed (a submarine boat or a diving bell, for instance) a healthy man during twenty-four hours. Besides, the product was capable of rendering good services to medicine, as with a few grammes of it a dozen litres of oxygen could be obtained instantaneously.

### Appendicitis.

M. Schwartz said that he differed from the opinions expressed by some of his colleagues, approving early interference in every kind of appendicitis. He had seen over thirty cases get well without any operation, that was to say, where no abscess had formed. Otherwise they were all agreed on interfering where suppuration was suspected. In every other case he deferred operating as long as the pulse remained good and paralysis of the intestine had not set in. As to the operation, he followed the method of Max Schüller, which was to make the incision along the outer edge of the rectus muscle, and with this incision he had never witnessed eventration.

M. Lejars said that there existed a tendency to believe that acute appendicitis should be treated medically, while an operation should be reserved to the period when the acute symptoms had subsided. The idea might hold good in many cases, but sometimes immediate interference was necessary to save the patient, as the usual signs of the presence of an abscess were not necessary to the existence of extensive suppuration. Again, leaving aside cases of perforation which required immediate surgical treatment, there were cases of septic appendicitis which killed rapidly patients if they were not operated on at once. M. Reynier said that as long as no alarming symptoms were present he treated the patient by rest and the application of ice to the abdomen.

### Whooping Cough.

Whooping cough, according to M. Lagounne, is an infectious malady due to a special germ, transmitted directly through the expired air or indirectly by infected objects. Consequently its propagation is easy and rapid. Blache said that whooping cough attained its maximum of frequency between the ages of three and four—that was to say at the period when the children are thrown together in infant schools.

Temperature and seasons had no influence on the germ itself, and if the affection was more intense in winter than at other periods of the year the cause resided solely in the fact that the patients were confined to the house more, and lived consequently in a vitiated atmosphere; the open-air diminished, on the other hand, the gravity of the disease.

As to the treatment, it should be entirely external, as the administration of remedies usually prescribed in these cases arrested the fits of coughing by paralysing the expiratory muscles

As soon as the affection is recognised, the bedclothes and all the wearing apparel in use, as well as the carpets and the curtains, should to sprinkled several times a day with an antiseptic solution, even that of corrosive sublimate (1—1,000). The patients should live as much as possible out of doors, and when feasible they should not occupy the same apartment night and day.

All linen clothes, and, in fact, every object soiled with the expectoration, should be plunged into boiling water, and afterwards washed with antiseptic solution. In order to prevent the production of the germ and to obtain the antisepsy of the respiratory apparatus and of the circumambient air, the clothes of the child in proximity with the mouth (the front of the chest, the sleeves) should be sprinkled several times daily, while the same should be done in the evening to the pillows, sheets, and coverings near the head of the patient.

The solution employed by Dr. Lagounue is:—

Sulphuric Ether, 400;
Acetic Ether, 150;
Proof Spirit, 300;
Salol, 50;
Phenic Acid Crist, 15;
Essence of Lavender, 25;
—— of Winter Green, 25.

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## Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, January 27th, 1899.

At the Dermatological Society, Hr. Rudolf Isaac spoke on

### Ives' Colour Photography in Dermatology.

Ives photographed the object three times through a green-violet-red slide, with a period of exposure corresponding to the actinic activity of the colour filter. Glass dia-positives were prepared from the negatives formed on plates which were receptive to colours. These were viewed either in the skiopticon or chromoscope through three correspondingly green, violet, and red colour filters. In the skiopticon were three objects, which gave three images which, superposed, gave an image in natural colours. The chromoscope was a kind of stereoscope that, by a peculiar arrangement of mirrors, permitted the three colours to be thrown over each other. Some dermatological photographs were shown, in which a certain amount of success had been attained. The hope was expressed that the present technique would be improved upon.

Hr. Le Casper followed with a note on

### The Action of Silver Nitrate on the Urethral Mucous Membrane.

The speaker had made experimental observations as to whether the instillation of strong solutions of silver nitrate produced permanent cicatrices in the urethral mucous membrane. Observations on the human subject were not at hand, as scarcely any surgeon had the opportunity of investigating anatomically the urethra of a patient who had been treated with silver nitrate. His experiments were on dogs and rabbits, and the solution employed were 1 to 2 per cent. solutions, the injection being made in the usual way, and at the usual intervals of time. His investigations began in 1894. Thirty-five instillations were made on six animals, and two were killed at six months, two at nine, and two at twelve. On examination there were no traces of inflammation in either mucosa or submucosa, both layers were filled with nodules and flakes which were either silver or combinations of it. The flakes dissolved in potassium cyanide. In animals, on the other hand, that had fifteen 1 per cent. solutions of chloride of zinc injected the epithelium was, in some cases, grown to the submucosa, in others the function of the epithelium was changed; the submucosa contained fresh round cell deposits in some places, in others the mucous surface was destroyed.

Immediately after the silver application the upper layers of the mucous membrane were converted into a homogeneous brown cautery slough, and between the spots were collections of round cells. There were signs of inflammation also with deeper tissue layers. After four days nothing more was seen of the silver that had been applied, and eight days after every trace of interference had disappeared. The speaker then passed on to the theory of the action of silver nitrate. It consisted in destruction of the upper layers of epithelium and consecutive irritation. The irritation was a deep action, so that silver fulfilled the indications that were supposed to render the newer preparations preferable His investigations had shown that the fear that Gyon's instillation of silver would cause stricture was groundless. The old tried remedy had now its justification experimentally. The note was illustrated by excellent microscopic preparations.

### Accidental Wounds of the Internal Jugular Vein.

Two cases of this were observed by Dr. Oppel and reported in the *Deutsch Med. Zeit.* In both cases the vessel was only incised. The treatment consisted chiefly in double ligation of the vessel above and below. Both patients recovered without any serious complication. In studying the literature of the subject, Dr. Oppel found in thirteen similar cases all recovered, and under double ligation of the vessel. He also met with three cases that were treated with prolonged digital compression. These also did well. In four other cases the treatment was by tamponnade of the wound. Three of these died either from hæmorrhage or sepsis, and only one recovered. One case was met with that was treated by ligature of the common carotid, and this also ended favourably. Twelve other cases were, however, met with, in which no treatment was carried out, and these all ended fatally. To these thirty-five cases the author adds the fifteen observed in the North American war. This gave a total of fifty cases, thirty of which were fatal. During the antiseptic era are eleven cases, nine were treated by ligature, and recovered, two had no treatment and died. The mortality here was 18 per cent., whilst in the pre-antiseptic era it was 58 per cent. The chief danger in these cases did not lie in the primary hæmorrhage as may be expected, but in the secondary, which was mostly associated with infection in the wound. Admission of air into the vein was certainly a very dangerous complication, but it was one of very rare occurrence.

### Operation in Seventy-nine Cases of Extra-uterine Pregnancy.

*Wratch* contains a paper on the subject by Dr. Strauch, the whole forming a plea for operation, and early operation in such cases. After giving an account of the supposed ætiology of ectopic gestation and the diagnosis of the condition, he goes on to quote Martin's statistics as to prognosis. These were to the effect that in 278 cases the mortality was 67 per cent. in those treated expectantly, whilst the recoveries were only 33 per cent. Of 636 cases operated on 20 per cent. died and 80 per cent. recovered. In cases therefore in which a diagnosis of extra-uterine gestation had been made the clear course in duty was to operate at once. The earlier the operation was performed the easier it was and the better for the prognosis. If abortion or rupture has already taken place, the bleeding part should be made accessible, and an attempt be made to arrest the bleeding. It was a grave mistake to give stimulants in such cases. The feeble condition of the heart was a factor that favoured arrest of hæmorrhage. Stimulants raised the depressed blood pressure, and excited fresh hæmorrhage. Large quantities of saline fluid also should not be given before operation. The vessels should first be ligatured and then the system might be filled up with salines. The extravasated blood should be removed from the abdomen, as much as possible. When the operation was by abdominal laparotomy a more careful examination can be made, and cleansing can be more thorough, while if from the vagina it was less dangerous, especially after decomposition has set in. In the second half of tubal pregnancy laparotomy was the usual way. Among the author's 79 cases there had not been a single death. The youngest patient was 21 and the oldest 46. The oldest pregnancy was one of seven and a half months, the youngest one of a few weeks. In the first case the child lived for half an hour after extraction. The pregnancy was in the right tube 31 times, in the left 39. The operation was by laparotomy 63 times. Six patients had conceived and borne children after the operation.

At the Society for Scientific Medicine, Königsberg, Hr. Ascher showed a

### Stabbing Wound of the Heart.

Along with other serious injuries in the left ventricle, there was also a perforating wound about 2 ctm. in length close to the septum, which was closed by a thrombus. The man lived 20 hours after the infliction of the injuries.

## Austria.

[From our own correspondent.]

Vienna, January 28th. 1899.

### Teucrin and Tuberculosis.

At the Medical Club, Erheim exhibited two cases which he had treated with teucrin Mosetig for tuberculous ulcers. The first was a boy of ten years, with an intractable ulcer in the mucous membrane of the cheek; the second was a young woman, æt. 24, with a similar ulcer on the under lip. Both ulcers were treated by subcutaneous injections of the extract of teucrin (Extr. teucri scordii depur.), which was injected into the circumference of the ulcerated tissue. The smaller sore healed in a few days, the larger began with the common cement of the injections to granulate rapidly, and healed up within fourteen days. This ulcer had existed for four months previous to the injections, notwithstanding the heroic treatment adopted before that time. He showed a third case of the same class, which had not been previously treated, that occurred on the under lip in the form of lupus, accompanied by lymphadenitis. The boy was 14 years of age. The half of the left lip was destroyed by the ulcer, which had a firm infiltrated base and margin; on the right half was a smaller ulcer of a similar character, which the microscopic examination proved to be tuberculous. He was treated in the same manner as the two previous cases, with equal success.

Max Kahane recorded a case of a large "cold" abscess which he had treated with teucrin injections, and which rapidly receded, leaving a small fistula leading into the spinal cord. He thought that the activity of the teucrin was instrumental in converting the chronic inflammation into an acute inflammatory condition.

### Operatons on Gall-stones.

Schnitzler reopened the discussion on Riedel's paper, which was read some time ago before the Society, in order to criticise some of the opinions then attempted to be established. He disagreed with Riedel when he would not operate on a long standing gall-stone which had become wedged in the neck of the gall-bladder in the cystic duct, or the ductus choledochus, which though not producing hepatic congestion may afterwards produce inflammation with colic attacks. He quite agreed with Riedel that large gall-stones lying in the gall-bladder seldom produce inflammation, though small ones in the former position will, and often do, produce inflammatory conditions. Schnitzler also believed that the "perialienitis" of Riedel was provoked by the congestion which was the result of active inflammation in the fibrous tissues of the gall-ducts which may only have been temporary or transitory in its effect. This congested form of inflammation is not uncommon in other organs which is usually associated with fever and rigor where neither sepsis nor nephritis is present. Schnitzler himself had a case of this kind where high fever existed for months, but after the removal of the gall-stone it suddenly disappeared, leaving the kidneys entire and no sign of pus anywhere. Schnitzler cannot agree with Czerny that a large number of the cases of cholelithiasis contain sugar or some other reduced substance in the urine. Ileus, or colic of the bowel, is also a rare condition after a gall-stone has entered it. In proof of this he recorded four cases coming under his own observation. The first appeared with septic phenomena, while the stone was found by operation in a fold of the bowel, but nowhere was inflammation to be found. The post-mortem revealed an abscess in the gall appendages from which the sepsis originally entered the ducts, which led to the formation of the gall-stone. In another case operated upon the stone was found after a post-mortem examination in a fold of the large intestine, while in the small intestine was observed a large decubitus ulcer, where the calculus had apparently lain for some time.

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Dr. Morley, brother of the Right Hon. John Morley, M.P., the oldest practitioner in Blackburn, we understand, is seriously ill.

# Riviera Health Resorts.

*(From Our Special Correspondent.)*

## NICE.

The causes of the poor season (so far) on the Riviera have been variously assigned to the typhoid rumours about Nice, and to diplomatic difficulties about Fashoda, Madagascar,

That the unusual drought of last summer shortened the well-water supply at Nice, and threw the poorer and less cautious classes of the population upon more or less impure sources for drinking water, thereby occasioning fevers in the older and in the outlying districts of Nice during the months of September and October, is beyond question. The rains of early November remedied this, and carried off any danger therefrom. When here late in November, I found the normal healthiness of the place fully re-established. Squabbles with a leading American journalist about rents and bulletin-boardings, want of tact and dilatoriness of the municipal authorities in some other matters, led to newspaper controversies far and wide. But if these local issues were the cause of the diminution in the number of English and other foreign visitors to Nice, why did other Riviera resorts suffer?

Hyères, with a saline-tempered atmosphere, yet with exemption from a too close proximity to the sea, and enjoying an enviable reputation for a century back, is a most desirable winter home; Cannes, with its old time *prestige* and English comforts; Valescure and Cap Martin with their pine-forests; the Cap d'Antibes, a rocky and unmistakably healthy spot; Grasse, on its picturesque hill-slope amidst the purest mountain breezes—inland places with excellent sanitation, sea-washed towns equally well cared for, mountain side hotels, like the favourite Grand, of Grasse—situations of varied positions in the Riviera, and of acknowledged heathfulness, all alike have been short of guests.

Even popular winter resorts, far distant from the Riviera, likewise suffered. The visitors were as scanty even at Pau, with its admirable climate and unquestionable salubrity, and at "bright, beautiful, brilliant Biarritz," with its atmosphere of rare purity, its many gaieties, and its health-giving ocean tides. One would have thought these and similar distant resorts should have benefited from any local difficulties at Nice.

Then as to diplomatic differences between France and England, if these kept our countrymen from French shores, why did not Italy profit? All along the Italian Riviera come equally poor reports of few visitors this season. Except, perhaps, the recently enlarged and beautified Hotel Angst at Bordighera and the popular Royal Hotel at San Remo, I know of no Italian hotels which have not had to complain of too few guests. Farther afield, also, from Corsica, the Canary Isles, Madeira, Cairo, from every winter resort the complaint is the same.

And how about the English winter homes? Are Bath, Hastings, Eastbourne, Brighton, Torquay, Falmouth, &c., having brilliant seasons? Surely the thousands of our British people who usually fill winter residential stations abroad should this season have crowded the home stations to overflowing. Probably the true cause of a scarcity of English visitors and of tourists all over the Continent and elsewhere, is that the autumn and winter have been "stay-at-home" seasons.

Whatever the causes, the result should be beneficial to the future welfare of Nice. Improvements projected and promised years since, are now to be efficiently carried out by the municipal authorities and the leading landowners, with the advice and assistance of local scientists and physicians. These improvements will be of great permanent value to Nice. And not Nice alone should benefit. The whole of the French Riviera has had an opportune "object lesson"! In recent years the chief aim, apparently, of the authorities and managers has been to cater for their pleasure-seeking guests, and at the same time gratify the native populace who dearly love

"Pomp and Feast and Revelry,
Mask and antique Pageantry."

As the Medical Press and Circular said a year ago, "the glitter and the glare of fashionable life on the Riviera has unfortunately of late years thrown too much into the shade the value of the merits and attractions of this coast for the invalid, the delicate, the world-wearied, the aged and the convalescent." Yet it is these who have created and who chiefly contribute to the prosperity of the Riviera They come here early each "season," and remain the latest in the spring; while the more showy and noisy guests "on pleasure bent" flock hither only for February and March alone. The lessons of the present winter, with its scarcity of British and other long-residing visitors, cannot but make the more "serious," influential, and reflecting property-owners, business-people, and hotel-proprietors along the Riviera recognise that it is the invalid, the delicate, the rest-seekers, the old, and the convalescent who constitute the main support of its financial prosperity, and that it is for them chiefly provision should be made.

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# The Operating Theatres.

## KING'S COLLEGE HOSPITAL.

**Cholecystotomy.**—Mr. Carless operated on a woman, æt. 40, who for some months had suffered from abdominal symptoms of some severity. She had been seized time after time with attacks of colicky pain referred to the right iliac region, and a lump of some size had been noticed there for a considerable time. It had, however, varied in size, and on examination a few days before operation it was much smaller than it had been previously, whilst on the patient's bowels being cleared by medicine immediately before the operation, there was no lump to be felt at all; at the same time, the patient had lost flesh considerably, and the pain and colic had been so severe that there could be no question as to the existence of some focus of obstruction somewhere in the bowel. After the usual purification of the abdominal wall, an incision was made somewhat similar to that utilised in the removal of the appendix, but slightly nearer the middle line, by which means the rectus was exposed, and the peritoneum opened after separating the fibres of the muscle longitudinally. The cæcum protruded at once, and although it and the neighbouring portion of the ascending colon were found to be healthy, yet the longitudinal muscular bands were so extremely hypertrophied as to cause the bowel to be curiously corrugated, evidently indicating that there was some obstruction to be overcome; the small intestine was quite healthy, although portions of it were in a state of extreme spasmodic contraction which, however, could be overcome by applying hot saline solution and pressing flatus onwards. The uterus and its appendages were found normal, as also the kidneys and spleen. The large intestine was then traced round upwards from the sigmoid flexure and nothing was noticed till the hepatic flexure was reached, when the hand came in contact with a tense elastic swelling evidently a greatly distended gall-bladder. The parietal incision was promptly enlarged upwards to the costal margin, and after the intestines had been guarded by a suitable arrangement of cyanide gauze soaked in hot sterilised saline solution, the gall-bladder was drawn up out of the wound. It was found to have considerable adhesions to the hepatic flexure of the colon, thus explaining the colic and obstruction phenomena from which the patient had suffered; these adhesions were carefully divided, and by this means the gall bladder was traced back to the cystic duct in which a large calculus was detected. The gall-bladder was now tapped with a large trocar and cannula, and an ounce or more of yellowish puriform fluid withdrawn; after removal of the cannula the gall-bladder was opened sufficiently to allow of the introduction of the index finger, and, after a little manipulation with a lithotomy scoop, a rounded gall-stone, the size of a large marble, was withdrawn. A careful investigation with fingers and a *long* probe having led to the detection of no other *calculi* a large drainage tube was stitched into the gall-bladder, which was then fixed to the abdominal wall, whilst the rest of the external wound was closed with deep interrupted sutures and a superficial continuous suture of catgut. Mr. Carless remarked that in this case the diagnosis before operation was very uncertain, and the woman had complained of some menstrual disturbance, but Dr. John Phillips had carefully examined her, and found that the uterus and appendages were normal. There was also some doubtful history of hæmaturia, but nothing could be felt in either loin. The lump which the woman had noticed was evidently due to distension of the cæcum, since it had varied from time to time and its presence had always been associated with severe colic. There had been no history of biliary colic, and no jaundice, and the gall-bladder, though distended, was not very obviously palpable, hence a provisional diagnosis had been made of carcinoma of the bowel (based on the loss of flesh, the existence of a lump, and the recurrent attacks of colic and pseudo-obstruction), or of some obstruction in the course of the colon. It was, therefore, obviously wise to commence with an exploration of the cæcum and its adnexa, so the incision mentioned above answered admirably this purpose, whilst it permitted the whole abdomen to be explored. The condition found round the gall-bladder sufficed to explain the chief symptoms of the patient, although not those connected with the menstrual disturbances. Only one calculus was found, and probably, since it was rounded and had no signs of facets, no other was present. In several preceding cases Mr. Carless had entirely closed the gall-bladder after removal of calculi, and preferred to follow that practice if possible, but in this particular instance the fact that the contents were puriform led him to make a temporary fistula. It has since been ascertained that pus cells were present in the fluid and also large numbers of diplococci.

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WEDNESDAY, FEBRUARY 1, 1899.

## LUNATICS AS PRIVATE PATIENTS.

A recent trial has brought into prominence the subject of the treatment of lunatics in private asylums The immediate object of the legal proceedings was the alleged reception of a person of unsound mind by a medical man without a licence. With this more particular aspect of the larger question we propose, in the present instance, to deal because of certain occurrences connected with the trial, which seem to require plain-speaking on the part of the medical journals. The Lunacy Acts clearly accept the principle that no person of unsound mind should be confined in an unlicensed house, a precaution that is absolutely needed for the protection of the liberty of the subject against the most serious possible abuses Anything that is likely, therefore, to hinder or hamper the carrying out of the machinery of licensing and of its connoted inspection must be regarded with instant suspicion and counteracted with firm authority. If we accept these propositions, which appear incontrovertible, it is not a little curious to witness the attitude of a leading lunacy expert arising out of the trial to which allusion has been made. Those who are interested in lunacy matters will readily recall the facts of the case. As the result of profound convictions only could a gentleman in so eminent a position publicly traverse one of the fundamental principles of the Lunacy Acts. That he should attempt to justify his active opposition to the salutary measure that is framed to prevent the shutting up of a sane man as a lunatic, and start a public subscription to defend a medical man charged with an infringement of that provision, savours of a temerity happily not often met with in the law-abiding profession of medicine. In these latter days the violent methods of Wat Tyler have fallen into disrepute with those who seek to reform laws that are not to their taste. From our point of view, which we venture to imagine has the support of nine tenths of the medical profession, and the vast majority of the outside community, there can be no question as to the wisdom of establishing absolute official control of lunatics in order to prevent such conspiracies against property and personal freedom as formed the favourite tilting post of the once popular novelist, Mr. Charles Reade. Indeed, the question has often been raised, more especially in recent years, as to whether the private licensed house should be permitted to exist at all, and whether all insane persons should not be taken under direct State control in public asylums. The reasons, both for and against a radical and far-reaching step of that kind, are numerous and weighty. Without entering into them at length, however, it may be stated that one of the most plausible adverse arguments is that well-to-do lunatics would not in that case be able to obtain the best conditions favourable to their recovery. It is not clear, however, why the State should be unable to conduct what is usually regarded as an extremely remunerative organisation and combination of special treatment and capital. Then, again, there is the ever present fact that it is against the interests of private institutions to lose their patients. At the same time, we are glad to believe that with few exceptions the private asylums of this country are above reproach, and we are willing to admit that the proposal to do away with them in favour of State institutions is, in the present stage of social progress at any rate, an unworkable counsel of perfection. That the lunacy laws are not without flaws is pretty widely acknowledged, and it is to be hoped that Parliament will one day find time to pay a little attention to that and a hundred other important social matters connected with the medical profession that have long since been ripe for reform. The central control of the lunacy laws, like that of the Local Government Board, and of the General Medical Council, we regard as inefficient, slothful and conducted on more or less fossilised methods. So far as the Lunacy Commissioners are concerned, it would be impossible to do the work of inspection properly without multiplying the staff by several times its present strength. The "strongest Government of modern times" has irons in the fire in all quarters of the world, but has hitherto done little for any of the matters affecting the medical profession, either directly or indirectly. Their only attempts in that direction, namely, the separate treatment of certain classes of disabled metropolitan pauper children, and the abolition of compulsory vaccination have certainly not been calculated to stamp their administration as memorable in the annals of medicine But an opportunity still offers while Poor-law administration is wedded to that of the public sanitary service, while the General Medical Council remains practically autocratic, and while lunacy administration lags behind the times.

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## MR. HUNTER'S APPEAL.

Mr. Hunter, though dead yet speaketh, and he technically appeared before the judges of the Queen's Bench Division on Tuesday of last week to urge his appeal against the decision of the justices who punished him for making use of the designations physician and surgeon, or, to be strictly accurate. for calling himself a physician, he being only a licentiate of the Society of Apothecaries. The question before the judges was whether the right to practise medicine conveyed by the licence of the Society of Apothecaries implied the right to the description of physician, or, in other words, whether this title means merely a person who practises medicine or belongs exclusively to the holders of a particular diploma. Two judges have now decided that the title belongs of right to "persons in the highest grade of medical practitioners," but this leaves much that is vague because it is not specifically declared what constitues the "highest grade." We are still at liberty to wrangle whether the title physician is restricted to fellows of the Royal Colleges of Physicians, whether members of those bodies share that privilege, or whether the possession of a degree in medicine does not establish a supremacy over the body of non-graduate practitioners. Even more, it would be brutal to refuse the title to licentiates of those bodies for they have received a licence to practise physic, and he who practises physic is presumably a physician. If not, what is he? St. Luke is described in Holy Writ as a physician—a title to which, in the view of Her Majesty's judges, he has no right—and we commend this observation to the notice of future editors of "revised editions" of the New Testament. *Mutatis mutandum*, if it be an offence for others than fellows or members of the Colleges of Physicians to style themselves physicians, it must be equally obnoxious for persons to call themselves surgeons who are not members or fellows of a College of Surgeons, though this point has not come up for discussion on the present occasion. The judges have studiously and successfully avoided deciding more than they were asked to decide—viz., whether a certian licentiate of the Society of Apothecaries was entitled to make use of the title physician, and, as already stated, they have decided that he had no such right. The fact that they quashed the conviction on the ground that the defendant had not "wilfully" made use of a false designation is interesting but not very instructive, but it may, perhaps, be construed as a rejoinder to the carefully worded circular issued by the Apothecaries' Society informing all and sundry that their licence confers the right to practise medicine, surgery, and midwifery. For our own part we have no hesitation in expressing the opinion that the decision is absurd in principle, if sound in law. All it does is to withhold from licentiates of a certain qualifying body the right to use a particular designation which, on the face of it, only describes their calling as practitioners of physic. It stands from this point of view, on all fours with the popular prefix of "doctor," which, by general consent, is applied to anyone who practises medicine, and even to those more or less distantly connected with that calling. We see no objection to particular diplomas conferring each its particular titular designation, but we are not manifestly nearer this consummation in virtue of this decision Mr. Justice Channell made one remark which shows very clearly the confusion which exists in the minds of the laity on the merits of these intra-professional questions. Commenting upon the case of Regina *versus* Baker, he mentioned that the qualification in that case was of an earlier date than 1886, and did not authorise the defendant to practise surgery "which" said the judge, "is a department of the practice of a physician." This is a *reductio ad absurdum* for the rules of the Colleges of Physicians expressly forbid, or at any rate forbade, the practice of surgery by their fellows and members. The General Medical Council has scored a point, it is true, but the painful circumstances under which this particular prosecution was undertaken still remain to be explained, and we say explained, because justified they cannot be.

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## THE SANITARY INSPECTION OF SCHOOLS.

The right of a local sanitary authority to visit and inspect all and any buildings in the district has always been a moot point, that is, in the absence of the existence of "a reasonable cause." In the case decided by a metropolitan police magistrate last week in favour of the managers of the North London Collegiate School it is laid down that the sanitary inspector, as such, has no right of entry to a school building unless he can "show cause." We note with satisfaction that the opposition offered by the managers of this institution is not based on any abstract objection to sanitary inspection, but on a distrust of the particular sanitary authority which, in their opinion, is ill-fitted to offer an opinion on the subject. It will excite a feeling of surprise in the minds of many who are not conversant with the intricacies of our much-vaunted sanitary legislation to find that compulsory, methodical inspection of school premises does not find a place in the programme. If the health of our factory operatives is thought worthy of consideration surely that of the rising generation is not less so; indeed, it might well be considered to warrant closer scrutiny seeing that the scholars are not of an age to form any opinion on the subject. The elementary schools are duly kept under observation, but private schools and secondary schools are regarded by the law as private houses, yet it is precisely in the case of private or quasi-private institutions that effectual surveillance is most necessary. The time is probably not far distant when no buildings will be allowed to be used for school purposes until, after proper inspection, they have been admitted to registration, such registration comporting subsequent systematic supervision by the local sanitary authority. When this subject comes up it would be well to enact similar, or even more drastic, provisions in respect of private-adventure hospitals, which also presumably come under the heading of "houses." An Englishman's house has long since ceased to be a castle as against the sanitary inspector, but even such mitigated rights as the householder may have preserved ought to be abrogated when he uses his house for other than private and residential purposes. It is obvious that special legislation is called for in the direction of completing and extending the powers at present possessed by sanitary authorities for the inspection of buildings for whatever purpose they may be used. How is the authority to become aware of the existence of unsanitary conditions unless every facility for inspection be afforded? There are many things short of blood-boiling or soap-making that call for remedy, and the fact that nauseating emanations are not complained of by no means justifies the assumption that all is for the best from a sanitary point of view.

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# Notes on Current Topics.

### A Plea for All-Night Pharmacies.

The large towns of Great Britain are singularly behind those of the Continent and especially of the United States in respect of the facilities available for procuring medicine at night. The medical practitioner, poor, man, has to comply with every request for assistance irrespective of the hour of day or night but when he has done his share of the work and has prescribed the appropriate remedies it may be next to impossible to get the prescription made up. We should be loth to add to the burdens of the followers of an already hard-worked and ill-paid calling, but one would have thought that the spirit of commercial enterprise would have prompted a certain number of pharmacists to cater for the night work. One or two attempts of the kind have been made in London, but they have, we believe, been abandoned in deference to reasons of an extra-professional kind. Night work is, of course, not popular, and extra-remuneration would alone induce anyone to devote himself to this branch. Apart from this there appears to be a difficulty in exercising sufficient control over the night operators, and this is probably the most serious obstacle. Failing private enterprise we should, perhaps, be entitled to look to municipal authorities to provide the necessary facilities, the lack whereof may render nugatory the presence of the doctor. We are aware that in many instances there is a resident assistant who is supposed to respond to night calls, but those who have had occasion to put this to the test of experience know to their cost how illusory this assumption is in point of fact. An instance is given by a correspondent who, armed with a prescription at 3 a.m., applied in vain at sixteen pharmacies. Such a state of things constitutes a positive danger, and is little short of a scandal, and it is, moreover, a strong argument in favour of medical men retaining the dispensing of medicines in their own hands.

### Prevention of Unnecessary Noises.

The inhabitants of cities and towns will read with interest the news that the proprietor of a certain noisy bird, to wit a cockerel, inhabiting the romantic shades of St. John's Wood, has been fined for not having deferred to a warning request conveyed to him by three of his neighbours whose rest was disturbed by the animal aforesaid. We gather from the evidence that a cockerel is a male fowl, a fact of which we were ignorant, and which the dictionary did not assist us in discovering. Now anyone who has ever heard a cock crow at a distance of less than one hundred feet will agree that a rooster, to make use of an American equivalent, which begins to practise crowing at 3 a.m. is indeed an infliction not to be borne if any means are available of inhibiting the same. The magistrate appeared to apply the law with some reluctance, observing that the by-law was passed to meet the difficulty of a class of persons who, "instead of deriving pleasure from the natural noises of animal life found these noises a source of exquisite torment and disquiet." Does the worthy magistrate himself derive any pleasure from a cock-crow at 3 a.m. or even an hour or two later? Does he lie awake o' nights savouring the long-drawn-out sweetness of the amatory strains of feline marauders? There are natural noises which are agreeable and others which are not so, but there are, indeed, few natural noises which are suave to the human ear in the early hours of the morning. The wear and tear of life in great cities will be vastly lessened when all unnecessary noises are sternly repressed, and we thankfully accept this by-law as an instalment on account of further steps in the same direction.

### Medical Fees among Poor-law Medical Officers in Ireland.

The misrepresentation, by the aid of which the Irish Local Government Board seeks to choke off the agitation for the reform of the dispensary ticket, has again been repeated in the Dublin papers by a "J. P. for two counties." That misstatement is that the Poor-law medical officers of Ireland are prevented by professional etiquette, or some other cause, from accepting less than £1 a visit, or £1 for first visit. All we need say is that, if there be any such etiquette rule, it is almost universally disregarded, and there is not a district in Ireland in which difficulty would be experienced in obtaining medical relief at such reasonable fee as suits the patient's capacity. We declare that the above statement is absolutely false, and we are astonished that the Local Government Board—whose inspectors must know that it is so—should use it as its excuse for resisting reform. Dispensary officers are not altogether fools. They know, as a rule, the financial calibre of every man in their district almost as well as he does himself. They know that some are well able to pay £1 every visit, and others only £1 at first visit, and they are perfectly right to exact such fees from such persons, who, unfortunately, are very scarce in most districts. As for the other patients, is it likely that a dispensary doctor will drive them into the net of a rival practitioner, or force them to resort to the "ticket" by demanding an excessive fee? In ninety cases out of every hundred he accepts as fee any reasonable sum—even down to half a crown—which he knows the patient can pay, *not* what the patient says he can pay; and in this way no deserving pay case is ever left without medical attendance. But, in fact, this argument is entirely outside the question. The Poor-law Medical Officers of Ireland have never objected to attend on ticket persons whom they consider unable to pay the full fee of £1. If any such officer is in such demand that it does not pay him to attend for less than that sum he can refuse to do so, but, in such case, he should not and does not complain of having to attend on "ticket." What he does complain of is that most of the patients whom he knows to be perfectly well able to pay many pounds are—through the corruption of the system maintained by the Local Government Board—enabled to obtain gratuitous attendance. We hope we have heard the last of the friction to which we referred. If it were ten times true it would not justify the scandalous abuses of the Irish Dispensary ticket system.

### Bath and its Fever Hospital.

The sanitary administration of Bath is having a somewhat exciting time in consequence of the action of its able and energetic Medical Officer of Health, Dr. Symons, who has recently drawn attention to the management of the Fever Hospital. Of course, in a matter of this kind there is usually something to be said on both sides. The *Bath Chronicle*, however, says that something in a way that seems hardly worthy of a leading and responsible newspaper. Thus, in its issue of the 26th instant, it speaks of the "traducers" of the hospital. That is begging the question with a vengeance, and it says little for the candour of an editor who assumes an attitude of that kind at the outset of criticism on a matter of public interest. The issue of *Keene's Bath Journal*, again, for the 21st ultimo contained an article on this same Statutory Hospital. in which the faulty state of the buildings was admitted. In discussing past work the following passage occurred:—"The importance of the present system may be gathered from the fact that from 1882 to 1894 no fewer than 1,734 patients were treated at the hospital, and out of this number there were only 17 deaths." That strikes one as a most favourable percentage, but on further inquiry we find that between the years of 1884 and 1894 inclusive, there were not less that 71 deaths—a very different rate. Clearly, then, the citizens of Bath can hardly trust implicitly to the tone and accuracy of their journals in this matter. The Medical Officer of Health for the town, in the course of his plain and bounden duty, has passed various criticisms upon a public institution, to maintain the efficiency of which is one of the most important of his functions. An affair of this kind should be approached in a spirit of broad municipal progressiveness and not with the narrowness of the vestry partisan. Twenty years ago Bath ran up a number of huts in a panic when small-pox invaded the city. Those temporary buildings survive as the Statutory Hospital under the charge of a superintendent who, we learn, is a pluralist of a most exalted order. On general grounds we should say that it is unwise to appoint a sanitary inspector superintendent of a fever hospital. A staff of ten or thereabouts (the exact number is in dispute) hardly requires any supervision beyond that of the visiting medical officer. Why the latter is chosen from the local medical men to act as Dr. Symon's deputy is somewhat of a mystery. It is to be hoped that the whole facts of the case will be made public in some authoritative manner.

### Unionists and Non-Unionists.

The medical profession may be broadly divided into unionists and non-unionists. Let us hasten to explain, in order to avert the wrath of those to whom trades' unionism is a thing accursed, that we speak of the members of the Medical Defence Union and kindred societies, and, on the other hand, of those who keep their half-guinea subscription in their foolish pockets, and fail to realise the concrete fact that in the Medical Union is strength. When one reflects upon the work of that body—and of its offshoots—it is a matter of never ceasing wonder that so much could have been accomplished within so comparatively short a period of time. During the last few years there has been a great diminution in the number of actions for malpraxis, and in blackmailing charges brought against medical men. What other condition has come into existence to account for that happy change? None that one can recall, save the birth and the strong and rapid growth of the defence societies. Where the busy practitioner was formerly exposed to the anxiety and cost of litigation which could not fail, whatever the issue, to do him damage both in purse and in reputation, he is now able to summon to his aid a powerful organisation backed with unlimited money and special experience. That is to say, he may command that refuge if he be a member, and, although we speak in glowing terms of the increased roll of membership, yet it is well to note that a large majority of the profession is still to be reckoned among the non-unionists. Let the coming generation see to it that every one of them stands shoulder to shoulder with his brethren, at any rate in this elementary matter of insurance against blackmailing.

During last year 5,920 persons committed suicide in the United States, 4,286 men and 1,634 women. This number includes 44 doctors. With respect to the *quietus* selected, 2,526 chose poison, 2,037 preferred firearms, 787 hanged themselves, 354 chose drowning, 26 asphyxia, and 75 died as the result of self-inflicted stabs.

### The Municipalisation of London.

The Government Bill for the municipalisation of London, which will be introduced early in the approaching session, deals with many matters of interest to the community generally, but there is one aspect of it which we may consider here, and that is the uses to which the various local municipalities might be put in furthering the interests of the hospitals within their districts. Under the Municipal Corporation Act each London hospital should be practically municipalised—that is to say, the local corporations should include within their duties the very important one of seeing that the local medical charities are not allowed to suffer from lack of funds. It is impossible to doubt that were a local mayor to make the maintenance of the medical charities within his district a matter of prime concern during his term of office, immense good would result. The great drawback under which London hospitals suffer is that of the want of the organisation of local support. If the local medical charities in the various districts in London were supported, as they should be, by the residents, there would be but little need for the three cosmopolitan funds whose awards, when made, cannot, for several reasons, be regarded as unmixed blessings. In reflecting upon these matters one is at once reminded of the splendid manner with which the large medical charities in the provincial towns are maintained, among which may be mentioned the Royal Infirmary, Derby, the Leeds General Infirmary, and the Royal Infirmary, Newcastle. In these and other examples the local *esprit de corps* which prevails in favour of the medical charities leaves nothing to be desired. At the same time, however, this no doubt is largely the result of efficient organization, and, as such, it forms an instructive object-lesson to the residents in London who fail to do their part in the same direction. With the local London mayors, however, taking the lead in the organisation of the support of the London hospitals within their respective districts, the time should come when the financial position of many of these charities will cease to be a matter of deep concern. That which is accomplished so efficiently in the provinces, should not be a difficult matter in the metropolis, and we trust that the Municipal Corporation Act will be the means of ensuring that local support for London hospitals which is so essential in many ways to their well-being.

The Turkish Government, in view of the approaching fêtes, has sent police officers to all the druggists' shops to seal up the packages of chlorate of potash, presumably with the object of checking the manufacture of explosives. The Turkish anarchist must, however, be lacking in resource if the deprivation of chlorate of potash prevented his carrying out whatever fell designs he may have conceived. In the matter of easily prepared explosives there is a positive *embarras de richesse*, and the puerility of this precaution is thereby rendered conspicuous.

### The Indian Medical Association.

The fourth annual meeting of the Indian Medical Association was held in Calcutta on December 23rd last, under the presidency of Dr. Lal Madhub Mookerjee. Rai Bahadur. The Association now numbers 1,151 practitioners of all grades, and is evidently flourishing. It was partly founded four years ago with the object of promoting necessary reforms, and of ameliorating existing grievances pertaining to the profession in India. The endeavours to obtain redress for the grievances of assistant surgeons and hospital assistants, both civil and military, have, we learn, so far succeeded that the Government have promised to make considerable concessions in the direction demanded. But there remain many other reforms, some evidently vital, which the Association are pledged to advance. Mention may be made of a few of them. One burning question is that of Government surgeons monopolising private practice. which mainly concerns, we presume, the native practitioners; another is the existence of irresponsible and unauthorised diploma-granting societies in India—clearly a most important matter. Another is the necessity for uniformity in higher education and in medical diplomas. All these are closely concerned with the welfare of the profession itself, and their importance is such that it is difficult to see how the Government of India can avoid giving them their serious consideration. Again, the Association has pointed out that there is no Act regulating the sale of poisonous drugs, nor any system in vogue for State medical registration, and have urged the necessity of reform in both these particulars. Thus, judging from these evidences of official activity, it is plain that the Indian Medical Association deserves well of the profession in India. Its programme of reforms deals with matters affecting the interests both of the profession as well as of the public, so much so that in this and other ways there appears to be a vast field of usefulness before it.

### Methylene Blue as a Kidney Test

From a clinical point of view it is clearly a matter of importance for the medical attendant to be able to estimate the permeability of the kidney. For that purpose two agents have been mainly used, namely, iodide of potassium and methylene blue. The experiments of Bard and Bonnet show that permeability is greatly diminished in all stages of intestinal nephritis, whereas, in the parenchymatous form of the affection it is usually normal. Curiously, in interstitial nephritis secondary to epithelial involvement it is said that the permeability is diminished to the iodide salt, but is normal or increased to the alternative test. The latter fact has a possible or probable bearing upon the good effects of methylene blue in the generalised malady, rheumatoid arthritis or, according to more modern nomenclature, chronic osteo-arthritis. The attention of the medical profession was, we believe, first drawn to this therapeutic procedure by Dr. J. R. Philpots, of Parkstone, whose original observation has since been borne out by many independent investigators. There is still room for research in the matter of kidney stimulation and *prima facie* it would seem not unreasonable to ascribe remedial virtues to an agent that is visibly excreted even in cases of advanced renal damage where iodide of potassium fails to effect a passage. One explanation advanced is that the methylene blue acts as an organic or colloidal body and the other as a simple diffusible salt. That hypothesis, however, although good so far as it goes, nevertheless leaves a deal of the riddle unsolved.

### The Progress of Harrogate.

This year Harrogate has the advantage of having a medical man as its mayor, and Dr. E. Solly who occupies that distinguished position has already proved the value of his appointment to the town. In 1897 the corporation opened a magnificent suite of baths costing practically £120,000, but in order to make the equipment complete it was subsequently decided to send a deputation to visit most of the spas on the Continent, and especially the kursaals, with the particular object of obtaining hints so as to enable the town to provide more facilities than at present exist for entertaining the visitors. As the result of the report of this deputation, on which Dr. Solly was the medical representative, steps are now being taken to prepare a scheme for erecting a magnificent concert hall on the model of the Continental kursaals. There can be no question that the policy thus being pursued by the mayor and corporation of Harrogate deserves every commendation, inasmuch as it is only by enterprise of this nature that the English spas will be able to successfully compete with those on the Continent.

### Presentation to Mr. Alfred Cooper.

Mr. Alfred Cooper having reached the age limit according to the rules in force at St. Mark's Hospital for Diseases of the Rectum (City Road, London), has just retired from the post of senior surgeon to that institution. His connection with the staff of the charity has been a long one, having continued without interruption for thirty-four years. Under the circumstances, therefore, it was natural enough that he was not allowed to sever his active work with the institution without some recognition. Accordingly, on January 25th, he was presented at the house of Mr. Swinford Edwards with a Chippendale clock and silver cigarette case, subscribed for by some members of the committee of the hospital, his colleagues, and old house surgeons. Upon the clock was a suitable inscription in commemoration of the occasion. Mr. Edwards, in making the presentation, alluded to the immense amount of human suffering which Mr. Cooper must have relieved during his long term of office, and also pointed out how much of the financial prosperity of the hospital had been due to Mr. Cooper's influence He further stated that Mr. Cooper's success and popularity were well known, the latter being largely due to his natural unselfishness, geniality, and sincere love for his fellow men. We understand that, in recognition of his services, it is intended to appoint Mr. Cooper a consulting surgeon to the hospital.

### The Transposition of Corpses.

From time to time the attention of the public is arrested by the gruesome tale of a confusion of corpses in the mortuary of some public institution. Now the report comes from the country and anon from the metropolis, but whatever its exact source the incident crops up every few months as surely as storm centres reach us from across the Atlantic or a labourer's wife presents her long-suffering spouse with a threefold addition to his family. The latest affair of the kind hails from the Southampton Workhouse, where two bodies of dead inmates were awaiting burial. The friends of one of the deceased, who lived in London, expressed their wish to have their relatives buried near their home, and sent the money to cover the necessary expenses. The workhouse officials thereupon promptly despatched to London a coffin containing the wrong body, which was duly returned to them and the right corpse ultimately forwarded. All this points to a lack of the first simple principles of organisation and reflects most unfavourably on the institution where it is possible for such a scandalous mistake to be made. Is such a point as the management of the Poor-law mortuary, we wonder, beneath the notice of the all-knowing Local Government Board inspector? Arguing upon general grounds we may be tolerably certain that only a small proportion of such cases come to light. What becomes of the others? Yet when a person like Mrs. Druce brings forward good *prima facie* evidence of the possibility of a fraudulent burial, the law of Great Britain permits a thousand delays to be interposed, and the plain common-sense of opening the grave and seeing what is inside the coffin is adjourned *sine die* for months, or, perhaps, for years, to the great profit of the legal profession.

### Small-Pox and Breach of Promise.

An interesting point was raised recently in the defence of an action for breach of promise of marriage brought against a miller's son in the Chelmsford Court. The defendant's mother, it appears, objected strongly to the proposed marriage, chiefly on the ground that the plaintiff had been rendered a "fright" by the ravages of small-pox. The consideration thus urged, however, failed to convince the jury, and a verdict of £25 damages was entered for the lady. In former days, when the disease mentioned was as common as diphtheria or measles nowadays, almost every other person one met in the streets was more or less deeply scarred and pitted with small-pox. Not a few instances are on record in which the disfigurement of the lady between the time of betrothal and that of marriage suggested grounds for the severance of the proposed contract. Whatever be the higher aspects of the case, there can be no doubt that there would be a fierce temptation to retire from the position for any but a man of the strongest moral calibre, if suddenly required to marry a woman whose face had been transfigured from its former beauty into hideous repulsiveness. Thanks to Jenner and vaccination, this terrible human tragedy has in this generation disappeared However, now that the "strongest Government of modern times" has seen fit to do away with compulsory vaccination, it is quite possible that not a few of the present generation of medical practitioners will live to see many a fair woman in similar plight, on account of her marred beauty and ruined marriage prospects.

### Lunatic Attendants and Corporal Punishment.

Of late, lunatic attendants have been unpleasantly in evidence as the administrators of unlawful punishment to the patients under their charge. A few weeks since a private asylum nurse was convicted in a London police-court for caning two of her charges. In the course of last week a ward attendant was fined 40s. for striking in the face a patient at the Peckham House Lunatic Asylum. With regard to this offence it may he remarked generally that in view of the modern humane spirit of lunatic treatment the resort to violence is an unjustifiable abomination, calculated to destroy all attempts in a curative direction. The life of an attendant upon insane patients is admittedly of a most trying nature, and one that demands the most perfect control of temper combined with tact and experience. For all that, it seems that the average attendant drifts into his position as does the average policeman. Both are turned loose into responsible positions without previous instruction, and left to pick up the necessary training knowledge according to their lights. During recent years it is true that a very commendable movement has been afoot to bring up the level of asylum nursing to modern standards, but a great deal yet remains to be done, especially in Poor-law institutions. Under any circumstances it would be well for all who undertake responsible duties as lunatic attendants to realise once and for all that under no circumstances are they justified in striking a patient. Otherwise they may find themselves in the uncomfortable predicament of the two defendants in the above-mentioned prosecution—not only damaged in pocket, but also cut adrift from their calling.

### Medical Union.

The prevalence of abuses in guise of medical charities and the present unsatisfactory financial situation of a large proportion of medical practitioners throughout the country are unquestionably due to the unfettered competition which characterises the struggle for existence within the pale of the profession. No progress can possibly be accomplished until medical men consent to forego petty rivalries, and join hands to impose reasonable conditions of remuneration. We note with pleasure here and there signs of a disposition to fall into line, of which the formation of a Medical Union among the medical practitioners of the County of Durham is an instance. The object of this Union is to constitute an association for the purpose of considering all medico-ethical questions affecting the profession in the county and, in particular, to raise the contract price of sixpence per fortnight, which is the present usual contract rate between workmen patients and doctors in that part of England, to a minimum charge of ninepence per fortnight. We have been favoured with a copy of the rules which, though few in number, may well serve as a model for other similar combinations throughout the country. The new Union has our hearty sympathy, and this we shall be pleased to extend to all attempts to bring about that homogeneity of the profession without which no far-reaching improvement in material and social conditions is possible.

### Before the Days of Jenner.

IT is, of course, an impossible task to convince the anti-vaccinationist party of the error of their opinions, not even when appeal is made, as these faddists are always so fond of doing, to statistics. Still it is expedient that they should be, as often as possible, reminded of their folly. In this connection an interesting communication recently appeared in a morning newspaper respecting the various causes of death in a Yorkshire village one hundred and twenty years ago. From April 1777, as the parish Register showed, to April 1778, 122 burials took place, and the causes of death were as follows:—Apoplexy 1, dropsy 1, mortification 1, colic 1, sudden death 2, cancer 2, infants 5, consumption 9, old age (from 71-92) 12, fever 13, small-pox 55 (from the ages of 1-29). Thus in one year, no fewer than 45 per cent. of the deaths in this village alone were due to variola. For comparison's sake the author of these figures might, with advantage, make a further search of the parish Register, and publish the figures of recent years so far as they relate to the prevalence of small-pox.

### Nicholson's Ear Drums.

THE *Newspaper Owner* issues to the press a warning not to accept orders for the publication of the advertisements emanating from the person who calls himself Nicholson, unless they receive cash in advance. Our contemporary gives a roll of no less than fourteen aliases under which this person figures at different addresses from which he issues liberal advertising orders, but never—by any chance—pays if credit be given. One of these aliases was "the MEDICAL PRESS," which, however, he had to abandon when we threatened him with prosecution.

### The Awards of the Prince of Wales's Fund.

A FORTNIGHT ago the editor of the *Hospital* replied to our remarks concerning the imperfections of the awards by the Prince of Wales's Hospital Fund, and he congratulates himself upon the fact that the distribution must have given general satisfaction, because the criticisms have been so few. In answer to this, it can only be said that he has probably found his way into that paradise which is not particularly associated with the presence of wise men. However, his statements are for the most part too quibbling and puerile to call for serious criticism, and to adduce further arguments in support of our criticisms would be wearisome to our readers. Nevertheless in passing, we may remark that the matter has been claiming some attention in the lay press, and especially in the *Daily News*, as will be seen from a letter which we publish in our correspondence column. Whoever "Hospital Secretary" may be, it is evident that he is more than a match for the great Pandandrum of the hospital world.

### Venereal Diseases in India.

A GENERAL order issued by the Commander-in-Chief in India provides for (1) the medical inspection of British soldiers serving in India for the purpose of detecting and checking the spread of contagious disease, and (2) for the enforcement of punishment for concealment of such disease. The inspection will be made from time to time without warning, groups of men being examined in whose case there is reasonable ground for suspecting that they are suffering from disease. The section of the Army Act providing for the punishment of men who attempt concealment is to be rigidly enforced.

### Mortality of Russian Troops at Port Arthur

THERE is now little room for doubt that the mortality among the Russian troops at Port Arthur is of a very serious nature. The cause is said to be the impurity of the drinking water, but a medical Commission has been appointed to make a special investigation into all the circumstances of the case. The high death-rate has been maintained since November last.

DR. F. J. WALDO, Medical Officer of Health for the Temple and St. George's, Southwark, has been appointed to the Milroy Lectureship for 1900 by the Royal College of Physicians of London. The subject selected is "Summer Diarrhœa, with Special Relation to Causation and Prevention."

THE President and Vice-Presidents of the Royal College of Surgeons of England will entertain the Lord Chief Justice (Lord Russell of Killowen) at dinner on Tuesday, February 14th.

DR. WALDO, Medical Officer of Health for St. George's, Southwark, has stated that about one in every 14 of the population of his district is born, brought up, lives, and dies within the four walls of a one-room tenement.

DR. VALLANCE, Medical Officer to the West Ham Union, on Monday last, obtained a verdict with £150 damages against a meat salesman for slander.

IN the parish of Darrington, on Salisbury Plain, consisting of nearly four hundred inhabitants, no death occurred during last year.

DR. BRIDGWATER has resigned the chairmanship of the Medical Charities Committee of the British Medical Association.

**Mr. William Taylor**, F.R.C.S.I., has been appointed Visiting Surgeon to Cork Street Fever Hospital, Dublin, in room of Prof. Wm. Stoker, F.R.C.S.I., whose term of office expires on the 31st proximo.

**Mr. F. T. Heuston**, F.R.C.S.I., President-elect of the Dublin branch of the British Medical Association, will deliver an address at the annual meeting of the branch on February 6th, entitled "The Position of the Poor-law Medical Officers in Ireland."

**Colonel Rooney**, F.R.C S.I., Commander Royal Army Medical Corps, Scotland; Captain D. Hepburn, and Captain W. Bashford, of the Edinburgh Company of the Volunteer Medical Staff Corps, have each received from the Royal Red Cross National Society of Spain a diploma in recognition of services rendered to the Society.

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## Correspondence

We do not hold ourselves responsible for the opinions of our correspondents.

### THE PRINCE OF WALES'S HOSPITAL FUND.

*To the Editor of* The Medical Press and Circular.

Sir,—Those of your readers who have followed the incidents associated with the distribution of this Fund cannot but be interested in the correspondence which has recently occupied the columns of the *Daily News* and *Daily Chronicle*, in which "A Hospital Secretary" has complained of the inadequate grants to various hospitals loaded with an undertaking to open further beds as well as to others, on condition of effecting structural and other alterations, which would more than absorb the amount of the awards.

Another writer, bearing the same signature but apparently a different correspondent, has, in the *Charity Record*, taken much the same line as you have, viz , that exceptionally handsome grants have been given to hospitals already, although possibly insufficiently, endowed, while many small hospitals have been altogether excluded.

Comment has further been made on the great partiality shown in the grants to hospitals, even of the same class and claims, as, for instance, the awarding £1,000 to one Chest Hospital, while another, which receives an equal grant from the Metropolitan Hospital Sunday Fund, is awarded only £100 from the Prince of Wales's.

The incident which has led to the closure of the discussion in the above-mentioned journals is characteristic of the unfairness of those responsible for the administration of this Fund. The sub-Editor of "Burdett's Hospitals and Charities," writing to the *Daily News*, accused "A Hospital Secretary" of a mis-statement of fact in saying that the figures supporting his argument were derived from the columns of that publication. This accusation was repeated in *The Hospital* of last week. "A Hospital Secretary' answered this apparently damaging charge by stating that he had arrived at his figures by simply multiplying the tables given in "Burdett's Hospitals and Charities" which show the cost per day by the number of days in the year. But beyond this, as a matter of fact, the cost per annum is also to be found in other parts of this publication, and are found to be really in excess of that calculated by "A Hospital Secretary.'

The current number of *The Hospital* allows the accusation to go by default, for not only is there no withdrawal of the charge, but the matter is not further mentioned, nor has there appeared any acknowledgment of the error in the paper in which the accusation first appeared.

I am Sir, yours truly,

A Hospital Surgeon.

### "UNCHRISTIAN CHARITY."

*To the Editor of* The Medical Press and Circular.

Sir,—My attention has been drawn to the leading article in your issue of January 11th, entitled "Unchristian Charity." While entirely agreeing with the views you have put forward, yet in the spirit of fair play and justice, I must take exception to one statement, which, if allowed to go unchallenged, might reflect injuriously on the charitable institutions of Dublin. I find the following statement in reference to unmarried women who are pregnant, "In some lying-in hospitals they are altogether placed under a ban, and even the more liberal only concede accommodation at a first confinement." In Dublin we have three well managed lying-in hospitals, and I believe I am right when I state that no such exclusion is practised. Of one of them—the Coombe—I can speak with authority, and in this case the only recommendation required to gain admission day or night is the fact of the applicant "being in labour."

I am, Sir, yours truly,

Fred. Wm. Kidd.

17 Lower Fitzwilliam Street, Dublin,
January 23rd, 1899.

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## Obituary.

### SIR JOHN NUGENT, M.B., T.C.D.

The death is announced, at the great age of 94, of Sir John Nugent, who for nearly half a century held, practically, complete control of the Irish Lunacy Service. He received his appointment, as Inspector of Asylums, about the year 1845, having been forced upon the Government—which desired to give the place to another—by Dan O'Connell, then in the zenith of his power, whose body-physician Nugent then was. At that time, and until quite recently, the two inspectors were, in fact, the Irish Lunacy Department, and the "Board of Control,' the Castle supervision exercising only nominal restrictions on their action. Nugent was a very remarkable man. Full of brains, with the determination and persistence of a bull-dog, he was a thorough autocrat, and not being throughout life at all particular about the means he adopted to carry his ends, he, within a short period after his appointment as inspector, swept out of his way everyone in the department who seemed likely to have a will of his own, and made himself, practically, the dictator. Thus he became known as one of the two "Kings of Brentford" in Ireland, the other being Sir Alfred Power, who had established himself in the same regal authority on the Irish Local Government Board. Needless to say that the exercise of this domination produced many conflicts with the Boards of Governors and resident physicians of asylums. On one occasion he tried to snub the Limerick Board, forgetting that among its members was the Hon. Spring Rice, afterwards Lord Montague, who was in close official relation with the Government, and who at once resigned his governorship and was followed by many of the leading members, and in the end Nugent sustained a heavy fall. On another occasion his removal from office was nearly brought about by his using the cloak of his authority to protect an incompetent and negligent President-Superintendent, who had permitted one of the Asylum inmates to be drowned in a bath by two of the attendants. Upon the representation of some of the Governors, the sham investigation held by Nugent was reopened, the President was dismissed, the attendants were criminally prosecuted, and Nugent barely escaped dismissal. To the last his courage never deserted him When, at a great age, it was suggested to him that he should go out on a pension, he absolutely refused to move unless he got his full salary, and, being fortified by the uncertainty of the law, held on *unguis et dentibus* until the Treasury gave in.

Sir John Nugent was a man to be feared and admired for his extraordinary individuality. He was a brilliant conversationalist, and a pleasant man to meet at dinner. As to his other characteristics, there are many past officers of the Lunacy Department in Ireland who could say a great deal which we are not disposed to say. At the time of his death, Sir John Nugent was staying at the St. George's Club, London, under the care of Dr. Mapother.

### PROF. COATS, M.D., OF GLASGOW.

The death of this distinguished pathologist, although in the prime of life, was not unexpected, but Glasgow mourns her loss nevertheless with unfeigned regret. Our columns previously chronicled the fact that about a year ago Dr. Coats was compelled on account of a dangerous illness to relinquish his Chair of Pathology for a time for residence abroad. He subsequently took a voyage round the world, but the malignant internal disease continued to make progress, and although he resumed for a time his post of Professor in the University, a few weeks since this had to be finally given up, and death came to release him after intense suffering on Wednesday last From the time he took his M.D. degree, in 1870, he was engaged in the work of teaching, and was for a number of years pathologist to the Glasgow Royal Infirmary. On the completion of the Western Infirmary he was appointed pathologist in that institution, his lectures being recognised by the University authorities and by the Faculty. In the year 1890 he became Lecturer on Pathology in the University, and three years later a Chair of Pathology was founded in Glasgow University, to which with unanimous consent of the Senate, and to the special satisfaction of the members of the Faculty, Dr. Coats was appointed its first occupant. As a teacher Professor Coats was earnest and painstaking; he was held in the highest esteem by the long succession of students who passed through his classes, and it may be truthfully averred that few Scotch students of the last decade did not take his "Manual of Pathology" as their guide on the subject. He was a frequent contributor to the medical journals, and was for some time editor of the *Glasgow Medical Journal*. He died at the early age of fifty-two, regretted by a wide circle of friends.

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## Literature.

### GANT'S GUIDE TO THE EXAMINATIONS BY THE CONJOINT BOARD. (*a*)

The seventh edition of our old friend "Gant's Guide to Examinations," duly brought up to date by Dr. Willmott Evans, will, doubtless, continue to stimulate the anxious curiosity of students who covet the diploma of the Conjoint Board of England. An honourable and successful career extending over upwards of sixty years is a great tribute to the author's sense of fitness, and really no student can well afford to be without his guide to the Examinations. Extensive changes have been introduced into the curricula since the last edition, but the size of the book appears not to have been increased *pari passu* with the extension of the period of study. This result has been attained by the omission of many of the older Examination papers, which would not assist the student in preparing for the present examinations. The book is at once a handy guide and a friendly adviser, and we can imagine no better means of furbishing up one's knowledge on the eve of an examination than by carefully running over the appropriate chapters. Dr. Evans's share of the work leaves nothing to be desired.

### TOBIN'S SYNOPSIS OF SURGERY. (*b*)

This small book is marvel of cheapness and excellence from the publisher's point of view. It is printed partly in new and partly in old type, on gilt-edged paper, and is interleaved so as to permit of complementary notes, while the binding is in limp morocco. In spite of all this luxury it only costs six shillings and sixpence. Having said this much for the publisher it may not be out of place to discuss the merits of the text. This virtually consists of a synopsis of the author's lectures, being in fact the headings used by him for his clinical demonstrations. There is a preface, followed by fifteen pages of introductory remarks which seem rather out of place in a cram-book. The notes are fairly comprehensive, and though not always "up to date" are sufficiently complete for general purposes. We note the absence of familiar terms such as coxalgia, coxa vara, and the like, and the author uses tubercular and tuberculous as exchangeable terms, though the latter is the appropriate one when speaking of tuberculosis. Mention is made of a disease called "rhino-scleroma," but no reference to it is contained in the index, though as it is unknown outside Austria this is no great loss. Hydrophobia again is indexed as "rabies" and on a wrong page. In the brief remarks on actinomycosis no mention is made of the specific, iodide of potassium. We might point out many other like omissions, but as the book is interleaved the student can fill up any lapsus as he goes along.

### RIDEAL'S "DISINFECTION AND DISINFECTANTS." (*a*)

This work deals with the difficult subject of disinfection with a completeness never before attempted, and will be especially valuable to those on whom the responsibility falls of purchasing large quantities of disinfectants for the use of public bodies, who up to now have been practically without any work from which they could obtain information on the ever-increasing multitude of substances that are offered for sale as disinfectants, some of them possessing a very slender title to the claims made for them.

The book is divided into fifteen chapters and sundry appendices. The first chapter is introductory, the second deals with mechanical disinfection, then follows disinfection by heat, chemical disinfection, two chapters each being assigned to the non-metallic compounds and metallic salts. The various organic substances are dealt with in the four following chapters. After this the practical applications of disinfectants are ably set forth. Chapter XIII. is devoted to disinfection as applied to the body, and to the consideration of food preservatives.

Legal statutes and regulations are discussed in Chapter XIV., and the last chapter is occupied with the methods best suited for the valuation of disinfectants. It is this chapter that we should wish to see amplified, because the author's experience is such that his observations would have great weight, and be of practical value to many who have attempted experimental estimations of this nature. Many accounts of experiments as to the relative value of the best known disinfectants have been inserted, and the author has exercised a careful discrimination in including only such as are trustworthy. As a reference work on disinfection the book is unique, and should be in the library of every sanitarian.

### DIBDIN'S PURIFICATION OF SEWAGE AND WATER. (*b*)

This work must be reckoned as one of the greatest practical importance to all engaged in the disposal of sewage. It is undoubtedly due to the efforts of the author that the old and erroneous notions of sewage disposal are being discarded and commonsense methods adopted in their stead In this second edition now before us, Mr. Dibdin has corrected certain minor errors inseparable from a first edition, and has added much useful information as to the interpretation of analytical results in sewage analysis, more particularly in the case of certain variations in the amount of saline and albumenoid ammonia found in a particular sewage by different observers. The chief novelty in the book is, however, a number of figures relating to the effects produced by the application of the bacterial system of

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(*a*) "Gant's Guide to the Examinations by the Conjoint Board in England and for the Diploma of F.R.C.S.," with Examination Papers. Seventh edition. Price 5s. Revised throughout by W. H. Evans, M.D., B.S., B.Sc.Lond., F.R.C.S. London: Bailliere, Tindall, and Cox. 1899. Price 5s.

(*b*) "A Synopsis of Surgery." By R. F. Tobin, F.R.C.S.I. London: J. and A. Churchill. Price 6s. 6d.

(*a*) "Disinfection and Disinfectants." By Samuel Rideal, D.Sc. (London). F.I.C., &c. Second edition. Price 12s. 6d. London: The Sanitary Publishing Company, Limited.

(*b*) "The Purification of Sewage and Water." By W. J. Dibdin, F.I.C., F.C.S., &c. Second edition, revised and enlarged. Price 21s. London: The Sanitary Publishing Company, Limited.

sewage treatment to sewages of widely differing characters, some being of a purely domestic nature, while others contained trade effluents of almost every conceivable description. So good is this information that it is alone sufficient to induce all who possess a copy of the first edition to invest in a copy of the present one.

There is but one point on which we should like to have seen a clearer expression of opinion by Mr. Dibdin, because from his unique experience he is highly qualified to take a correct view of the whole aspect of the problem. The point we refer to is, how far can anything in the nature of standards of purification come into practical use; or, putting the question in another form, what is the percentage degree of purification that a successful process should effect? It may be that no definite answer can at present be given to these vital questions, but it is to be hoped that in the near future a direct answer may be formulated.

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## THE SOUTH AFRICAN CLIMATE. (a)

THE book commences with a letter from Mr. Cecil J. Rhodes—the great Empire builder, who has given his name to so much of the Continent. He tells us that he induced the De Beers Company to spend £20,000 in erecting a sanatorium near Kimberley, and he mentions that "Our Plateau has the advantage over St. Moritz and other places on the Continent (of Europe) of having a dry warm climate, free from mist and cloud; and, in addition, you are not exposed to the chills which naturally occur in the shade at similar altitudes in Europe."

The book consists of fifty-eight pages of letterpress and an appendix of about one hundred and fifty pages. The appendix is the essential part of the book, and is made up of a series of eleven articles contributed by a corresponding number of medical writers, whose names are attached to their contributions.

We think Dr. W. C. Scholtz would be more fittingly described as the editor of the book; for his share in the authorship is not easily recognised. The book is, however, a useful addition to our knowledge of South Africa as a health resort.

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## Medical News.

### Royal College of Surgeons of England—Lecture Arrangements.

AN announcement will be found in our advertisement columns of the forthcoming lectures to be delivered at the college between now and Easter. Professor Leonard Hill will commence a course of three lectures on "Researches on the Influence of Gravity on the Circulation" on Feb. 6th. Dr. T. G. Brodie will deliver three lectures on "The Chemical Pathology of Some Infective Diseases," commencing on Monday, Feb. 20th Mr. B. G. A. Moyniham will deliver three lectures on "The Anatomy and Surgery of the Peritoneal Fossæ," commencing on Monday, Feb. 27th. Professor F. G. Parsons will deliver three lectures on "Joints of Mammals, contrasted with those of Man," commencing on Monday, March 6th. And Professor Charles Stewart will deliver six lectures on "Alternation of Generation and Recent Additions to the Museum," commencing on Monday, March 13th. The lectures will be delivered at 5 o'clock p.m. each day. Fellows and members of the College are invited to attend; other members of the profession will be admitted free on presenting their private visiting cards.

### Vital Statistics.

THE deaths registered last week in thirty-three great towns of England and Wales corresponded to an annual rate of 18·2 per 1,000 of their aggregate population, which is estimated at 11,404,408 persons in the middle of the year 1898. Birkenhead 16, Birmingham 18, Blackburn 20, Bolton 21, Bradford 19, Brighton 17, Bristol 18, Burnley 13, Cardiff 15, Croydon 15, Derby 13, Dublin 28, Edinburgh 20, Glasgow 22, Gateshead 23, Halifax 22, Huddersfield 17, Hull 20, Leeds 16, Leicester 14, Liverpool 21, London 17, Manchester 21, Newcastle-on-Tyne 19, Norwich 21, Nottingham 19, Oldham 15, Plymouth 16, Portsmouth 17, Preston 22, Salford 16, Sheffield 18, Sunderland 21, Swansea 26, West Ham 15, Wolverhampton 20. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 2·2 in Nottingham and 2·4 in Gateshead; from whooping-cough, 1·7 in Nottingham, and 1·8 in Birkenhead; and from "fever," 1·3 in Bolton and in Preston, and 1·8 in Burnley. In none of the large towns did the death-rate from scarlet fever or from diarrhœa reach 1·0 per 1,000. The 72 deaths from diphtheria included 30 in London, 5 in Liverpool, 4 in West Ham, 4 in Portsmouth, 4 in Leicester, 4 in Sheffield, 3 in Birmingham, and 3 in Leeds. No death from small-pox was registered in any part of the United Kingdom.

### Tribute to a Medical Editor.

THE Board of Trustees of the American Medical Association recently passed the following resolutions on the death of the editor of their *Journal*:—Whereas, in the wisdom of Divine Providence our worthy secretary and editor, Dr. John B. Hamilton, a loyal friend, a devout Christian, a great man, has in the prime of his manhood been called from his earthly labours to eternal rest, therefore, be it resolved, That the trustees of the American Medical Association desire to express their deep appreciation of a faithful servant, one whose untiring energies in the interests of their *Journal* have received the recognition of the medical profession of the world. Resolved, That while his business capacity has been exemplified in all the undertakings of his life, and success had crowned his every effort, notably as a sanitarian, a surgeon, and a surgical teacher, yet, above all, the position to which the *Journal* of the American Medical Association has attained through his efforts marked him as being possessed of superior executive ability and rare editorial genius.

> "Why weep for him? For him the angels came;
> Ere yet his eye with age grew dim, or bent the stalwart frame;
> His weapons still were bright, his shield was lifted high
> To slay the wrong, to save the right—what happier time to die?"

E. E. MONTGOMERY }
JOSEPH EASTMAN } Committee.
H. L. E. JOHNSTON }

### The Mortality of Foreign Cities.

The following are the latest official returns, and represent the last weekly death-rate per 1,000 of the several populations:—Calcutta 29, Bombay 54, Madras —, Paris 19, Brussels 18, Amsterdam 18, Rotterdam 17, The Hague 18, Copenhagen 19, Stockholm 20, Christiana 18, St. Petersburg 30, Moscow 28, Berlin 16, Hamburg 17, Dresden 19, Breslau 24, Munich —, Vienna 21, Prague 28, Buda Pesth 24 Trieste 33, Rome 22, Turin (10 days) —, Venice —, Cairo —, Alexandria —, New York (including Brooklyn 23, Philadelphia 27.

### West London Medico-Chirurgical Society.

AT the meeting of this Society next Friday, February 3rd, there will be a discussion on "The Treatment—Medical and Surgical—of Acute Inflammation of the Vermiform Appendix." The annual dinner of the Society will be held on Wednesday, February 8th, at the Trocadero Restaurant, Piccadilly, at 7 for 7.30 p.m. The President, Dr. S. D. Clippindale, will preside. Prof. William Osler, F.R.S., of Baltimore, who has accepted the Cavendish Lectureship for 1899, who would have been the chief guest at the annual dinner, will be unable to be present.

AT a meeting of the trustees of the John Lucas Walker Studentship in Pathology, held on January 27th, 1899, W. Myers M.A.M.B., B.C.Cantab., B.Sc Lond., was elected Senior Student, and E. Sydney St. B. Sladen, M.A., M.D.Cantab., was elected Junior Student. Dr. Myers is working under Professor Ziegler at Freiburg; Dr. Sladen is working at the Cambridge Laboratory.

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(a) "The South African Climate, including Climatology and Balneology, and Discussing the Advantages, Peculiarities, and Capabilities of the Country and Health Resorts, more Particularly with Reference to Affections of the Chest." By William C. Scholtz, M.D.Edin., of Cape Town. London: Cassell and Company, Limited. 1898.

# Notices to Correspondents, Short Letters, &c.

☞ **Correspondents requiring a reply in this column are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.**

### WANTED, THE CONSIGNOR.

Messrs. Burroughs, Wellcome and Co. inform us that they recently received from Sydney a large packet of herbs which was put on board the "Thermopylae." No advice was received in reference to it, and it is not known from whom the parcel came. An attempt has been made to identify the plants, but it has not proved successful. It is probable that they were dispatched to them for identification and investigation by a medical man or chemist who intended to write at the same time, but failed to do so. Should this meet the eye of the consignor he is requested to communicate with them.

**D. P. H.**—The Local Government Board have intimated that they have no intention at present of favouring the suggestion to make tuberculosis a notifiable disease.

### AN UP-TO-DATE CONSCIENTIOUS OBJECTOR.

There were several applicants to Mr. Plowden, at Marylebone Police Court last week, for certificates of exemption from vaccination. One applicant gave as his reason for objecting to the operation that if small pox was to come it would come; vaccination would neither stop it coming nor diminish the risk, and the introduction of the "animal lump" into the child's system would do no good.

Mr. Plowden: Animal what?

Applicant: Animal lump—l-u-m-p h. (Great laughter.)

Mr. Plowden: After that I really think I must refer you back to a little more extensive reading. No lumps whatever are introduced. You talk of the child as if it were a pudding. (Laughter.—*Daily News.*

# Meetings of the Societies and Lectures.

### Wednesday, February 1st.

**Obstetrical Society of London.**—8 p.m. Specimens will be shown by Dr. J. Phillips, Dr. Cullingworth, Dr. Des Voeux, and others. Annual Meeting. Dr. Cullingworth (president): Annual Address.

### Thursday, February 2nd.

**Harveian Society of London** (Stafford Rooms, Titchborne Street, Edgware Road.)—8.30 p.m. Clinical Evening.

**Neurological Society of London** (11 Chandos Street, W.).—8.30 p.m. Annual General Meeting. Dr. W. H. Gaskell: The meaning of the Cranial Nerves (President-elect's Inaugural Address.)

### Friday, February 3rd.

**West London Medico-Chirurgical Society** (West London Hospital, Hammersmith, W.).—8.15 p.m. Discussion on the Treatment—Medical and Surgical of Acute Inflammation of the Vermiform Appendix, introduced by Dr. S. Taylor and Mr. McAdam Eccles, and carried on by Dr. D. Hood, Mr. C. B. Keetley, Dr. S. Smith, Mr. L. A. Bidwell, Dr. H. A. Caley, and others.

**West Kent Medico-Chirurgical Society** (Royal Kent Dispensary, Greenwich Road, S.E.).—8.45 p.m. Clinical Meeting. Dr. D. Grant: Cases of Chronic Suppuration of the Frontal Sinus and Antrum of Highmore treated exclusively through the Nose with good results. Council Meeting.

**Laryngological Society of London** (20, Hanover Square, W.).—5 p.m. Cases and Specimens will be shown by the President, Dr. de H. Hall, Mr. Bowlby, Mr. Robinson, Dr. Potter, Sir F. Semon, Dr. Hill, and others.

**Royal Academy of Medicine in Ireland.—Section of Anatomy and Physiology.**—Prof. W. H. Thompson (Belfast): Effects of Sodium Chloride on the Urinary Secretion when Injected into the Circulation. Prof. A. Francis Dixon (Cardiff): The Sensory Distribution of the Facial Nerve in Man. Communicated by Prof. Cunningham, F.R.S. Prof. Symington (Belfast): (1) On separate Acromion Process; (2) The Pelvic Viscera and the Pelvic Floor in two adult male subjects—a contrast; (3) The Cetacean Larynx; (4) Specimens of Variation in the Skeleton. Prof. W. H. Thompson: Anæsthetics and Urinary Secretion. Prof. Birmingham: Specimens Illustrating the Topography of the Abdomen.

### Monday, February 6th.

**Odontological Society of Great Britain.**—8 p.m. Paper by Dr. William Hunter, F.R.C.P.: "On the Relation of Dental Diseases to General Diseases." Casual Communications by Mr. Leonard Matheson, Mr. W. Rushton, and Mr. Theodore Harris.

### Tuesday, February 7th.

**Hospital for Diseases of the Skin** (Blackfriars Road.)—[illegible] p.m. The First of a Course of Demonstrations on Skin Diseases by Dr. P. S. Abraham.

**The Rontgen Society** (11 Chandos Street, Cavendish Square, London).—7 p.m. The president, Mr. C. W. Mansell-Moullin, will introduce a discussion on the Rontgen Philosophy of the Soft Tissues.

# Vacancies.

Belfast District Asylum.—Assistant Medical Officer, unmarried. Salary £[illegible] per annum, with £50 in lieu of rations, furnished apartments, fuel, lights, washing, and attendance.

Cancer Hospital Free, Fulham Road, Brompton.—House Surgeon for six months. Salary at the rate of £50 per annum, with board and residence. (See advert.)

Clayton Hospital and Wakefield General Dispensary, Wakefield.—House Surgeon, unmarried. Salary £90 per annum, with board, lodging, and washing.

Coventry and Warwickshire Hospital, Coventry.—Senior House Surgeon for not less than two years. Salary £100 per annum, with rooms in the hospital, board, washing, and attendance.

Hastings, St. Leonards, and East Sussex Hospital, Hastings.—House Surgeon, unmarried. Salary £75 per annum, with board, residence, and laundry expenses.

Liverpool School of Tropical Diseases in connection with University College, Liverpool, and the Liverpool Royal Southern Hospital.—Lecturer in Tropical Diseases. Salary £250 a year and proportion of students' fees, with the right of private practice. Applications to Professor Boyce, University College, Liverpool.

Morpeth Dispensary, Beechfield, Morpeth.—House Surgeon. Salary £130 per annum, with furnished rooms, coal and gas.

Sheffield Union.—Assistant Medical Officer to the Union Workhouse, Pitsmoor. Salary £[illegible] per annum, with apartments, rations and other usual allowances. Also Junior Assistant Medical Officer for the Workhouse Infirmary. Furnished apartments, board, and washing provided. Honorarium of £12 will be granted. Applications to the Clerk to the Guardians, Union Offices, West Bar, Sheffield.

# Appointments.

**Crawford, J. J.,** M.B., Ch.B.Univ. Dub., Resident Medical Officer to the Victoria Hospital, Burnley.

**Dent, D. A.,** M.B., C.M. Edin., Medical Officer for the Third Sanitary District of the Cheltenham Union.

**Eyres, H. M.,** M.B., C.M.Edin., Medical Officer for the Scorton and Catterick Sanitary Districts of the Richmond (Yorks) Union.

**Farmer, Gabriel William Stahl,** M.A., M.B., M.Ch.Oxon., F.R.C.S., Honorary Surgeon to the Radcliffe Infirmary, Oxford.

**Kendrick, G.,** L.R.C.P.Lond., M.R.C.S., Medical Officer for the Bilston No. 5 Sanitary District of the Wolverhampton Union.

**MacConkey, A. T.,** B.A., M.B., B.C. Cantab., D.P.H., Assistant to the Bacteriologist of the Royal Commission on Sewage Disposal.

**Messenger, T.,** F.R.C.P., L.R.C.S. Edin., L.F.P.S.Glasg., Medical Officer for the Bowness Sanitary District of the Wigton Union.

**Proctor, J. A.,** L.S.A., Medical Officer for the Lydd Sanitary District of the Romney Marsh Union.

**Rose, L.,** M.B., C.M.Edin., Medical Officer for the Second Sanitary District of Newport, Salop.

**Stanwell, St. John,** M.B., C.M.Edin., M.R.C.S., L.R.C.P.Lond., Assistant Surgeon to the Stamford and Rutland General Infirmary.

**Sutcliffe, R. H.,** M.B.Durh., L.R.C.P.,Lond., M.R.C.S., Medical Officer for the Great Torrington Sanitary District of the Torrington Union.

**Woakes, Claud,** M.R.C.S., L.R.C.P., Surgeon to the London Throat Hospital, Great Portland Street.

**Davidson, James Mackenzie,** M.B., C.M., has been appointed Honorary Medical Officer in charge of the X-Rays Department, Royal London Ophthalmic Hospital, Moorfields.

# Births.

**Griffith.**—Jan. [illegible], at 43, Park Square, Leeds, the wife of T. Wardrop Griffith, M.D., of a son.

**Morris.**—Jan. [illegible], at Gordon Lodge, Blackheath, the wife of Clarke Morris, M.R.C.S., of a son.

**Wilson.**—Jan. [illegible], at Malvern, Kenley, the wife of Norman O. Wilson, F.R.C.S., of a daughter.

# Marriages.

**Grimshaw—Durbin.**—Jan. [illegible], at St. Stephen's Church, Ealing, R. Naber Grimshaw, of Fernybank, Arklow, son of the late Dr. Wrigley Grimshaw, of [illegible], to [illegible] daughter of the late Rev. F. J. Durbin, Vicar of Harston, Cambridge.

**Skinner—Monkhouse.**—Jan. [illegible], at St. Clement's Church, Hastings, John Sutherland Skinner, M.B., C.M., of Winchelsea, Sussex, to Helen [illegible], youngest daughter of the late Rev. John Monkhouse, of Oakley Rectory, Basingstoke, and [illegible] Terrace, Hastings.

**Stockwell—Dixon-Trenchard.**—Jan. [illegible], at Brewham Parish Church, Somerset, Lieut. Hy. Stockwell, R.N., son of Frederick Stockwell, M.D., of Bruton, Somerset, to Laura, eldest daughter of Dixon-Trenchard, Esq., of Lytchett Maltravers, Dorset.

# Deaths.

**Coats.**—Jan. [illegible], at 8, University Gardens, Glasgow, Joseph Coats, M.D., Professor of Pathology, Glasgow University.

**Goodman.**—Jan. [illegible], at his residence, Coombe House, Weaver, Cullompton, Devon, Godfrey Goodman, Fleet Surgeon R.N. (Retired), aged [illegible] years.

**Knight.**—Jan. [illegible], at the Parsonage, Rainham, John Slade Knight, M.D., M.R.C.P., aged [illegible].

**Schon.**—Jan. [illegible], at Bridge, near Canterbury, Charles Henry Schon, M.R.C.S., L.S.A., fourth son of the late Rev. J. F. Schon, of New Brompton, Chatham, aged 44.

**Tiley.**—Jan. [illegible], at Fleetwood, Lancashire, Wm. George Tiley, M.R.C.S., aged [illegible].

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXVIII. WEDNESDAY, FEBRUARY 8, 1899. No. 6.

## Paris Clinical Lectures.

# THE TREATMENT OF ACUTE INTESTINAL OBSTRUCTION.

*Delivered at the Hôpital de la Pitié, Paris,*

BY PROFESSOR P. BERGER,
Professor of Clinical Surgery.

(*Concluded.*)

IT is evident that the mode of intervention in cases of intestinal obstruction must entirely depend upon the nature of the obstacle. Here, as elsewhere, a correct diagnosis leads naturally to correct treatment; but, you may ask, is a correct diagnosis of the cause and the nature of the malady possible?

Some of my colleagues display in this regard a want of confidence which I do not altogether share. There occur, certainly, cases in which we are left in the most complete obscurity; others there are which falsify every prediction; but often, also, a careful scrutiny of all actual phenomena, a close investigation of all the circumstances preceding or accompanying their appearance, enable the observer to arrive at a trustworthy conclusion, or at least to presumptions upon which he may base his decision, and make choice of one or other operative alternative, in accordance with fixed rules. The following is my advice for carrying out the examination, and deciding according to the result upon this or that surgical intervention.

In presence of symptoms of acute obstruction supervening in a patient previously in good health, our first consideration must be the possibility of the symptoms being due to conditions more or less analogous but quite different in their nature, particularly subacute peritonitis due to perforation or appendicitis. The amount of fever in some cases, the pulse and temperature in others, the rapid change in the appearance of the face, the loss of heat in the extremities and extreme anxiety, the sensibility of the belly to pressure and even to the slightest contact, the different character of the pain due to spasmodic contraction of the bowels, and in strangulation, suffice very often to establish a diagnosis. In the rare cases, in which doubt may exist, laparotomy will enable us to clear it up with the least possible delay. But let us suppose the diagnosis of acute obstruction to have been established with certainty, in every patient, whatever his age and general condition, the first care should be the search for local signs. These may be revealed by careful examination of the abdomen. This sign may be pain fixed always in the same spot; a sensation of more marked resistence in one spot; a local distension, or, on the contrary, a vague or more pronounced sensation of a deep tumefaction; or periodical attacks of pain and constriction of the intestine making themselves felt always in the same spot. Whatever sign be found, the most careful note should be made of it. In examination the greatest care should be particularly directed to the regions where the more deeply seated herniæ occur; not only the deeper regions of the groin, but the semi-lunar line of Spigel; the para-umbilical region, that of the adductors, even the sciatic notch itself should be examined by palpation. Examination per rectum and per vaginam should be carried out with the utmost care, and it should be borne in mind that by this method, and especially per vaginam, the greatest number of obturator herniæ have been recognised. With this method of examination we must combine also deep palpation of the hypogastric and inguinal regions. During the vaginal examination the exact condition of the organs of generation and their appendages must not be overlooked, and this remark applies equally to Douglas's pouch, where elytroceles may be strangulated.

If a local sign be found showing certainly or probably that a lesion exists in a determined spot in the abdomen, no hesitation is allowable. If the general condition of the patient permit, it is imperative to go straight to the spot where the pain has been localised or the deep swelling discovered, either by direct incision over the spot or by median laparotomy to proceed to the sensitive spot or towards the deep swelling which has been discovered. The incision will be above or below the umbilicus, according to the position of the local sign, and the hand introduced should be directed towards the suspected locality. The lesion having been discovered—tumour, invagination, torsion, mass of intestine fixed by adhesions, or caught in an orifice or nipped by a band, or other morbid condition—must be dealt with according to rule. All necessary space must be given by enlargement of the first incision, so as to avoid unnecessarily complicating the operation. Extremely careful examination will often reveal a sign to guide exploration. Of six cases of volvulus of the iliac flexure Heidenhain was able to diagnose four, in four out of six cases of internal strangulation, and in three out of seven cases of twisting of the small intestine which called for laparotomy.

But failure is possible. If the examination reveal nothing which sheds light on the nature of the real cause of symptoms, it is only the eye, the general state of the patient, and the length of time that has elapsed since the beginning of the symptoms, which can guide us to a decision.

In a young and healthy subject who has been suddenly seized, without warning, with symptoms of acute obstruction, the probabilities point to an internal strangulation of one kind or another, or to torsion, unless the case be one of pseudo-paralytic strangulation, impossible to diagnose except by treatment. If the patient's strength permit, and if the symptoms are not of too long duration, after having tried an electrical injection on the method laid down by Boudet, recourse should be had without delay to laparotomy.

If the patient be advanced in years we must first eliminate cancer of the bowel, unless it be merely a case of obstruction due to fæcal accumulation. Torsion, invagination, and compression by tumour, may equally be met with. In a certain number of these cases, examination of the shape of the belly and of its sonority as showing that the large intestine is involved partly or totally in the distension of the digestive tube will suggest the choice of operation. It is to an artificial anus in the left iliac region that we must have resourse if we are sure that the obstacle is seated at the termination of the iliac flexure. If doubt exist, the operation must be done on the right side, since it is important to reach the large intestine at a point above the obstacle, or failing that, at the last folds of the small intestine. An electrical injection will have been first administered if the condition of the patient allow of it.

In intermediate cases, in patients of middle age, where no local symptom and no history throws light on the probable seat and character of the obstruction, it is the general condition of the patient, and the time during which symptoms have existed which must govern intervention. The facial expression, the pulse, the body heat, and the greater or less distension of the belly will be noted. The presence of bacterium coli in the urine, in the blood, may furnish a contraindication, but time for such investigation may not be available. Albumen in the urine may be more easily recognised. Pulmonary complications and congestions depending upon intestinal septicæmia must not be overlooked. When the result of the examination is favourable and shows the patient's condition to be fairly good, it is to laparotomy that recourse should be had. And here two modes of operating, two opposed practices, have to be considered.

A long incision of the abdominal wall may be practised so as to expose the whole of the viscera and to facilitate discovery of the obstacle; but when the bowels are much distended, such an incision at once exposes the whole mass of intestines, and although these may be surrounded by sterilised compresses, prolonged exposure of a large portion of bowel constitutes a danger in itself. Moreover, great difficulties and complications arise when the protruding mass of bowel has to be returned and the abdominal incision closed by suture. In order to accomplish this it is often necessary to evacuate the contents of the intestine through a small incision into one of the folds of bowel—an incision afterwards closed by suture. But evacuation of the distended intestines in this way gives rise to danger of infection through the bowel as well as by the abdominal cavity. Although many surgeons adopt this practice, and although Helferedi claims nine successes out of thirteen cases by it, we should not adopt it as a general rule.

In ordinary cases I think it is better to make an incision permitting direct inspection in a certain locality and introduction of the hand. The cæcum can thus be examined, and if distended can be followed from end to end seeking for an obstacle in the transverse colon and the iliac flexure. Failing to discover rapidly the cause of obstruction it is better at once to perform artificial anus under conditions which are very favourable to a cure.

If the cæcum be empty there ought to be no difficulty in discovering close at hand the lower end of the small intestine, and this can be followed to the obstacle. Or the following method, Heidenhain's, may be employed:—The incision being made, the first coil of intestine which presents itself is allowed to escape, and this usually proves to be one of the folds close to the obstacle. This is traced back towards the end fixed by the obstacle.

In whatever way the examination is carried out it ought to be done as rapidly as possible: and it is always better to make an artificial anus than to expose the endurance of the patient to too prolonged a strain. But if it is perceived that the mass of the small intestine twisted upon itself constitutes the greater portion of it; if it is evident that the obstacle is in the higher parts of the digestive tract, it is justifiable to enlarge the original incision in order to allow the necessary length of bowel to be drawn out and to permit of an opening being made in the proper situation to void their contents and diminish their volume. It is here that the procedure recommended by Helferich and Kümmell becomes applicable.

As just laid down, except in cases where exceptional indications present themselves, complicated operations ought to be avoided—entero-anastomoses as well as intestinal resections and enterorrhaphies with Murphy's button. To prove successful, laparotomy requires to be done in the shortest possible time.

Whatever the age of the patient, if the case present symptoms of advanced strangulation, reliance must mostly be placed on Nélaton's enterotomy practised in the iliac fossa or in the right flank, or in the first fold of intestine which presents itself through the incision.

Except in extreme cases it must be borne in mind that laparotomy may end in artificial anus, and it must not be forgotten that during the former operation something may occur to make evident the nature of the obstacle and permit of its removal. It therefore seems desirable always to make an incision large enough to permit the entry of several fingers, if not of the whole hand, for the purpose of exploring the whole abdominal region.

Examination of the patient, diagnosis and interference may be summed up thus:—Laparotomy, exploration and removal of obstacle constitute the rational and truly surgical method. Preference should be given to this method according to the girth of patient, recent strangulation and good general condition and guidance of local signs. In aged patients, and especially when the large intestine participates in the distension, cancer must always be suspected, and it is to artificial anus that recourse must often be had in such cases.

It must never be forgotten that pseudo-paralytic strangulations and spasmodic strangulations, cases in which there exists a *functional obstacle*, are common, and that they can often not be distinguished by clinical examination from cases of mechanical obstruction. When the patient's strength permits, therefore, we ought always to practise electrisation of the bowels very carefully and methodically before surgical interference is attempted.

The cause of failure in the treatment of intestinal occlusion is due mainly to faulty diagnosis. Once thoroughly convinced of this fact the necessity for the most careful and exhaustive examination in the cases needs no insistance. Interference must be always directed by the special circumstances of individual cases. It is to clinical observation that we must look to remove the obscurity which now surrounds the diagnosis in many cases of acute intestinal obstruction, and to establish on a more secure foundation the rules of treatment by operation, the results of which, so far, show very little improvement, in spite of the progress effected in operative technique.

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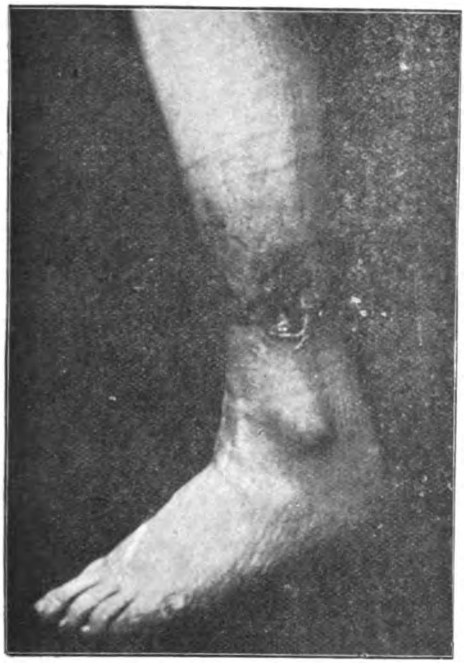
# NOTES ON THE OXYGEN TREATMENT OF WOUNDS.

By GEORGE STOKER, M.R.C.P.I., M.R.C.S.Eng.,
Physician to the London Throat Hospital.

It has always been believed that the oxygen treatment brought about healing as the result of some process of oxidation affecting either the food on which the micro-organisms live or their excretions or toxins. This being so it is necessary that the oxygen used should be of the highest standard and free from all impurities.

Oxygen from various sources has been tried, and undoubtedly the purest and of the highest standard is that prepared by Brin's Oxygen Company, containing, as it does, not less than 96 per cent. of pure oxygen.

Attention has been directed to the effect of this treatment in producing toxic reactions in a large number of cases, which has led to the belief that oxygen affects most of all the excretions of the micro-organisms, changing them into anti-toxins by oxidation. (*Vide Lancet*, December 10th, 1898.) This change has been most marked in the case of the bacillus pyocyaneus which is found by experience to be the most persisting and most inimical to healing of any of the micro-organisms usually found in wounds.



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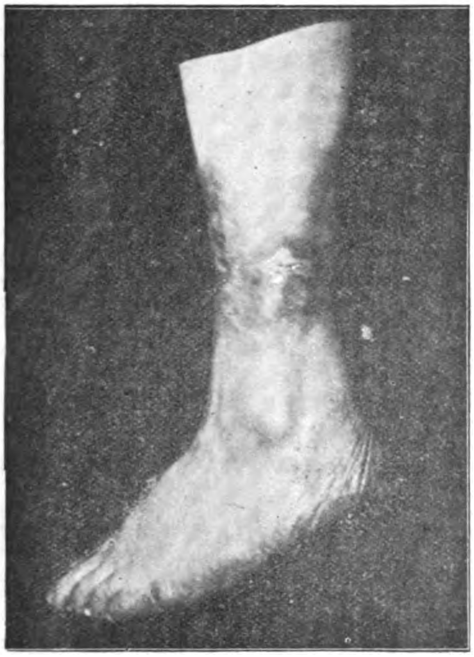
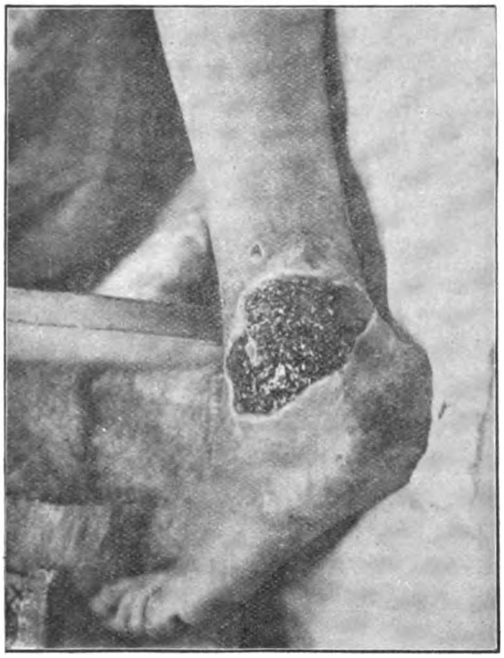


Case I Photo No. 2.

If a sterile broth be prepared, and a stream of oxygen passed through it, no result is apparent. If this same broth be inoculated with the bacillus pyocyaneus and incubated for 14 days, in an air-tight flask, and then oxidised as above indicated, two immediate results are observed.

1. It at once turns a vivid green colour, which deepens and intensifies as the process of oxidation is continued, and (2) from being liquid, the fluid becomes thick and glutinous, or almost semi-gelatinous. These results indicate (1) that the bacillus pyocyaneus has profoundly altered the character of the broth, and (2) that the oxygen has further profoundly modified the character of the broth so altered. This product of oxidation is volatile; for if the stream of oxygen is discontinued after a few minutes, the broth will, in the course of an hour or two, resume its original colour. But if the oxidation is kept up for several hours the deep green colour becomes permanent. This last observation, confirms the necessity for the continuous exposure of the parts affected to



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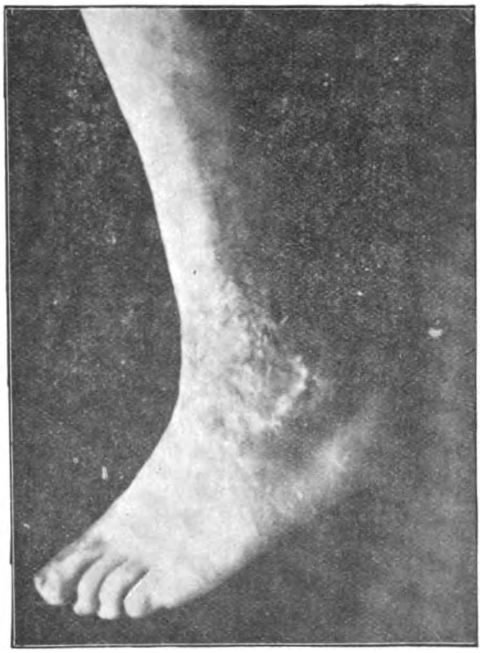


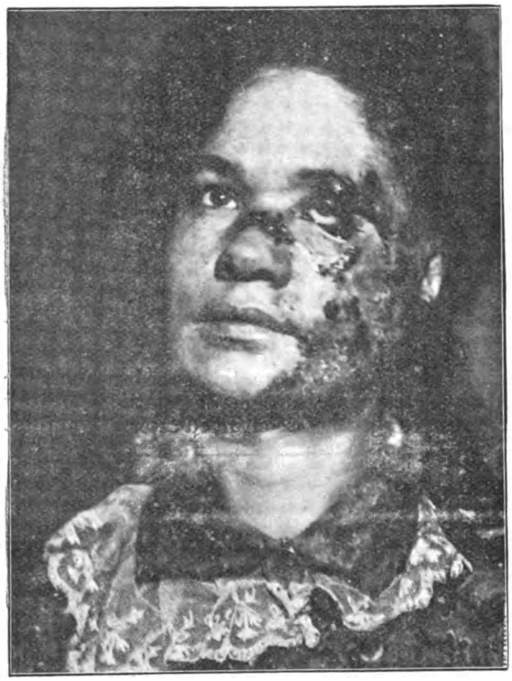
Case II. Photo No. 2.

oxygen gas, in order that this treatment may be effectually carried out.

It is believed by many that the oxygen treatment is only useful in cases of chronic ulcers and sores, this is a grave misapprehension, the most brilliant results are seen when the treatment is used in cases of recent wounds, burns, &c., both in reference to the rapidity of healing as well as to the nature of the new skin formed; for it is not any ordinary cicatrix that is produced, but a skin almost physiologically perfect.

The following are quoted as showing the results produced in several kinds of cases:—

CASE I.—*Chronic Senile Gangrenous Ulcer.*—Mrs. T., æt. 83, about three weeks previous to entering the Oxygen Home, the patient got a bruise on the shin, and an ulcer formed which extended very rapidly, became very offensive, and was exquisitely tender and painful. On admission the ulcer was covered with a hard, dry, darkish green scab, almost exactly like what one sees in senile gangrene of the toes. A few days after the oxygen treatment was begun a healthy action was set up, and the ulcer was completely healed in eight weeks. This was by no means a rapid case of healing as compared with others, but considering the serious nature of the complaint and the great age of the patient (83 years) I regard it as one of the most remarkable cures we have effected.



CASE III. Photo No. 1.

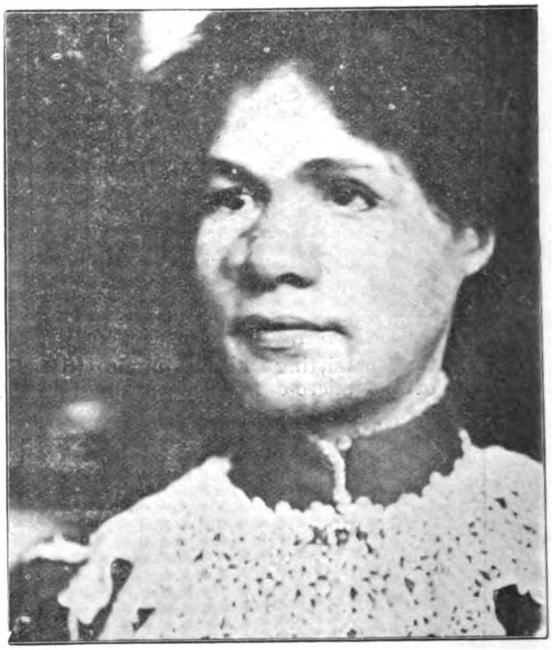
CASE II.—*Recent Wound.*—J. M., æt. 47. Three weeks before admission the patient was knocked down by a heavy van, the wheel passing over the outer side of the left ankle, which was badly bruised, the bruise eventually sloughed off leaving a large open wound (vide Photo 1., Case II.) both extensive and deep. The patient was under treatment for twelve weeks. For the first four or five weeks the wound healed rapidly and then remained stationary for two or three weeks. On July 12th, he got a reaction, the temperature rising to 103 degs F., with quick pulse, but very little general malaise. The wound remained moist, and healthy, and painless. There was, however, some pain and swelling in the lymphatics extending up to the groin. The reaction lasted three days during which time and after the wound healed rapidly and the patient was discharged cured on August 12th (vide photo No. 2, Case II.).

CASE III.—*Lupus of Face and Ear.*—H. T.—, æt. 29. This girl had been afflicted with true lupus of her face and ear for 14 years. The disease first showed itself on the side of the nose and gradually spread till it engaged all those parts shown in Photo 1, Case III.

A great variety of treatments had been tried. Her face had been scraped (under an anæsthetic) four or five times before she came into the Oxygen Home. Various lotions, ointments, and caustics had been tried but to no purpose, and in the two years previous the disease had spread rapidly.

The treatment began on November 9th, the diseased surface being carefully scraped and filed, and oxygen applied, as soon as the bleeding ceased, by means of a gutta-percha mask.

As the diseased surface was so extensive, it was found impossible to enclose it all in one apparatus, and so several scrapings were necessary. An oxidised toxin was prepared from cultivations taken from the wound, and when used produced several reactions, and indicated several outlying areas of infection.



CASE III. Photo No. 2.

The patient was under treatment for twelve months, this lengthened period being necessitated by the fact that one part had to be completely healed before the adjoining portions could be scraped.

The points suggested in using this treatment in such cases as this are:—

1. To remove the diseased surface by scraping.
2. The skin grown under oxygen being almost physiologically perfect is more capable of resisting further pathological attacks than an ordinary cicatrix.
3. The formation of oxidised toxins on the wound itself, and the use of those artificially prepared, not only assist the healing, but also attack outlying lupoid areas, causing them first to break down, afterwards to heal, and in this way tend to prevent a later extension of the disease. It is gratifying to note that these results were attained, not only in this case, but also in others of a similar nature.

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**PROFESSOR OSLER** has been elected Dean of the Johns Hopkins University in succession to Dr. W. H. Welch, resigned.

# ADIPOSA DOLOROSA: A MYXŒDEMATOID DYSTROPHY.

[By a Correspondent.]

The investigation of the disease now universally known under the name of myxœdema, though considerably advanced by the attention of which it has been the object during the last few years, still presents many points calling for elucidation. Apart from the group of morbid phenomena which constitute a typical case of myxœdema, it has been shown that there are many other conditions of which a myxœdematous tendency is a more or less prominent factor. There are many varieties of myxœdema which have not yet been thoroughly investigated, although they present considerable interest in that they throw light on the pathological physiology of the thyroid gland as well as from a clinical point of view.

Among the abortive forms of myxœdema, there is one which has already been sufficiently described by Dr. Dercum, of Philadelphia, to enable us at once to outline its general features, and to which this observer has given the name of adiposa dolorosa. This name has the advantage of directing attention to the two principal symptoms of the affection, viz., the appearance in different parts of the body of subcutaneous masses of fat associated with painful manifestations localised at these points. As far back as September, 1888, at the meeting of the Association of American Neurologists, Dr. Dercum brought forward his first example of this affection. The patient was a woman, æt. 51, who presented what was then described as "dystrophy of the subcutaneous tissues of the upper extremities and of the back with symptoms suggesting myxœdema." Two years later Dr. F. B. Henry communicated to the Neurological Society of Philadelphia a very similar observation, and during the following year Dr. Dercum, having met with a third case of the same kind, undertook the investigation of the pathology of the so-called painful adiposis, emphasising on one hand the myxœdematous character of the syndrome, and, on the other, the points of distinction which differentiate it from the classical idiopathic myxœdema. More recently still two further contributions devoted to this subject have made their appearance, one by Dr. Spiller and the other by Dr. Eshner. The former describes three fresh examples of painful adiposis, two of which he had had an opportunity of studying in Dr. Dercum's wards, together with one which had been communicated to him by Dr. Hay. Dr. Eshner relates a case of the kind, also from the clinic of Dr. Dercum, adding a previously unpublished observation by the latter. In looking through the medical literature of the last few years one meets here and there with a number of observations on myxœdema which present a certain, and in some cases a striking, analogy with the condition under consideration. Nevertheless, as it is only in America that these cases appear to have been observed and described in a thorough and complete manner, it is to American authors that we must look in order to obtain a comprehensive idea of the pathological state now known as "painful adiposis."

Judging from these observations the malady in question appears to affect exclusively persons of the female sex. It is generally met with in middle-aged or elderly people though it has occasionally been observed comparatively early in life—in one case at the age of 29.

The pathogenesis of the affection is obscure. In some cases there has been a history of alcoholism, syphilis, or rheumatism, but in other cases these etiological features have been absent. In one instance traumatism appeared to have had a share in its production, the onset of the malady dating from a carriage accident, as the result of which the patient was pitched out on to the road, and remained for a time unconscious.

In its fully developed condition the disease is characterised, to begin with, by the presence of disseminated subcutaneous masses of fat. The distribution of these masses is usually very irregular, though occasionally there is a semblance of symmetry These masses, which vary considerably in size, may attain considerable dimensions. They first appear in the form of small nodules which grow slowly, while other tumours of the same nature continue to make their appearance in other regions of the body. These local deposits of adipose tissue occur on the legs, thighs, arms back, and abdomen, and they never invade the face, hands, or feet, or the body as a whole, and never culminate in a general uniform obesity, always remaining separate and distinct, with a well-defined outline.

More or less soft to the touch at the beginning, these fatty deposits ultimately acquire a firm consistency. They are often lobulated to an extreme degree, and on palpation give the sensation of a bundle of worms or rolls of cord, resembling in this respect the sensation given on palpating a varicocele. Microscopical examination of portions of these tumours showed simple hyperplasia of the adipose and connective tissues.

Another salient feature of these localised collections of fat is that they are associated with pain. This sometimes occurs spontaneously, at others only on pressure or on movement. In certain cases the symptom pain has preceded the appearance of the fatty overgrowths, being felt at the spots where the latter make their appearance later on. There is no uniformity in this relationship for in some patients the painful manifestations did not supervene until the tumours had attained a certain size.

Lastly, paroxysms of acute pain have been noted as occurring coincidentally with a sudden and rapid increase in size of the fatty masses. The thyroid gland in these patients often presents a marked degree of atrophy. Several other symptoms are occasionally observed, though less constant and of secondary importance, such as pain on pressure over nerve trunks at the root of the affected limbs, areas of hyperæsthesia and anæsthesia, muscular and general enfeeblement, diminution, and even suppression of sweat secretion, headache, a tendency to hæmorrhage from the mucous surfaces, and bronchitis. The affection is essentially of a chronic nature. Its onset is insidious, and the disease runs a slow and uncertain course, culminating, it may be, sooner or later in marasmus and dementia. Except at the terminal stage, in which the influence of senility must be allowed for, there is not, as a rule, any mental disturbance. At the post-mortem examination of two women suffering from painful adiposis the thyroid gland was hard, and infiltrated with calcareous deposit.

It is obvious from the description which precedes that painful adiposis differs from ordinary obesity in that it is associated with a whole series of symptoms which are not met with in the latter. It, on the other hand, presents manifest points of resemblance with ordinary myxœdema from which it differs however in the fact that the face, hands, and feet are not invaded, by the absence of mental disturbance and slowness of speech, as well as by the pain which is never absent in adiposa dolorosa. The myxœdematous nature of the condition is, however, hardly open to doubt if we consider its symptomatology and the beneficial action on this affection of the thyroid treatment. Under its influence the fatty growths retrogress, the pain subsides and all the other symptoms undergo parallel improvement. Methodical massage, it is worth noting, has been found a very useful adjuvant of the thyroid treatment.

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# WOMEN QUACKS IN THE SEVENTEENTH CENTURY.

By JABEZ HOGG, M.R.C.S.Eng.,
Consulting Surgeon to the Royal Westminster Ophthalmic Hospital, and to the Hospital for Women and Children.

It is very well known that strange notions prevailed on the art of healing in the days of Charles II., even among the higher classes of society, but it is not so generally known that the women quacks of the period were very numerous, and most pertinaciously pressing in their attentions upon the sick and in the administration of "their infallible cures" than the regularly recognised physicians of the period. Many curious instances of this are given in the "Verney Memoirs." As an instance, the wife of one of the son's is stated to have gone "hopelessly mad," when more than one woman quack presented herself and offered "a certain cure" for the malady. One Mrs. Clark, promises an infallible cure for the sum of £20. Her mode of cure is not given. A certain widow, Scott, residing at Lawn Farm, presses her services upon the family. Her nostrum, as all nostrums usually are, was a secret one. A marvellous powder that sends the patient to sleep for three or four days and nights, and he or she wakes up perfectly cured. Ultimately, old Judith is permitted to try her skill, after giving "her devout assurance that she will not use any manner of sorceries, charms, or magic." Her "perfect cure!" consisted in taking the head of "a Jack-hare, wrapping it up in a new piece of cloth, and binding it tightly round the head of the patient, there to remain for three or four days, taken off and put in the centre of a pillow made of feathers, which must be slept upon until the cure is completed." This not being attended with any improvement, the husband was "bidden to have his wife prayed for during six successive Sundays," but "the melancholy distemper remained uncured."

It was, however, during the return of the terrible years 1665-66, when a hecatomb of victims (over 70,000) were carried off by the Plague, that quacks, male and female, had a high time of it: when, indeed, the women quacks were no less to the fore than those hailing from the Royal College of Physicians. Then it came about that every atrocious nostrum of this besotted period was brought forward and prescribed. One Cary Gardiner boldly proclaimed that she had a cure "warranted to put an end to the plague, "if she could only get enough of it." Meanwhile, the official remedy for the poorer folk was garlic and butter, with a clove or two added." For the richer patients, able to call in a physician (not one of whom seem to have been a whit wiser than their old women rivals), costly powders were prescribed, consisting of "hartshorn, pearls, corals, tormentil, hyacynth-stone, onyx, and east hunicornhorn." Aunt Johan exhorts Sir Ralph "to wear a quill filled with quicksilver, sealed over with wax, and sewed up in silk with a string to wear about his neck." This she offers "as sartine as anything to keep one from taking the plage." Moreover, "if you let your horse wear it it will never have the disease." Sir Nathaniel Hobart, who while residing in town, "hopes God will preserve him, particularly as my doctor has purged and blooded me." "Lent figs were largely prescribed. The Eton boys were ordered to smoke in school daily as a disinfectant, which they doubtless much enjoyed. No physician was wise enough to devise the cause, much less treat the dire disease. No one was able to convince the City authorities that plague is a *dirt disease*, for the most part due to overcrowding in neglected insanitary dwellings. This will be seen to hold true with regard to the Indian outbreak, so the never-to-be-forgotten plague of 1665 was fortunately followed the next year by the Great Fire of London, which at length swept it away; thus proving a real blessing in disguise, a perfect God-send at the time, and a useful lesson to succeeding generations."

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# Clinical Records.

## TWO CASES OF LATERAL SINUS PYÆMIA. (a)

By James Kerr, M.A., M.D.,
Surgeon to the Bradford Eye and Ear Hospital.

The first patient was a boy, æt. 15, who had suffered from ear discharge for several years. On admission there was paresis of the right side of the face and loss of taste of the right side of the tongue. The right mastoid was opened and a cavity filled with stinking cholesteatomatous material was emptied. Two days later a superficial abscess formed over the temporal bone, and was opened. The temperature, however, still rose to 104 in the evening and fell to normal in the morning. The sigmoid sinus was then explored, and thick green pus found about it. This was cleared away, the opening packed with gauze and the jugular vein ligatured.

No improvement occurred—facial paralysis was now marked. A week after admission pneumonic symptoms began, together with constant diarrhœa, and the child died a fortnight after admission.

Anti-streptococcic serum was administered but produced no good effect.

At the autopsy there was found extension of the thrombus back in the lateral sinus and up the petrosal sinuses.

There was discoloration of the bone, and erosion and pus about the jugular foramen.

Several perforations of the walls of the jugular vein were found and the infection appeared to have reached the sinuses by extension from the floor of the middle ear through the vault of the jugular dome.

Case 2.—A boy of five years who had suffered from ear discharge for a considerable time; shortly before admission an abscess had been opened behind the ear.

When seen on November 12th the temperature was 97·2, pulse 104. Next morning the pulse was 140 and temperature 103·6; he was mentally clear; no headache or pain; the tongue was dry and furred, and discharge was free. There was no thickening about the jugular vein, and no rigors or retraction of neck.

*Operation*, November 13th.—An incision was made over the left mastoid bone, and a considerable area of bone was found to be bare. Pus was found deep in mastoid on chiselling, but no discharging track was noticed. The lateral sinus was then exposed freely backwards, and seemed to be greenish-blue in colour and thrombosed. The jugular vein was ligatured in two places and divided, and the septic clot scraped away. There was free bleeding, which was controlled by plugging. The whole wound was rubbed thoroughly with iodoform and boracic acid. The patient was collapsed, as the operation had lasted 100 minutes. The after progress of the case was at first unsatisfactory, and injections of antistreptococcic serum were given, but the fever still continued, and there was pain in the chest. On May 20th, a week after the previous operation, the wound was reopened and the sinus traced back till healthy vessel was reached, it was thoroughly scraped out and plugged with gauze.

The middle ear was curetted, and together with the mastoid antrum made aseptic as far as possible. Serum injections were given again at intervals of thirty hours. The cough continued for a few days, but apart from this the case progressed satisfactorily, and the boy was able to return home on December 20th.

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(a) Read before the Bradford Medico-Chirurgical Society, Jan. 17th, 1899.

It is worthy of note that recovery in these cases is unusual after chest symptoms have appeared. The use of the serum appeared to have produced no beneficial effect. and seemed on the other hand to temporarily derange the appetite for food. Early operation was advocated in cases of otitis media where there is a fluctuating temperature

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# Transactions of Societies.

## OBSTETRICAL SOCIETY OF LONDON.

Meeting held Wednesday, February 1st, 1899.

Dr Cullingworth, President, in the Chair.

### The Annual Address.

**The President**, after some introductory remarks, commented on the fact that there was a further slight falling off in their numbers. In January of last year the number of Fellows was 711, comprising eleven honorary and corresponding Fellows, and 700 ordinary Fellows. During the past year the Society had lost twelve Fellows by death, and thirty by resignation. The number of new Fellows elected was twenty-two, so that there was a deficit of nineteen, and he urged them to bestir themselves to keep up the supply of new Fellows. Referring to the issue by the Council during the past year of a well considered code of "Rules and Regulations to be Observed by Midwives holding the Certificate," he observed that it had long been felt to be an anomaly that there were no such rules, especially as a phrase in the declaration which every midwife who had passed the examination was called upon to sign before receiving the certificate, seemed to take their existence for granted. He regarded their preparation and publication as the most important event that had occurred in the history of the Society during his term of office as President. He did not suppose that these "rules and regulations" would meet with universal approval, but he thought it would generally be conceded that they go a very long way towards meeting the requirements of the case. The work of drawing up these rules was undertaken by the Council and the Board for the Examination of Midwives jointly. In the matter of the examination for midwives, he admitted that the Society still continued to suffer from a certain amount of professional opprobrium, which, though entirely undeserved, was probably in some degree responsible for the decrease in their numbers. He declined to argue the point on that occasion, but he would remind them that the Society had undertaken the work from a sense of duty and merely as a temporary expedient, after having tried in vain to induce the Government to move in the matter. He added that they would be only too glad to relinquish the task whenever the State could be prevailed upon to take upon itself functions which properly belonged to it, and which it alone could adequately fulfil.

Passing on to the scientific work of the past session he congratulated the Fellows upon an excellent record, papers having been unusually numerous Ten of them dealt with obstetrical, and five with gynæcological subjects. He passed the various papers briefly in review, and then proceeded to the lugubrious task of giving a short biography of the deceased Fellows. In conclusion, he took leave of the Fellows on the termination of his term of office as president thanking them all, and especially the secretaries, for the assistance they had rendered to him in his task. In resigning the chair, he had, at any rate, the satisfaction of knowing that the next occupant would be one, whose contributions to scientific gynæcology, they must all be proud.

After the usual vote of thanks had been agreed to Dr. **Griffith** suggested that the new rules bearing on midwives should be freely circulated among the Fellows, most of whom were in a state of profound ignorance of their purport. Although himself in cordial accord with the Council in the work in which they were engaged he could not disguise from himself that the action of the Society in regard to the examination of midwives was extremely unpopular with the profession at large. He defended his predecessor in the Presidency of the Medical Defence Union (Mr. Victor Horsley) from certain aspersions cast upon him in respect of his action in regard to the examination of midwives and urged that greater publicity should be given to the subject

**The President** pointed out that the new rules were bound up with the volume of *Transactions* shortly to be issued so that they would be accessible to the Fellows at large. He deprecated any proposal to take the sense of the society viewed as individuals on the question as not conducive to peace. The new rules had already been forwarded to all midwives on their register.

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## EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Meeting Held February 1st, 1899.

Sir John Batty Tuke, President, in the Chair.

### ADDISON'S DISEASE.

**Dr. R. A. Fleming** showed a mother and four children apparently suffering from Addison's disease. In the case of the first-named the pigmentation had begun seven years ago, and had grown deeper with each successive pregnancy. Recently numerous small pigmented moles had appeared. There was no discolouration of the mucous membranes. In addition the constitutional symptoms—ceaseless vomiting and diarrhœa, palpitation and faintness, and excessive languor—were well marked. The eldest child, æt. 7. had shown signs of pigmentation four years ago, and in her case, too, moles had developed. The remaining children, aged four, three, and two years, had become pigmented and the subjects of moles three years ago, six months ago, and seven weeks ago respectively. The three eldest also suffered from vomiting, diarrhœa, and languor. There was no tuberculous family history, and the pigmentation and constitutional symptoms had somewhat diminished under the administration of arsenic. If these were really examples of Addison's disease the cases were probably unique.

Mr. **Cotterill** and Dr. **Russell** showed a patient after mastoid disease and empyema. The former had been secondary to the latter condition—an unusual sequence of events. Speaking of the operation, Mr. Cotterill deprecated the puncture of an exposed lateral sinus in order to solve an existing doubt as to the presence of thrombosis. It was quite easy to discover the state of the vessel by gentle palpation, and puncture from a septic wound was very liable to introduce germs into the general circulation

Dr. **Shennan** showed (1) vessels from a case of tuberculous meningitis, demonstrating the enlargement of the endothelial cells lining the peri-vascular lymph spaces; (2) early tubercle of the urethra from a case of general tuberculosis; (3) organism in cancrum oris. In addition to the special germ, pneumococci, staphylococci, and streptococci were present. but the chief organism found was one resembling the Löffler bacillus. It was almost identical with the clubbed form described by Kanthack as an involution stage of the diphtheria organism. Dr. Shennan had found a quite similar organism in a case of acute spreading gangrene, and in one of phagædenatous chancre. In the former case culture through two generations had resulted in a growth identical with that of diphtheria.

Dr. R. A. **Fleming** showed (1) two stomachs showing mammillation, and (2) a heart with aneurysm of one of the sinuses of Valsalva.

Drs. W. **Stewart** and **John Thomson** showed a specimen of congenital malformation of the œsophagus. Immediately after birth it was noticed that the infant was unable to swallow, and on passing a gum elastic catheter it was found to be checked five inches from the mouth. On the third day of life a Witzel's gastrostomy was performed and the child fed. It progressed well for nearly a day, and then died suddenly. On *post-mortem* the œsophagus was found to be completely occluded, and there was a communication between its lower part and the trachea; after being fed the child had vomited the food into its trachea and had been suffocated. A similar complication had existed in other recorded cases.

**Dr. P. McBride** read a paper on

### THE TREATMENT OF OZÆNA, WITH SPECIAL REFERENCE TO CUPRIC ELECTROLYSIS.

After alluding to the local atrophic condition in ozæna, the speaker said that the methods of treatment in vogue might be considered under the following heads:—(1) Destruction of the secreting area by curetting, &c. This was now recognised as useless. (2) Stimulating and irritating applications, such as iodine, and nitrate of silver sprays. Plugs probably acted in a similar way, and mechanical stimulation by the use of vibrating pledgets of cotton wool had also been tried. (3) As an organism resembling that of diphtheria had been found in some cases of ozæna, the injection of antitoxin had been employed, but though some benefit had undoubtedly resulted, the effect had only been temporary. (4) More recently cupric electrolysis had been recommended. He had tried this in a great number of cases, and recounted ten of these. In almost all great benefit, and in some a complete cure, had accrued. The advantage of this over all other methods of treatment was that subsequent douching was not required, and that even in the morning the smell was completely absent. The operation was very simple, cocaine being used as an anæsthetic. The copper (positive) electrode was thrust into the septum, and the steel (negative) electrode, into the inferior turbinate. A current of from 3 to 10 milliamperes was required, and each sitting lasted ten minutes. Three or more sittings might be needed. Local discomfort rarely followed the electrolysis. It was of interest to note that though only one nostril was treated, both participated equally in the benefit. The *rationale* of the method was unknown.

Drs. Logan Turner, Shennan, and Hunter spoke.

**Mr. Wallace** read a paper on

### MOVABLE KIDNEY.

After reviewing the literature of the condition, Mr. Wallace went on to discuss its pathology. He could not agree with the ordinarily accepted view that movable kidney was brought about by undue laxness of the abdominal parietes the result of repeated pregnancy; almost all his cases had been in nulliparæ. Attention had recently been called to the fact that floating kidney was more common in childhood than was generally supposed; this, too, went against the above theory, and in favour of some congenital defect. In examining for a movable kidney, it was necessary to palpate all over the abdomen. He had seen the condition missed because the organ was lying low in the right iliac fossa. He had now performed the operation of nephropexy on fourteen occasions, and in all the patients save one, the symptoms had been completely removed. In slighter cases a pad should be worn, and he showed a small inflatable rubber cushion which was intended to be sewn to the inner surface of the corset. This was perfectly effective, cheap, and could often be worn when the ordinary belt was insupportable. The point to be attended to in the use of these pads, was that the kidney must be in the proper position before they were applied.

**Mr. Cotterill** said that those cases which showed symptoms of renal calculus, and which were cured by operation, though no stone was found, were in all probability cases of movable kidney, and the operation was beneficial by fixing the organ.

**Dr. Russell** stated that in a series of post-mortems on old women, it had been almost the rule to find the right kidney very freely movable under the peritoneum. He had never been able to find a satisfactory explanation of the condition.

Mr. Stiles and Dr. Church also spoke.

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A special general meeting of the Irish Medical Schools' and Graduates' Association will be held at 5·30 p.m., on February 22nd, at 11 Chandos Street, Cavendish Square, the President (Dr. Mapother) in the chair, to consider certain proposed alterations of rules.

## LIVERPOOL MEDICAL SOCIETY.

Meeting Held January 26th, 1899.

R. S. Archer, M.D., Vice-President, in the Chair.

### THE VACCINATION ACT, 1898.

**Dr. Permewan** proposed the following resolution:—"That the members of the Liverpool Medical Institution are of opinion that the Vaccination Act, 1898, was enacted in direct opposition to the findings of the Royal Commission; that the operation of the Act will be prejudicial to the public safety, and that its amendment is urgently required.'

**Dr. Hope**, in seconding the resolution, said he thought that the terms of the resolution were in no sense too strong, and quoted extracts from the Report of the Royal Commission, showing that the Act is in direct opposition to the views which the Commission expressed. He also alluded to the mischief already resulting from the closing of the vaccination stations, which he considered most unfortunate and ill-judged.

The resolution was carried *nemine contradicente*.

**Mr. C. Thurstan Holland** showed radiographs of the normal chest of a boy, and also of the chest of a boy in whom the left apex was in a state of tuberculous consolidation. The difference was most marked, as also was the difference between the two sides of the affected child. This difference could also be plainly seen with the fluorescent screen. The exposure with a 10 in. coil was 60 seconds. This boy was æt. 6½.

### THE REMOVAL OF TUMOURS BEHIND THE TONSIL.

**Mr. Mitchell Banks** described three cases of removal of tumours lying external to and behind the tonsil, with lantern slide illustrations. The first case was that of a young man in whom the tumour had been growing for many years, and had attained such a size as to cause a marked projection behind the vertical ramus of the jaw. It was removed by the mouth. A vertical incision being made over it, it easily shelled out without hæmorrhage, and was found to be an adeno-fibroma as had been diagnosed. The second was a precisely similar case in a woman of forty, with a history of ten years' growth of the tumour. As she was very stout and full-blooded a preliminary laryngotomy was done, and the pharynx packed with sponge, but the bleeding was only trifling, and the tumour was easily shelled out with the finger. The third case was different, the patient being a small, thin, pale woman, about twenty years of age. A swelling had appeared behind the right tonsil about eight or ten weeks before her admission, and had been steadily and rather rapidly increasing. There was a great deal of pain in it, and the swallowing was seriously interfered with. The swelling was very elastic and ill-defined, insomuch that there was a question as to whether it might not be inflammatory, having as a focus some small, very deep collection of pus. Under chloroform an excision of an exploratory nature was made through the thinned and flattened out tonsil, the finger came upon a distinct tumour, which felt as if it could be shelled out, although clearly very adherent at the upper and back part. In about a fortnight the patient's suffering became extreme, and she was in danger of choking, so a preliminary laryngotomy was done and the pharynx plugged. Then a free incision was made over the tumour and enucleation effected. This gave a remarkable view of the deep parts, and when the growth was finally torn away it was found to be adherent to the side of the body of the third cervical vertebra, and to the base of the skull. Owing to very little use of cutting instruments the bleeding was slight. The jaw was drilled and wired, and the cheek and jaw soon united, but there is undoubted evidence that the tumour is beginning to grow from its deepest parts. Naked eye inspection and the microscope showed it to be sarcomatous.

**Mr. Paul** referred to six cases of adenomatous tumour which he had met with on the palate and fauces. Three ulcerating and three encapsuled. The latter were perfectly innocent, but the former class sometimes showed a malignant tendency.

### REMOVAL OF TUMOURS OF THE ŒSOPHAGUS BY PHARYNGOTOMY.

**Dr. Permewan** described two cases of tumours of the œsophagus which he had removed by sub-hyoid pharyngotomy. The first case, in which the growth was benign, died from the immediate effects of the operation; the second recovered without a rise of temperature. After describing the method adopted in each case, Dr. Permewan stated the conclusions he had arrived at in this operation, these were: (1) that sub-hyoid pharyngotomy is justifiable in spite of the large percentage of fatalities after it. (2) That it is admirably adapted for removal of growths from the lower pharynx, upper part of the œsophagus, and also from the upper aperture of the larynx. As a preliminary to resection it is valuable as giving a more complete view than that obtained by thyrotomy. (3) That to insure a safe operation a preliminary tracheotomy is necessary. (4) That no attempt should be made to close the wound after operation, but that it should be plugged by gauze and allowed to heal by granulation. (5) That feeding should be by the œsophageal tube exclusively.

Mr. **Robert Jones** read a paper on

#### SOME POINTS IN THE SURGERY OF THE PARALYSIS OF CHILDREN.

He deplored the lack of interest displayed by the profession in the treatment of these affections. This was due to the pessimism derived from the pathology. It was essential that there should be surgical supervision almost from the onset, as without mechanical and operative help the physician was powerless. The pathology required working up and further experiments made. This should consist of inoculations at an early stage, and of a search for the microbe. In view of recent experiences of his own, of outbreaks of an epidemic character at Stockholm, in America, and in Australia, there was strong evidence of the influence of infection. With care, most of the deformities of polio-myelitis, might be avoided, more especially those due to contractures, and by mechanism so applied as to equalise groups of antagonistic muscles, apparently very old paralyses, could be remedied. A diagnosis, often difficult, should be made between a paralysed group of muscles and a group merely rendered useless by the uncontrolled action of opponents. Mr. Jones discussed the question of tendon-grafting and the conditions suitable to it. He thought the operation likely to prove very valuable in a number of cases. He had operated upon five cases. In two he had inserted the sartorious into the tendon of the paralysed quadriceps. In two cases he had inserted the peronei into the paralysed tendo-achilles, for talipes-calcaneous. In one case he reinforced the tibialis-anticus by means of the peroneus-longus. In a case of talipes equino-valgus, the peroneus longus may be inserted into the tibialis posticus, or instead of the peroneus longus, a strip of the tendo-Achillis. Mr. Jones had operated upon over 66 flail joints in accordance with the rules he laid down in 1894, suppuration only occurred in one case. No matter what the trophic changes, healing seemed to occur without hindrance. He often anchylosed both knee and ankle at the same operation. In talipes-calcaneus a good view of the joint might be got from behind, the cartilage freshened, and the tendo-Achillis could be at the same time shortened. This operation he substituted for Nillet's. After obtaining either short fibrous or bony anchylosis in knee or ankle, the psoas and iliacus muscles moved the limb in one piece, and so expensive and troublesome appliances could be dispensed with. In dealing with spastic paraplegia, Mr. Jones combated the dicta of neurologists in regard to tenotomies. He divided the tendo-Achillis, and any other tendons which were tense, and in obstinate cases, exsected portions of the adductors. Both limbs were then kept in extreme abduction for several weeks; very fair walking results were obtained. In very spasmodic cases he strongly urged arthrodesis.

Mr. **Paul** quoted, in support of Mr Jones's advocacy of tendon grafting, the result obtained in a case of which the distal end of the long flexor of the thumb was grafted on to that of the index finger. The boy ultimately became a fair pianist, and could flex either digit independently, presumably by automatic action of opposing muscles. The paper was further discussed by Drs. Murray, Warrington, Paul, and Barr.

## BRADFORD MEDICO-CHIRURGICAL SOCIETY.

### Meeting held on January 17th, 1899.

The Vice-President, Mr. **Horrocks**, in the Chair.

Dr. **Enrich** gave a microscopical demonstration.

Dr. **Rabagliati** showed a tumour of the uterus weighing 11 lbs., which had been successfully removed. The tumour was found to be a fibro-myoma. The case was complicated by the presence of a malignant tumour in the left breast.

#### Cases Shown.

Subconjunctival dislocation lens—Dr. A. Bronner.
Luxation of lens into anterior chamber—Dr. Kerr.
Child recovered from lateral sinus pyæmia—Dr. Kerr.
Lupus of face and neck—Mr. Althorp.

Dr. **Kerr** read notes on "two cases of lateral sinus pyæmia,' which will be found under the head of 'Clinical Records."

Mr. **Althorp** read notes on

#### A CASE OF LYMPHO-SARCOMA,

involving the stomach, colon and rectum. The patient was an unmarried woman, æt. 29, a cook. The first symptoms of illness were in June, 1898, and consisted of diarrhœa and vomiting, with fever. The fever persisted, but the other symptoms subsided with rest in bed. On Sept. 10th she was admitted to hospital with symptoms of chronic intestinal obstruction and on examination a growth of the rectum was found. It infiltrated the surrounding tissues, and almost blocked the lumen of the gut, not allowing the passage of the finger past the obstruction. Left inguinal colotomy was performed on September 21st, the fingers introduced into the abdominal cavity felt the pelvic contents matted together. The patient progressed satisfactorily, and the bowel was opened on the fifth day. For about six weeks the patient did well and was able to be up and about the ward, but at the end of that time began to complain of abdominal pain until her death on November 16th. There had been free discharge of fæces all this time. A fortnight before death a swelling was noticed in the position of the transverse colon, and during the last week of life she vomited freely. At the autopsy there was found a growth involving (1) the stomach in its pyloric half, the small curvature, and spreading up to the œsophagus; (2) the cæcum, ascending and transverse colon; (3) the rectum matting together the pelvic contents. There was only one secondary growth, which was in the bronchial glands. Mr. Althorp remarked on the extensive nature of the growth, which had caused no obstruction, except in the rectum. The treatment of rectal growths was also discussed.

Dr. **Enrich** gave a description of the microscopic appearances of the growth, pronouncing it to be a lymphosarcoma. He discussed the nature of lymphosarcomata, and suggested a parasitic origin in the case under consideration, although there was no direct evidence in the shape of organisms. He remarked that there was a pigment in some of the cells of a faint, greenish colour. He did not consider the deposit in the bronchial glands a secondary growth, but a primary manifestation.

Drs. Horrocks, Goyder, Hall, and Metcalfe, discussed the case.

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## NORTH OF ENGLAND GYNÆCOLOGICAL SOCIETY.

### Meeting held at Manchester, January 20th, 1899.

The President, Dr. **Donald**, in the Chair.

#### Specimens.

1. Dr. **Briggs** (Liverpool) showed a Soft Fibroid Tumour removed from the Uterus by Enucleation through the Abdomen.

2. Dr. **Nathan Raw** showed a Ruptured Uterus, with an Ovarian Cyst, removed by Abdominal Section, after delivery of a child at full term. The patient, a multipara, had been in labour for three days, under the care of a midwife. She was then seized with intense

pain in the abdomen and hæmorrhage, with great collapse. On admission to the hospital she was pulseless, and four pints of saline fluid were transfused into the median basilic vein with very beneficial results. On examination, the vaginal vault was pushed down by a large firm swelling behind the uterus, suggesting an ovarian tumour. The cervix was high up under the pubes. The umbilical cord was prolapsed, and the placenta lay in the lower uterine segment. This he rapidly detached and a foot was brought down. A loop of intestine was then found lying in the uterine cavity showing that the uterus was ruptured. The child was quickly extracted, and a large tear in the posterior wall was then discovered. Saline fluid was again transfused, and abdominal section at once performed. The peritoneal cavity contained a large quantity of blood and clots, and the contents of the ovarian cyst which had undergone tension had ruptured. The uterus was rapidly amputated, and removed together with the cyst. The patient rallied well, but gradually sank, and died from exhaustion on the third day.

Remarks were made by Drs. Lloyd Roberts, Sinclair, Wright, Walter, and the President.

Dr. T. **Arthur Helme** read the notes of a

### CASE OF DEGENERATING FIBROID REMOVED ALONG WITH THE UTERUS BY ABDOMINAL HYSTERECTOMY.

The patient, æt. 29, had suffered for ten months from hæmorrhage and severe pain, and on one occasion had retention of urine. The pain came on after the use of ergot. Previously she had not felt any pelvic pain. As the hæmorrhage was only controlled by plugging the uterus, it was thought advisable to operate The uterus was therefore completely removed through the abdomen. The vaginal roof was covered with a layer of peritoneum detached from the anterior surface of the uterus and carefully sutured. No drainage of any kind was employed. The patient made an uneventful recovery. The tumour was found to occupy the posterior wall of the uterus, and had become partially extruded into the cavity occupying also the upper part of the cervical canal. A point of interest was the effect of the administration of ergot in setting up violent uterine contractions, resulting in severe pain, and also causing partial extrusion of the tumour and leading to increase of the hæmorrhage. The degeneration appeared to be the result of partial cutting off of the blood supply to the tumour.

Remarks were made by Drs. Walter, Davies, Lloyd Roberts, Briggs, and the President.

Dr. W. E. **Fothergill** read a paper on some

### AUTO-INTOXICATIONS OF PREGNANCY.

The presence of albumen in the urine of eclamptic women, and the occurrence of various lesions in the kidneys, the author remarked, had led to the view that eclampsia was of renal origin. This theory, however, has of late years been questioned by many. Albumen may be absent from the urine. Again, the urine, though small in quantity, is low in toxicity, whilst the blood serum is much more poisonous than in health. The constant presence of necrotic and hæmorrhagic lesions in the liver has led to the view that in these cases this organ is really at fault. Jaundice is sometimes associated with eclampsia, and in acute yellow atrophy of the liver, which is peculiarly liable to occur during gestation, the lesions in the liver are an exaggeration of the changes met with in eclampsia. It is probable then that eclampsia should be regarded as an auto-intoxication of hepatic origin. The various affections of the nervous system during pregnancy, such as polyneuritis, myelitis, &c., are clearly toxic in orgin. Melancholia and mania of pregnancy have probably a similar origin. A number of the slighter ailments of gestation such as vomiting, salivation, pruritus, neuralgia, and the changes of temperament, are regarded by many writers as manifestations of minor degrees of auto-intoxication. When the extra strain thrown upon the various organs during pregnancy is considered, it is easy to understand that a disturbance of the equilibrium between poison production and poison destruction may readily occur, and it is found by observation that the blood serum is more toxic during gestation than in health. The subject is by no means fully worked out, but the auto-intoxication theory forms a useful working hypothesis, and may help, by associating a number of diverse conditions together, to afford a new grouping of these troubles. It is probable in the future that a number of these morbid conditions will be united under the term hepatic toxæmia, as suggested recently by Pinard.

Dr. **Gemmell** said that in the puerperium many cases with pyrexia, which were classed as septicæmia, were really examples of toxæmia, arising from the liver, kidneys, or alimentary tract. He related a case in which the patient after natural labour had pyrexia and quick pulse, with an absence of any local signs. The blood and lochia were examined bacteriologically, but no streptococci were found. At the end of four days suppression of urine came on, and the patient died of uræmia. At the autopsy no evidence of disease of the kidneys could be discovered.

Dr. **Wright** and Dr. **Walter** also discussed the paper.

The following were elected Office Bearers for the year 1899:—President, Dr. Donald; Vice-Presidents, Drs. J. Benson, J. Braithwaite, J. Cregeen, W. E. Fothergill, J. E. Gemmell, C. Richardson, J. Sinclair, and G. Thorpe; Hon. Treasurer, Dr. Richard Farrell; Hon. Gen. Secretary, Dr. Arnold W. W. Lea; Council, Drs. R. A. Brannigan, E. Buxton, C. Gwynne, D. L. Hamilton, T. A. Helme, J. B. Hellier, T. D. Leigh, J. Matthews, E. H. Monks, S. Nesfield, W. Smith, Lloyd Roberts, J. E. Scowcroft, J. P. Stallard, J. D. Martin, D. Smart, C. Breker, W. Walter, A. E. Wear, and R. E. Williamson; Honorary Local Secretaries, Dr. John Scott (Manchester), Dr W. Fingland (Liverpool), Dr. E. O. Croft (Leeds), H. Rhodes (Sheffield).

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# France.

[FROM OUR OWN CORRESPONDENT.]

Paris, February 5th, 1899.

### Hernia and the Bicycle.

M. **Lucas-Championniere** read a paper on the cure of an inguinal hernia by the use of the bicycle, and declared that for a long time he had considered that rest generally advised to persons with rupture was much less beneficial than muscular exercise. It was easy, he said, to observe that working men tolerated much better their herniæ than habitually inactive persons. All kind of sports could be recommended to ruptured individuals, but that of the bicycle was the best of all. In a person seated on the machine the hernia had no tendency to come out, it remained in the abdominal cavity and disappeared in time. The bicycle exercise improves besides the general health, and produced a decrease in the *embonpoint*, which was greatly to be desired in such cases. To obtain this result, the bicycle should be used according to method; the person should be seated on a low saddle, and as much behind the axis of the pedals as possible; uphill or rapid riding should be forbidden.

M. Robin related seven cases of acute articular rheumatism, and one case of acute blenorrhagic rheumatism treated by methylene blue. In all the cases, save one, this drug proved equal to salicylate of soda. Never was any unfavourable symptom observed through its employment on the condition however, that the methylene used was chemically pure.

### Tuberculous Abscesses.

M. Lannelongue spoke, at the Academy of Sciences, on the treatment of tuberculous abscess, and said that it was rare that such abscesses got well spontaneously, and generally they required early intervention, consisting in extirpation of the tumour or in successive modificating injections.

The ablation by the bistoury of all the purulent collection was naturally the ideal method, if the tumour could be removed without opening it; but each time that the cyst was more or less voluminous or deep-seated there was risk in opening it in dissection. Consequently it was preferable to empty the cyst first, and then use the curette on the walls But this method was attended with some danger, as it exposed to general infection, by the introduction of the bacilli into the open vessels, and one was never sure that a portion of the virulent disease had not been left behind. Injections, on the other hand, gave excellent results when properly practised,

The trocar should be of a certain size, and passed through a portion of the healthy skin. Once the pus was evacuated, the cyst should be washed out with a one per cent. solution of phenic acid until the returned liquid was seen to be perfectly pure. Then an ounce of the following solution should be injected :—

Iodoform,
Sulph. ether, } ʒiiss.;
Creosote, ʒss.;
Sweet almond oil, ℥iij.

Out of 17 patients thus treated, 4 got well after one injection, 3 after two, 3 others after four, and 1 after five injections, while the remaining 6 had fistula and got well in from ten months to two years.

### Post-partum Hæmorrhage.

Prof. Bastian, of Geneva, recommends in the treatment of post-partum hæmorrhage the following simple operation :—A bivalve speculum is introduced and opened as largely as possible, and after cleaning out the clots, iodoform-gauze is packed in until the whole cavity is filled. But the point in the method is that the speculum is left *in situ*. At the end of twelve hours it is withdrawn with a portion of the plugging, and twenty-four hours later the remainder is removed.

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## Germany.

[from our own correspondent.]

Berlin, February 4th, 1899.

### Curative Institutions for Phthisis.

At the meeting of the Society for Innere Medizin of the 9th inst., Hr. von Leyden reported on the action of the Central Committee formed for the furtherance of the scheme for the erection of Institutions for the treatment of phthisis. The committee had decided to summon a Congress in Berlin in May for the consideration of steps for the campaign against tuberculosis. For the various divisions of the subject, ætiology, prophylaxis, and treatment, distinguished physicians would be selected to introduce the subjects. As regarded the Berlin-Brandenburg Branch Society there was a steady development that had overcome various difficulties, such as ways and means and the site of the proposed buildings, and the results, so far, had been satisfactory. Their means would suffice for the erection of an Institution in Belzig. To this would be associated Bleichröder's endowment. The Institution would afford accommodation for 100 beds, and for the success of the undertaking the speaker called upon all medical men to try to obtain the active interest of their clients.

Hr. Milchner then followed with a note on

### The Cells in the Ascitic Fluid of Leucæmia.

Ehrlich and Lazarus had proposed the question whether it was possible to distinguish between the active and the passive forms in leucocytosis, *i.e.*, whether leucocytes found their way into the blood by their own movements (active form), or whether they were swept there mechanically (passive form) In the first group the cells must move towards an inflamed part, and be met with in the exudation. This was so in the polynuclear form in eosinophilia (such as pemphigus and bronchial asthma), in which the eosinophile cells are found in the inflammatory products. In the second form no wandering of the leucocytes took place, and accordingly they were absent in the inflammatory products. Whilst in lymphocytosis there was proof that the form was active, in myelogenous leucæmia there was no certain proof of it, although Ehrlich believed it, and in a pleuritic effusion had seen " Mast " cells. The speaker had now made dry preparations, from the ascitic fluid from a case of leucæmia (myelogenous form), stained with eosin, methylene blue, which showed all three forms of cells, so that the myelogenous form might also be considered active.

Hr. L. Jacobson then read a paper on

### Changes in the Spinal Column after Peripheral Paralysis.

He showed preparation from a case of recurrent cancer of the left breast that had implicated the nerves in the clavicular fossa. Pain came on in the left arm; it began to swell; motor weakness showed itself that soon developed into complete paralysis. There was also great disturbance of sensibility, first on the inner, then on the outer side of the arm Muscular atrophy of the deltoid and of the supra and infra spinatus, faradic and galvanic excitability completely extinguished. The diagnosis could not be doubtful; paralysis of the left brachial plexus from pressure. The diagnosis was confirmed after death. The brachial plexus, along with the vessels, was removed. The nerves were grey-coloured; they had undergone gelatinous degeneration; the axillary vein was completely blocked by thrombosis, hence the œdema. A transverse section was made through the plexus and stained. No nerves contained medullary tissue, as only a comparatively short time elapsed between the commencement of the symptoms and death, the case was suitable for determining what change had been set up in the spinal cord. The cord was therefore removed without any trace of cancerous disease being discoverable in it. The changes found must, therefore, have been purely secondary. The cord was treated in various ways for the purpose of microscopic examination. The cells of the lateral column of the anterior horn were rounded off, without processes, pale, the nucleus was absent or eccentric, the median cells unchanged. In the lateral horn also the cells were smaller and thickly pressed together—on the left, full numbered but highly coloured; on the right, deficient in number and atrophied. The anterior roots on the left were slightly atrophied. Sensory parts: the posterior roots distinctly degenerated. Atrophy of the cells in the lateral columns and in the posterior horn; some descending roots were also changed. The condition found was of pathological interest. Von Leyden first gave expression to the opinion that degeneration of the posterior column in tabes dorsalis was secondary to lesion of the posterior roots. This view was now generally accepted. A controversy had now begun as to where the tabetic process commenced. Von Leyden assumed that it begun in the periphery, and the secondary retrograde lesion was in favour of this. Against this it had been objected that the tabetic lesion was considerably greater than that of the simple secondary lesion. This case, which comprises both recent and older degenerations, which showed a degeneration gradually increasing with length of time was in favour of the correctness of von Leyden's views.

### The Prevention of Childbed Fever.

This much discussed subject has again recently had attention drawn to it by an article in the *Berl. Med. Wochensch*, 46 98, by Prof. Hofmeier, of Würzburg. In a recent work he sought to show that obstetric wards could be made full use of for teaching purposes with perfect safety, so long as proper measures for disinfection of hands and genital passages were adopted and rigidly enforced. As temperature may be looked upon as a reliable test, the "surest touchstone" in fact of normal childbed, the noting of the temperature should be above suspicion. He has therefore published a record of another (fourth) thousand cases of labour in which the temperature was taken throughout by a physician instead of in the usual way by a nurse. In the thousand cases there were seven deaths, but these were all due to grave obstetric complications or general diseases. There was no case of infective disease in the general sense in the whole series. The cases therefore demonstrate the correctness of the position he has taken up, that obstetric teaching is no bar to successful management of the puerperal state. He attributes the excellent results obtained, not to any superior sanitary arrangements, as the clinic stands far behind some modern institutions in this respect, not to any complicated methods of disinfection and sterilisation, such as are carried out in many places, but simply and alone to the method of treating lying-in cases always followed in the Würzburg Klinik, viz, that of thorough disinfection by means of 1 in 2,000 solution of sublimate.

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## Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, February 4th. 1899.

### The New Drug Heroin.

Tausyk has been experimenting with this new sedative for some time past, and has now ventured on a report of sixteen cases. Among these are eight suffering from phthisis pulmonalis, one of croupous pneumonia, one of pleuritis, and four of bronchitis. In all these cases treated with heroin the cough was immediately checked, or greatly modified, as the action of the drug is rapid and potent in its effects. The subjective symptoms are speedy relief and perfect comfort. In one case of bronchial asthma 0·003 of heroin relieved great dyspnœal distress, which has not since returned.

In other experiments he tabulates the comparative values of heroin and morphia.

In cases of chronic cough which have lasted for weeks he has repeatedly given 0·003 gramme (0·046 of a grain) of morphia without the slightest amelioration, while the same quantity of heroin checked it instantly, and left the patient in a vastly improved state of health after its effects had passed off. In other cases 0·06 to 0·10 (0·9259 to 1·543 grains) of codeia was given with little or no effect, while 0·003 gramme (0·046 gr. of heroin gave perfect relief. Similar success attended a case of phthisis treated with codeia, ext. of opium, hyoscyamus and morphia.

Heroin is also potent as an anodyne in cases of neuralgia in the trigemini, enteralgia, and hemicrania, while its efficacy in diabetes is undoubted.

After long use the dose requires to be increased to 0·005 gramme, owing to the peculiarity of habit. There is only one case where stupor or giddiness was observed from the long and repeated use of the drug.

Tausyk prefers giving it in powder form with sodæ bicarb , &c., one hour and a half before food. Here commends that the quantity taken daily should not exceed ·01 gramme or ·15,432 of a grain, which might be increased in extreme cases to 0·03 grammes or 0·4,629 grains. Its greatest virtue, however, is in the relief of cough, which renders it invaluable in phthisical coughs.

### Tannopin.

Tannopin, according to Fuchs, is a combination of tannin and urotropin, possessing the astringency of the former and the anti-bacterial action of the latter. It is, therefore, useful as a styptic and disinfectant in the alimentary canal. It contains 87 per cent of tannin and 13 per cent. of urotropin. It is of a yellow colour, hygroscopic, soluble in water, alcohol, and ether, but slowly dissolved by weak alkalies. In an alkaline canal the tannopin is split up into its component parts. This new drug has been used with benefit in cystitis, enteritis, &c., but requires to be given in good large doses of 4 grammes. In chronic conditions it is not so effectual, unless in cases of diarrhœa, when both forms are benefited by its use.

### Tabes Dorsalis and Nerve Stretching.

At the "Gesellschaft der Aerzte," Benedikt showed a man on whom he had successfully operated by stretching the nervus ischiadicus, which quite relieved the pain, removed the paræsthesia, and restored the functional activity.

This operation is contra-indicated where the respiration is impaired or interfered with, in consequence of laryngeal irritation. In suitable cases, however, he is convinced that nerve stretching is an excellent expedient.

### Clinical Extension.

Another era has been opened this week in the Aural department of the Allgemeinen Krankenhaus. Hitherto, Prof. Politzer's beds have been, since Billroth's time, indiscriminately scattered among the surgical patients, which are forthwith to be isolated and kept quite apart from other surgical cases.

### Boycotting the Chemists.

A feud has broken out between the chemists and the charitable societies of Vienna that has led to the application of "Boycotting" of 105 of the "Wiener Apotheken." Every country has its own peculiar party of pseudo-philanthropists who preach and practice charity at another's expense with tyrannical vehemence, and whose contributions to such objects are never discovered. A large charity of this kind, under the name of the "Wiener Genossenschafts-Krankencassen," exists in Vienna for the supply of medical attendance and medicines to the poor, which is none other than the middle-class, at a greatly reduced rate. Before the "Chamber of Medicine" was formed this class was a source of trouble to the medical profession, as many would not listen to their terms. Since then a tariff has been fixed. Somehow the apothecaries have not yet got a proper fixed understanding about the price of the medicine to be paid by those so-called charitable institutions, which the chemists think are able to pay a better price. On this account the charity has issued a ban under the heading of "Boycot" against 108 of these uncharitable unbending chemists.

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## The Operating Theatres.

### GUY'S HOSPITAL.

INTRODUCTION OF BONE FOR THE RESTORATION OF AN OLD COMMINUTED FRACTURE OF THE TIBIA.—Mr. ARBUTHNOT LANE operated on a girl, æt. 14, who, when 18 months old, sustained a fracture of the tibia, which did not unite. On subsequent occasions the intervening fibrous tissue and the adjacent ends of the tibia had been removed, with the idea of establishing union between the raw surfaces of bone. At the present time, however, the foot was almost useless, being displaced inwards, owing to the upward and outward inclination of the lower fragment of the tibia. Both ends of the tibia were separated from one another by a considerable interval, with no connection between them. Mr. Lane cut down on the fragments and cleared them from the adjacent soft structures, and was then able to restore the lower fragment of the tibia to its normal relationship with the fibula, and to render its axis continuous with that of the upper fragment. While they were retained in this position to one another a rabbit was killed, its femurs removed, and their ends trimmed; they were then laced by means of silver wire to the tibial fragments so as to keep them apart and continuous with one another. On relaxing traction on the foot and lower fragment, the interposed bones were found to serve this purpose in a perfect manner. The external wound was then closed and the leg immobilised in a suitable apparatus. Mr. Lane said he did not think it would be advisable for the patient to transmit his weight through the part for at least a year. He considered the important points in the introduction of a considerable quantity of bone were: the absolute immobilisation of the graft, and that a sufficient interval of time should elapse between the operation and any attempt to make use of the part; the length of this interval would vary with the age of the patient, the quantity of bone introduced, the security of its attachment, and the amount of force it would be required to transmit.

OPERATION IN A CASE OF SO-CALLED POTT'S FRACTURE.—The same surgeon operated on a nurse, æt. 42, who exhibited the fracture of the fibula and displacement of the foot that results from forcible abduction, which is called, as Mr. Lane remarked, by the very unscientific and unmeaning term, "Pott's fracture." Being employed in a large general hospital, the patient had had the advantages of the best surgical treatment of the present day; in spite of this, however, the lower fragment of the fibula was ankylosed to the upper so as to form a considerable angle with it; the foot was displaced outwards and a little backwards so that an interval existed between the inner malleolus and the astragalus, and the patient was unable to walk. As she could no longer follow the occupation for which she had been trained for many years, and upon which she was dependent, it was clear, as Mr. Lane pointed out, that the financial depreciation consequent upon her injury was complete, or, in other words, amounted to 100 per cent. He cut down on the fibular junction and freed the lower fragment from the surrounding soft parts; the junction was cut through obliquely in such a plane as to enable the upper end of the lower fragment to be brought backwards and outwards, while the outer malleolus was made to move forwards and inwards, this fragment being rotated round a fulcrum formed by the inferior tibio-fibular ligaments; in this manner the astragalus was brought into its normal relationship with the inner malleolus, and the foot with that of the leg; the fragments were wired securely together in this position. Mr. Lane said this formed one of the innumerable instances showing the impossibility of replacing the fragments of the fibula in accurate apposition by any form of manipulation when they had been displaced by excessive and forcible abduction, even when the tibia was uninjured He hoped that the time would soon come when surgeons would display a little more intelligence in the treatment of these conditions, and a little more scientific accuracy in their statements. They seemed at the present time, he said, distressingly anxious to bolster up the absurd idea that it is possible by abduction of the foot to so exert force upon the lower malleolus as to bring the upper end of the lower fragment into apposition with the lower end of the upper when there existed no such mechanism by means of which this could be effected. They could hardly realise, he thought, that the treatment they had adopted all their lives was an absurdity, and they would conceive any statement to the contrary a reflection on their intelligence. He showed another case of so-called Pott's fracture in a young artilleryman, æt. 24, in whom the fibula had been fractured about an inch and a half above the tibio-fibular articulation, and the inner malleolus had been broken transversely midway between its base and summit. It occurred through his having been thrown off the limber of a gun in June, 1898. He was invalided out of the service in January, 1899, as being physically unfit to follow his duty. At the present moment he was unable to follow any employment because of the pain he suffers in his foot and ankle when he walks. The foot is displaced outwards. The fragment of the inner malleolus has followed the astragalus, and has united to the tibia in this abnormal relationship. The fibular fragments formed the usual angle with one another. Here, Mr. Lane said, was a man who was obliged to give up the employment by which he earned his living, and eight months after he had sustained his injury he was so much incapacitated as to be unable to follow any employment other than sedentary, and for this kind of work he was quite unprepared by any previous training. His financial depreciation then was obviously complete, and he was prepared to submit to any operation which would afford him some chance of obtaining a livelihood by relieving some of his present physical disability. Mr. Lane purposed cutting away the malleolar fragment from the tibia, dividing the fibular junction in a suitable plane, and restoring as far as possible the astragalus to its normal relationship with these bones. How different, he remarked, would have been the condition of these two patients if the fragments had been exposed and fitted accurately together at the time of the injury. Their mechanics would have been as perfect after the injury as they were before.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 8, 1899.

## THE INEBRIATES' ACT.

There can be no doubt that by the Inebriates' Act passed last year, and coming into force within a few weeks, a great advance has been inaugurated in the attitude of the Legislature towards the alcoholic habit. In other words, the Government has formally recognised and acted upon the principle that chronic alcoholism is the symptom of some deep underlying condition of the individual, and is not a mere criminal lapse from moral standards, as laid down by the wisdom of Parliament. For our own part, we consider that a fraudulent company promoter is infinitely more deserving of punishment than the habitual drunkard who simply soaks gin until reason is in abeyance and then commits a technical breach of the law. Yet the one lives in secure millionaire affluence while the other registers by the hundreds his appearances in the police court and his sojournings in prison. But while recognising as a profession that a vast concession has been made to medical science in thus treating chronic inebriety as a disease, it is nevertheless important to keep in mind other issues that are involved in the administration of the Act. The Departmental Committee appointed to advise on the subject of the Act has issued a blue book, in which they deal among other matters, with three classes of institutions, namely, (1), State inebriate reformatories; (2), certified inebriate reformatories; (3), private retreats for inebriates. As regards maintenance, they remark it must be borne in mind that inmates of inebriate reformatories will require efficient medical supervision, and for an institution of any size it is of the greatest importance that the Superintendent should be a thoroughly competent medical man. That is a point which will be emphatically endorsed by all who have had any acquaintance—and what medical practitioner has not?—with the complex issues involved in the practical treatment of alcoholism. It may almost be said, indeed, that the medical man who has acquired proficiency in that particular point has approached the acme of professional skill, and we trust that many of these important posts under the Act, so fraught with potential benefits to the community, may be placed in the hands of the profession that by training and temperament is best fitted to discharge them to advantage. Then the Committee make the obvious remark that the whole scheme of the treatment of inmates should be based on the principle that they are detained for reformation, and not for punishment. Towards that principle alike should be directed the dieting, the discipline, the religious and moral training, and even the forced labour. The improvement of the impaired physical condition, the inculcation of regular and industrious habits, the occupation of the mind by a constant round of duties, and reasonable recreation carried on in intercourse with their fellows, which should be as unrestricted, and, therefore, as cheerful as discipline allows, and would be the chief factors in rousing the lost self-respect and sharpening the blunted conscience of the inmates. Every inmate should be encouraged to exercise his faculties and employ his time as remuneratively as possible. He should therefore be employed in that kind of work for which his training and capacity suited him, no matter what that work might be, provided it could be exercised and supervised in the reformatory without serious inconvenience. All that commentary reads admirably and speaks well for the rational and thorough administration of the new Act from the curative standpoint. There are other important elements involved, as already hinted, and these it will be well to consider briefly, or else it seems not altogether improbable that for the short punitive sentence of imprisonment hitherto passed on the drunkard we may find suddenly substituted long terms of what practically amounts to imprisonment under another name. With regard to chronic inebriates there appears to be little objection to bringing them under such a provision, for as the Home Secretary has pointed out in a circular letter to the judges: "You will observe that under the Act you have power to order an inebriate qualified thereunder to be detained for as long a period as three years. There would appear to be a consensus of opinion among medical men and others experienced in the treatment of inebriates that in order to give a chance of effectual operation to even the best-designed method of reformatory treatment a considerable period of detention, amounting in most cases to nearly a year, is essential. It is found that detentions for short periods, such as three, six, or nine months almost invariably prove ineffectual in securing the desired reformation." Agreeing with those propositions one can hardly avoid Sir Matthew Ridley's conclusion that the chronic inebriate should be detained for three years, and we have no more sympathy with him than with any other person of unsound mental calibre. It is quite another thing, however, when we find the power to detain for a similar period any person convicted of drunkenness, for that is how we read the Act. That is to say, an enormous discretionary power has been placed in the hands of magistrates whereby they may arbitrarily shut up citizens for several years in a virtual prison for simple drunkenness, which is in itself not a crime. It is to be hoped that this aspect of the subject, which nearly approaches the liberty of the subject, will be carefully watched by Members of Parliament. There are other details of administration in which the Act may give rise to future difficulty. However, such as it is, we accept it with gratitude as an earnest of the more perfectly humane and rational treatment of mental and moral lapses that awaits coming generations. The removal of the present savage and unjust punishment of minor offences that still blots the national record must inevitably be suggested to the thinking man who realises the vast social revolution that is now being effected in regard to the victim of the alcoholic habit.

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## HISTORY BASED UPON DIET.—I.

STUDY directed towards the connection between the habits of nations as regards the form in which the food required for their bodily needs was obtained, and the course of the history of the world's peoples, would assuredly bring forth interesting and valuable results if undertaken by a competent authority. The advance along the path of civilisation has apparently been effected by nation after nation in a haphazard manner. Why were the Chaldeans, the Assyrians the Egyptians, the Persians, in turn the progressive and dominant race? How could Greece subdue Persia, Rome, Europe, as then known, and, to come to our own day, how has Great Britain (with the United States) been fitted to found so large an empire, and to spread so large a number of Anglo-Saxons over the globe? Chiefly, we should say, as the result of climatic and dietetic peculiarities. The conquering peoples throughout history have always commenced their successful careers at periods when they were accustomed to simpler food and subjected to greater hardships than the people conquered by them. In turn they, too, having become unable to carry the full cup, have overstepped the limits of simplicity and sapped their powers of endurance, sooner or later falling victims to some nation still in the vigour engendered by natural habits. When the history of man was comparatively short, the predominant races naturally were those inhabiting the warmer climates, the struggle for simple existence and sustenance preventing the tribes in unkindlier regions from becoming their rivals. As, however, the civilisation of the peoples in the more advanced and warmer countries penetrated even if only slightly into the lands further north, the superior stamina begotten of endurance of hardships and by less artificial foods soon demonstrated its superiority, a sequence of events which history has time after time recorded for our instruction and edification. It may be affirmed that exactly in proportion to the amount of meat eaten by civilised nations on the average so the power of the nation grows, not necessarily physically but mentally, and in the nervous control of their physical power. A Chinese coolie fed on rice can undertake a day's work which would appal a British trade's unionist fed on beef and suet pudding. But pit the coolie against the unionist in the power of applying their individual physical powers and the coolie is nowhere, even if the other use his superior mental capacity in various unprofessional directions. How can the predominance of the southern races in earlier times and the equal predominance of the northern nations now-a-days be explained on this theory? Easily enough! It is well known that in warm climates, even what we should regard as a moderate comsumption of meat is deleterious in the long run. Britons in India are advised to abstain from eating much flesh while in that torrid country. We believe that advice to be founded on error, unless they intend to settle down and bring up their family there. The meat-eating Briton in India is usually the healthiest and the most capable of the sustained exertion. If, however, he live and die and his family are brought up there, continued free indulgence in meat foods is apt to be followed by untoward effects. The people of India and similar countries are dominated by the meat-loving Feringhee, largely by reason of that same love of flesh, largely because the continual influx of the healthy beef-eater, and the efflux of those who have indulged in meat quite long enough in a hot climate for their own good, allow of a regular supply of vigorous dominant minds. The citizens of ancient Rome, in the days of her greatest success and might, do not appear to have abstained from flesh, but to have practised moderation. Later on success and luxury led to the consumption of such foods in greater quantities than permissible in such a climate, leading no doubt to increased brilliance intellectually, but also to national decay. The successive rise and fall of the various peoples of Southern Europe, and the gradual superiority over them attained by the northern races, point to much the same conclusion. The necessary stamina, imparted to those who are continually called upon to experience rapid alterations in weather conditions, the possibility of their consuming a greater proportion of meat-foods, have all told in the course of Nature. It seems probable that a native of any country with a moderately cold climate, and who continues his dietetic habits, will, as a rule, exhibit dominant powers over the natives of warm countries in his person, so perhaps his children if they remain resident, but not necessarily in them or their offspring. What the ultimate result of the peopling of the Southern States of North America with the descendants of Northern as well as of Southern Europe will be is doubtful. But there is no doubt about the change already apparent in the characters and habits of those inhabitants sprung from Northern European stock. If we were inclined to generalise we should hazard the statement that climate *per se* has little to do with the moulding of the characteristics of a people, save in so far as it accustoms them to endure heat, cold, or rapid changes; but that indirectly the foods found to be most suitable for the maintenance of health under the different climatic conditions exercises all-important influences. The various bodily attributes are not all affected. The more general and simple are usually uninfluenced, the highest and latest acquired profoundly acted upon. Any form of diet found to be most suitable by the natives of a country for their environment, an instinctive selection founded upon personal experiment, will suffice to develope the muscular organs and the power of work to a high degree, will afford valuable information as to the form of diet best suited for work done under the conditions present, and will give an example of what man as an animal requires under these circumstances. But the limitations imposed by natural environment cramp the free development of the higher mental faculties. Whatever the food be, the lower mental properties, such as those of courage, fear, cruelty, love, endurance of pain, &c., may be equally developed; but the higher mental powers, inventiveness, imagination, power of continued organisation, of logic, are deeply influenced.

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## RELATIVE IMMUNITY AGAINST SMALL-POX.

The immunity which may be possessed or acquired by individuals against small-pox and other infectious diseases, is of course only a relative expression. The degree of either natural or artificial immunity must vary according to circumstances, that is to say, according to the intensity of the infection to which they are exposed and to their actual state of health. We know that the virulence of pathogenic organisms varies within very wide limits, and it is obvious that a degree of protection which may suffice to safeguard a given subject against the attack of a moderately virulent organism may prove inadequate when he is called upon to withstand the onslaught of one possessed of a much higher degree of disease-producing activity. Moreover the fact of residence in a hot climate, or under hygienic or other conditions which favour the evolution of the more virulent organism has been shown of itself to dispose human beings to the particular disease. It follows that the measure of protection which experience has shown to be sufficient in temperate zones may prove less effectual in the tropics for instance. These remarks are suggested by the use which is being made by anti-vaccinators of a comparison between the mortality from small-pox among soldiers in India during the year 1896 and the freedom in this respect of the inhabitants of East London in the latter half of 1898. Special emphasis is not unnaturally laid by the critics on the assertion that soldiers have all been re-vaccinated, while a very large number of persons in East London have probably not even been vaccinated. In making comparisons of this sort the first condition is to establish a parallelism between circumstances as regards time, place, and susceptibility. It is plain that this condition is not fulfilled when a comparison is instituted between England and India, for it is expressly stated in the Army Medical Reports that in each case small-pox was raging in an exceptionally severe form among the civil population, and only those regiments suffered which were in proximity to native bazaars and in more or less intimate relationship with the native population. The fact that there was no small-pox mortality in the East End during the last six months of 1898 merely shows that, in the absence of contagion, bad sanitation will not of itself determine its appearance and spread, and *vice versa*, that as small-pox is not a "filth" disease, sanitation alone cannot be expected to keep it out. It is also worth noting in regard to the assertion that "all the men bore marks of previous vaccination," that the report contains no assurance that they had been re-vaccinated. In one case, indeed, it is mentioned that re-vaccination was carried out two days before admission to hospital, but we are told nothing as to the result of the operation, except that the man died of confluent small-pox. As showing the kind of work done in respect of re-vaccination, it is stated that one man had been twice unsuccessfully re-vaccinated, and died of a malignant form of the disease. Looked at from another point of view, it may reasonably be supposed that the large amount of venereal and other disease in the Indian Army must, in the long run, have a prejudicial effect on the *physique* of the men who are certainly not all "picked men," as is stated; indeed, the difficulty of finding recruits has of late years led to a marked lowering of the standard all round. We may point out that in Germany, where efficient re-vaccination of soldiers has given such brilliant results, in 1897 only twelve men died of small-pox, and these deaths all occurred in proximity to frontiers of countries where vaccination is not compulsory or is not rigidly enforced, and where, in consequence, small-pox exists endemically. This fact bears out the point already mentioned, that the protection afforded by vaccination, though indisputably very great, may not prove equal to all conceivable emergencies, especially if we allow for the difficulty of ensuring that the operation of re-vaccination is always efficiently carried out. Even in the hands of Army Medical officers, something must be allowed for the "personal equation," and this, along with the specially virulent nature of the infection to which the victims were exposed, affords an explanation of the apparent failure in this instance of vaccination to afford the protection which universal experience shows it to confer under what we may call European circumstances.

# Notes on Current Topics.

### The Regulation of Street Advertisements.

It is not long since that Parliament found it necessary to interfere to prevent the disfigurement of London by sky-signs but the perverse ingenuity of the advertising fraternity renders further legislation desirable. The newest phase of obtrusive street advertisement is the intermittent or flash light method of calling attention to this or that whiskey or soap, and the rapid extension of this unsightly and dangerous method of forced publicity emphasises the urgent necessity for more stringent and more comprehensive regulations in respect of such attempts. We have already called attention to the danger to vehicular and pedestrian traffic of these flash-light advertisements which, moreover, threaten to convert London streets into a mere background for ungainly announcements. The alternating glare and comparative obscurity upon which the success of these devices depends creates a state of things which is rapidly becoming absolutely intolerable. In the only too successful endeavour to "catch the eye," the attention of the pedestrian is involuntarily diverted from the manifold dangers of London traffic, and constitutes a wanton disfigurement of our principal squares and edifices. The grievance has given birth to a "Society for Checking the Abuses of Public Advertising," and the movement has received the general approbation of the Press. Various restrictions are proposed in the direction of establishing a certain correspondence between the size of the letters and the height of the buildings on which they are affixed, with a maximum applicable to all circumstances and conditions. It is, moreover, proposed to prohibit advertisements above a certain level, which would have the advantage of leaving a certain space upon which the eye of the passer-by may repose without being fatigued by the sight of glarish signs. It cannot be objected that the proposed regulations err on the side in the direction of severity, indeed they constitute but a minimum of what is demanded by public opinion.

### The Question of Private Slaughter-Houses.

The question of the abolition of private slaughter-houses in London is at present engaging the attention of the London County Council. The position taken up by the Public Health Committee is, that in the interests of the public only public abattoirs should be allowed, and in support of this view stress is laid upon the law which prevails in this regard on the Continent. The matter, of course, is one which very largely affects the trade of butchers, and great opposition has been shown by the trade to the proposal to deprive them of the right of having private slaughter-houses. But in these days of scientific precision private interests count for nothing when questions of public health are concerned, and in this regard nothing is more certain than that strict supervision is absolutely essential in order to ensure that animals infected with communicable disease are not allowed to be killed for human food. Undeniably, therefore, it must be obvious that the strict supervision necessary could only be properly exercised under a system of public abattoirs, where every perfect appliance would be at hand to prove the suitability or otherwise of meat for human consumption. In the past it has oftentimes been proved, as the reports of the police courts show, that butchers have wilfully offended in attempting to distribute unwholesome meat among their customers, and probably many cases have occurred of this offence which have escaped the arm of the law. The mere knowledge of this fact alone is a strong point in the advocacy of the abolition of private slaughter houses, and thus, the trade notwithstanding, in time we believe the system of public abattoirs must become general in all the large centres of population.

### A Modern Greek's Version of Gratitude.

The Greek Government have issued an official recent report on their war with Turkey, and in the course of their remarks, they dismiss the subject of the medical relief sent out to them by Great Britain with a curt general reference to red cross work by foreign countries. Now, considering the splendid service that was done there by this country, this savours in no distant degree of rank ingratitude. The *Daily Chronicle* alone raised a magnificent fund, and despatched to the seat of war an equipment that has probably never been equalled in the annals of red cross history. Amongst other things its X-ray equipment constituted a pioneer essay in modern military surgery, and then, again, its hospitals, with their perfect nursing and aseptic surgery, did yeoman's service at a time of dire national confusion and disorder. However, as the great and good work of the Samaritan is done for its own sake, and not with a view of gaining human applause, it may be surmised that were the Greeks in similar straits to-morrow the sympathies of Great Britain would be just as easily aroused in spite of their present apparent lack of gratitude. One would certainly have looked for a frank and warm-hearted acknowledgment of favours so ungrudgingly bestowed from a nation that undertook one of the most chivalrous wars ever known in the history of the world. But bravery does not spell organisation any more than it connotes gratitude.

### Libel Against a Medical Man.

A somewhat interesting action was won last week by a medical man under the following circumstances: The plaintiff, Dr. T. J. Vallance, who held a number of Poor-law appointments in West Ham, said to bring in £1,200 per annum, sought to recover damages from a meat salesman, named Terrott, for libel. In March last a visiting committee addressed to him certain inquiries as to seven children under his charge. One asked whether a boy of twelve, who had injured his head, should not have a protective pad. To this plaintiff replied, "Yes, send him to Down's. No use to a boy like him; he will want a new one every week." As to whether another child would not be benefited by being sent to the Ophthalmic Hospital as an in patient, he answered, "He might go. Nothing to be done but to take his eye out, or I will do it when I have time." All seven replies were published by defendant as an election placard, and posted throughout the neighbourhood on flaring bills some three feet in length. The defence admitted that the comments complained of exceeded the bounds of fairness, and paid £20 into Court. The jury, however, gave judgment for £150 and costs. This triumphant issue was in no small measure due to the able way in which the Medical Defence Union engineered the case, and adds another to the now familiar illustrations of the absolute desirability of every medical man belonging to that highly organised and capable body. The knowledge of the legal aspects of medical defence is, in itself, a special science, in which Mr. Hempson, the Solicitor of the Union, has become a past master. The case illustrates also the harm that may arise from a too matter of fact way of treating medical matters when dealing with persons outside the profession.

## The Surgery of the Kidney.

In discussing the advances that have been effected in the domain of abdominal surgery, we are apt to dwell too exclusively upon the mere gynæcological aspect of the matter. This is unjust to surgeons who have devoted themselves more particularly to the surgery of the kidney, which has already reached a high level of excellence. The formerly painfully hopeless cases of renal lithiasis, followed it may be by impaction of a stone in the urether with consequent hydronephrosis, are now summarily dealt with, the obstruction removed and the organ restored to its function, if still capable thereof, and if beyond the stage of restoration its removal enables the patient, relieved from actual suffering, to live on with such measure of health and strength as his one remaining kidney will suffice to maintain. That much more obscure affection known to the vulgar as "floating kidney" is also dealt with by an operation entailing a minimum of danger, and if the results are not as uniformly successful as in renal lithiasis this must be attributed to the fact that laxity of attachment of the kidney is often only part of a widespread condition of tissue weakness.

## X-Rays in War.

The X-rays have established their place in almost every branch of practical surgery, but nowhere more conspicuously than in the rough and tumble of warfare. Henceforth the probe is almost, if not quite, needless on the battle-field, to the vast benefit of the patient, who is thus spared the additional risk of the introduction of septic matter and of painful manipulations that were often worse than useless. The method has now been used in at least four campaigns, and a special literature has sprung up round this part of the subject. One interesting case was reported by Major Beevor, R.A.M.C., from the Indian frontier—namely, that of a man shot in the right side of the chest. The bullet passed through the substance of the liver, in which an open channel was visible. but it could not be detected by probing. As the patient was not doing well, Major Beevor was asked to apply the Röntgen method, which he did, and was rewarded by finding a round Afridi bullet in the left loin in the region of the spleen. The missile entered near the lower end of the armpit, whence it went through the liver and across the body to the place where it was subsequently found. How it could have taken a track so closely packed with vital organs and not have caused instant death must remain a mystery. The shape of the bullet and the fact that it was driven by poor native powder, doubtless had something to do with the result. At present an unusual amount of activity is being shown by the many makers of Röntgen apparatus, and before the next great fight takes place it is tolerably certain that great strides will have been made in the direction of portability and stability in field medical outfits.

## A Point in the Physiology of Vision.

The paper read before the United Service Institute last week upon "The Relation of Persistence of Vision to Modern Rapid Visual Signalling" is doubtless interesting and important from the author's —Mr. E. S. Bruce—point of view, but unfortunately he is quite wrong in his deductions. He has invented an apparatus which he calls the aërial graphoscope, the chief principle of which is a narrow lath of wood painted white in front with a grey centre gradually diminishing in shade to white. The lath having been made to revolve rapidly, a small portion of a magic-lantern picture is thrown upon it, with the result that the spectator is expected to see the whole picture before him apparently in space, the explanation given of this being that the retina retains for a short time any impression presented to it; thus the various portions of the picture have not time to fade before the whole has been successively projected on to the lath. The author also stated that from experiments with the graphoscope he had found that the same person could have a very different capacity of persistence of vision at different times of the day according to the circumstances under which he was placed, such as, for example, after violent physical exertion. Furthermore, he proceeds to argue that a good army signaller would be one in whom persistence of vision was abnormally low, and he asserted that bodily fatigue tended to prolong persistence which, he believed, also was the tendency in illness. It is, however, obvious that generalisations upon such a complex subject are impossible. In the first place, it would have to be shown that a signaller's vision was perfect and that he had no error of refraction. Next, it is almost certain that the maintenance or otherwise of a retinal image is merely the result of the retinal circulation. The lower persistence of vision must depend upon the circulation of the blood in the retina for the time being, and according as this is from some cause or other defective, so will the persistence of a retinal image become less and less appreciable, We cannot see, therefore, that there is anything in what Mr. Bruce has shown, although, no doubt, he has drawn attention to a subject which hitherto has attracted but little attention.

### An Enlightened Board of Guardians.

THE ways of guardians are so often branded by ignorance and arrant selfishness, that it is a pleasure to note a Board rising to a higher recognition of their duties and responsibilities. The Kingston parochial authorities last week decided that "in future no application would be received from any candidate seeking appointment in the workhouse, or to the workhouse staff, unless proof were forthcoming that he had been previously vaccinated." We have often pointed out that by indirect official pressure an immense deal might be done to ensure the efficient vaccination of a large part of the community. If the Local Government Board, for instance, were to render universal a rule like that passed at Kingston, there would result a standing object-lesson, as well as a practical enforcement of the value of vaccination. Indeed, it seems almost incredible that the central authority have not adopted some such step generally; but, if that were the case, we should hardly find the Kingston Guardians passing a resolution of the kind referred to. The last-mentioned folk were not content with this practical resolution, but they added another praying the Government to repeal their recent Vaccination Act. Her Majesty's Government enforce vaccination in the Army and Navy, and it may well be asked, Why should they not take a similar precaution with regard to Poor-law officials? Their position, however, now that they have admitted the principle of conscientious objection to the multitude, must be somewhat embarrassing. Tommy Atkins and his naval cousins must be vaccinated, but the workhouse porters and other officials may do as they like in the matter of self-protection against the most loathsome of diseases.

### Sanitation and Salvation Shelters.

THE proverbially slow-going British ways of dealing with fresh social problems have an admirable exemplification in the Salvation shelters. These institutions, founded on a basis partly philanthropic and partly commercial, fall within the category of ordinary dwellings so far as the control of the local sanitary authority is concerned. In other words, the Medical Officer of Health has no right of entry during the night, the time when the shelter is full, but only in the daytime when its inmates are away. It is true that this difficulty can be got over if a nuisance be suspected, but in that case the necessary legal processes demand the expenditure of much time and money, to say nothing of the delay. When one considers the nature of the population of these night resorts, the danger of spreading infectious disease, the verminous environment, and the eye to profits which invites overcrowding and uncleanliness, it is simply amazing that no measures have been taken to bring the shelters under control. The parallel case of the common lodging-houses, which are commercial ventures of private persons catering for the casual poor, presents a very different picture, namely, that of stringent, almost harassing, regulation. The whole question of the shelters has been fought out in the South London parish of St. George the Martyr, which seems to be a chosen spot for the solving of difficult but absolutely necessary sanitary problems. In the course of certain legal proceedings undertaken by the authorities of that district, the dictum of the High Courts of Justice was obtained that the Salvation shelters ought clearly to be included within the operation of the Common Lodging Houses Acts.

### The New London Polyclinic.

So far as numbers are concerned, the new Polyclinic in London has made an auspicious commencement. Time only can show, however, whether the working of the scheme will prove successful or not. Judging from the proceedings which took place at the first meeting of the Governors of the College, held last week, some of the details of organisation have still to be determined. The meeting, nevertheless, elected the first officers, and the Council transacted other business of importance, among which may be mentioned the acceptance of the proposal that the West London Post-graduate College should be represented by two of its members on the Council, also that two members of the latter should consist of representatives of general practitioners. The Council will, therefore, be twenty in number, with Sir William Broadbent as President, six Vice-Presidents, Dr. W. A. Ord as Treasurer, and Dr. Fletcher Little as Honorary Secretary. It is evident from the high position of those who have identified themselves with this movement that a vigorous effort is about to be made to establish a post-graduate centre somewhat in keeping with the needs of the metropolis. Hence, upon these grounds everyone will be wishful to see the new venture prove a success. But everything will depend upon the method of its organisation. If this be faulty nothing but failure will be the result, and as the defunct London Post Graduate course proved a failure, so will the present newly-founded Polyclinic, unless special care be taken to meet the needs of those whose support it seeks to secure.

### The Bath Fever Hospital.

THE Bath newspapers have taken our last week's criticisms upon their fever hospital in good part, and we trust that they will now follow up the matter to the end in an impartial spirit worthy of the reputa- of their fine old town. There is one point on which the *Bath Chronicle*, in our opinion, still takes a mistaken attitude—namely, that of the exact relationship of the Medical Officer of Health to the institution. In its issue of February 2nd an editorial paragraph says:—"Dr. Field is the responsible medical man at the Statutory Hospital, not Dr. Symon's deputy!" It then goes on to say that we have been "led to believe" that the latter was the case. Without further parley, we may at once say that statements of that kind made in the columns of the

Medical Press and Circular are not, as a rule, founded on fancy, but on fact. In support of the particular point in question the editor of the *Chronicle* may be referred to the official application and order for the admission of the patient to the hospital. The application is a request that the patient be admitted and kept "during such time as the Medical Officer of Health shall deem necessary." This is to be signed by the last-named officer and sent to the matron. We should like a clear and substantiated account of the staff, buildings, organisation, and work of the hospital, say, during the past five years.

### A Mere Act of Justice.

Our readers may recollect the regrettable case of Dr. Campbell, the late medical superintendent of the Cumberland County Asylum, whose health broke down shortly before his resignation of the post, and caused him to commit an act which led to police-court proceedings. Previously to this untoward incident the Cumberland County Council had intimated their intention to confer a superannuation grant of £700 per annum upon their officer, whose long service of thirty-three years in the asylum had throughout given satisfaction to the Lunacy Commissionere. But in view of what afterwards transpired it would seem that some pressure was brought to bear upon the Council, urging them to rescind their former decision. We are glad to note, however, that this unjust course has not been adopted, although the Council have modified their original intention. Dr. Campbell has now been granted a pension of £350 per annum, instead of £700, and thus, by refusing to be coerced into perpetrating an act of injustice, the Cumberland County Council have shown a further proof of their regard for an officer who, till his health failed in their service, had always ably discharged his duties.

### International Congress on Tuberculosis.

The subject of tuberculosis is "booming," and the crusade against the dissemination of the disease is making progress daily. There is, therefore, nothing surprising in the announcement that an International Congress is being organised to meet in Berlin next May, for the purpose of discussing tuberculosis and the best methods for arresting its ravages. In order also to make the meeting as representative as possible, foreign Governments will be invited to send delegates. Apparently, however, there is no intention of confining the Congress to members of the medical profession, inasmuch as delegates will be present from trade organisations, insurance institutions, hospitals, and other corporations concerned in the prevention of tuberculosis. Dr. von Leyden is the chief official on the Committee of Organisation, and anyone desirous of being present at the Congress should communicate with him direct.

### An Irregular Death Certificate.

At an inquest held a few days since at Kingston-on-Thames, Mr. Merrick, a local practitioner, was taken to task by the coroner for having certified as due to convulsions the death of a child whom he had not seen for four days previously. As the child was found dead in its mother's arms, the appearances not being incompatible with suffocation, it was thought desirable to hold an inquest but the post-mortem examination showed that death was really due to double pneumonia. One cannot be too careful in these matters, but on the other hand Mr. Merrick would certainly have exposed himself to much odium had he refused to certify, and we admit that he found himself in a delicate situation. The best course would obviously have been to communicate with the coroner before issuing the certificate, leaving it to that official to determine whether or not an inquest was indicated.

### The Jubilee Hospital Again.

This institution, which has behind it such a lamentable history, is again to the fore with yet another tale of malorganisation and mismanagement. At an inquest held last week by the West London coroner on the body of a man who had fractured his skull in a street accident it transpired that there was no resident medical officer to attend to patients, the house surgeon living at a quarter-of-an-hour's cab drive from the hospital. The matron is apparently left in charge, and has to decide whether the case is one requiring immediate medical treatment, but she is not even in telephonic communication with the medical officers. Slight cases are attended to by the matron and sent away, and she is expected, in the event of an emergency such as sudden hæmorrhage, to apply a tourniquet and send for the doctor who may or may not put in an appearance in about half an hour. Here is a hospital with eight beds left to the mercy of a matron who, whatever her experience and good sense, cannot be expected to fulfil the functions of matron and medical officer rolled into one. Such a truly scandalous condition of things makes one regret that there is not some check upon these private-venture concerns which are labelled hospital, and thereupon tout for the support of the charitable. In any event the police ought to receive instructions not to take the victims of accidents to such an institution, seeing that others, not far distant and admirably equipped, are available.

### Boards of Guardians and the Appointment of Vaccination Officers.

The Local Government Board are having some trouble with certain Boards of Guardians in respect to the appointment of vaccination officers. As is well known, some of these Boards are predominated by anti-vaccinationist faddists, to whom the mere mention of vaccination is as a red rag to a bull. Consequently when the question of appointing a vaccination officer for their respective districts comes up for discussion they are able to carry a resolution refusing to make any such appointment. The Local Government Board, however, have very plainly shown that they will not sanction this nonsensical course of action, and they have insisted upon a vaccination officer being duly appointed. The Eastbourne Board of Guardians are at present endeavouring to shirk their duty in this respect. But they might as well submit with a good grace without further ado to the inevitable. Perhaps these recalcitrant Boards have overlooked the fact that the central authority can compel them to make the appointments.

## The "Grammar School" Science of the London Colleges.

It will be recollected that the Irish College of Surgeons addressed to the last meeting of the General Medical Council a very emphatic remonstrance against the recent action of the London Conjoint Examination Board, which—in defiance of the resolution of the Council—had intimated that it would accept the Grammar School courses in chemistry, practical chemistry, physics, and biology as part of the requisite five years' course. The Irish College regards such courses, pursued by schoolboys of unknown age, in the intervals of their Latin grammar and arithmetic, as a transparent sham, and a palpable evasion of the regulations for the medical curriculum, and that College has quite recently refused to recognise such studies in a technical school because it had no assurance of their *bona fides*. When the protest of the Irish College came before the Council, the representatives of the two London Colleges, seeing that it was backed by the Education Committee, thought it wise to cry *peccavi*, and the subject was remitted back to that Committee to see what would be done. We observe with satisfaction that the Conjoint Committee has recommended the Colleges to rescind the objectionable announcement, and that the London College of Physicians has assented, though not without opposition from the Grammar School party. The question, however, still remains whether studies supposed to be so pursued in such Institutes can be recognised in any way as part of the medical curriculum.

## Doctors' Unqualified Dispensers.

The question of the employment of unqualified dispensers by medical men has been formally brought before the Pharmaceutical Society by the indefatigable Mr. Glyn Jones, and, on the motion of the President, was referred to the Law and Parliamentary Committee of that body for consideration and report. Threatened people proverbially live long, and in spite of the sensation created by the unfortunate incident, to which we recently called attention, it is quite possible that the humble and unqualified dispenser may outlive his present critics.

## The Royal College of Surgeons, Ireland.

The President and Council of the College have re-elected Sir Philip Smyly as its representative in the General Medical Council for a year from this date. The position was contested, as it was last year, by Dr. Archibald H. Jacob, and, as last year, Sir Philip Smyly was successful by a majority of one. The Council contains twenty members besides the President.

## An Australian Abortion Tragedy.

Another of these too frequent and lamentable abortion tragedies is reported from Melbourne, where Dr. Gaze is reported to have been arrested in connection with the death of a young woman whose body was found floating in a box in the river Yarra, the receptacle having being insufficiently weighted with stones. An examination of the body revealed the existence of pregnancy, together with the presence in the stomach of a large quantity of arsenic.

## PERSONAL.

Her Majesty the Queen has consented to open the Diamond Jubilee wing of the Royal Isle of Wight Infirmary to-day (Wednesday).

The Duke and Duchess of York will open, on March 1st, the new wing of the Royal Portsmouth Hospital.

Dr. Roux, chief of the Pasteur Institute at Paris, has been elected a member of the Académie des Sciences, *vice* M. Aimé Girard, deceased.

We learn with regret that Dr. William Frazer, of Dublin, F.R.C.S.I, M.R.I.A., is still suffering from the very serious illness which he has had for many weeks. Dr. Frazer is well known as a high authority on antiquarian subjects, and a valued member of the Royal Irish Academy.

Surgeon W. J. Maillard, R.N., M.D., V C., having been awarded the Victoria Cross for bravery during the recent disturbances in Crete, the medical officers of the Mediterranean Fleet entertained him to dinner at the Malta Union Club on bestowal of the honour.

A memorial to the late Dr. Henry Marshall, of Clifton, consisting of a side altar, which has been erected by subscription in the Lady Chapel of St. Raphael's Church, Bristol, was dedicated a few days since by the Bishop, who spoke of the life and work of Dr. Marshall as a brilliant example to be followed.

Professor Wiggin, of the College of Physicians, Chicago, has, according to a telegram in the *Morning Leader*, been suspended because, in one of his lectures on pathology, he described woman as "a two-legged dyspeptic owl," and said that the "female form divine" was the climax of Nature's irony. Of course, the women's clubs are up in arms at such an insult.

# Scotland.

[FROM OUR OWN CORRESPONDENT.]

The Late Professor Coats, of Glasgow —Professor Joseph Coats, whose death was recorded in the last issue of this journal, was in many ways a remarkable man. He first distinguished himself as a Glasgow student under the late Professor Allen Thomson, whose method he closely followed and imitated. After graduating in 1867 with "honours," he proceeded to the Continent, studying both in Leipzig and Würzburg under Virchow. On his return to Glasgow he became house surgeon to Lord Lister (then Mr. Lister), and succeeded the late Dr. Samuel Moore as pathologist to the Royal Infirmary, and from the Royal went over to the Western Infirmary, also as pathologist. Even from his early days as pathologist in the Royal Infirmary he frequently suffered from boils on his hands, after a post-mortem examination, which often necessitated the assistance of a substitute. He, however, seemed to get over these attacks rapidly until while in the Western he had really a severe attack, after which he seemed to age greatly. About eighteen months ago he was seriously ill, and after his partial recovery took a trip to Australia and New Zealand for the benefit of his health, and on his return seemed greatly benefited by it. Resuming his lectures in due course with great spirit, the students gave him quite an ovation, and it was hoped that he would long be spared to carry on and teach in his lucid and concise manner the subject he loved so well. His health, however, gradually gave way, and, matters becoming serious, it was deemed advisable that an operation should be performed, which was accordingly done on January 21st, when it was discovered that there was a malignant tumour in the splenic arch, which was accordingly removed. All appeared to be going on well when however, he gradually became weaker and died on Jan. 24th. His death is a very heavy blow to the university. After seeing his hopes realized in the establishment of a chair of pathology, chiefly through his own exertion, and occupying the chair as the first professor for the brief period of five years, his untimely death is the more to be deplored. On the day of his funeral the students turned out in large numbers to do honour to his memory. Few men, especially in the medical profession, who have lived, worked, suffered and died, have been more beloved than Joseph Coats

The Vacant Chair of Pathology.—We understand that Dr. Lewis R. Sutherland, M.B.C.M., assistant to the late Prof. Coats, is an applicant for the Chair of Pathology now vacant. The patronage is vested in seven curators, of whom four are nominated by the University Council, and three by the directors of the Western Infirmary. The Professor is the pathologist to the Western Infirmary, and the salary attached to the Chair is something like £1,100, and no doubt there will be many applicants for the post. but when it is considered that Dr Sutherland carried on the class for a considerable time, and during all the period when Dr. Coats was on his Australian trip, it is hoped that he will be elected. Certainly he is well qualified; he is painstaking, obliging, and amiable, a good lecturer, and a general favourite with the students, so much so in fact that if the students had the appointment to confer no other would stand a chance. Unfortunately Dr. Sutherland has been laid aside for some time past, having been suffering from pleurisy. During his temporary absence the lectures have been ably carried on by Dr. Ferguson, another assistant of Professor Coats. This gentleman up till Christmas had to do all the work of the Pathology Department single-handed, besides giving the lectures and demonstrations We have no hesitation in saying that Drs Sutherland Both are good lecturers and teachers, qualifications which are not always found together. We understand that the patronage of this chair, now vacant, is in the hands of a Board of Curators, four of whom are appointed by the University Court, and three by the managers of the Western Infirmary. The curators met on Thursday afternoon. Present: The Principal (in the chair), Dr. Hector Cameron, Dr. McVail, Mr. J. H. Dickson. Mr. James Boyd, and Mr. William Ker. Instructions were given to advertise the vacancy. Applications to be sent in by March 24th. The new Professor will be required to begin his duties on April 25th.

Glasgow Royal Infirmary.—The annual meeting of the Qualified Contributors to the Glasgow Royal Infirmary was held on the 30th ult., the Lord Provost, Sir David Richmond, presiding. We must congratulate those who are immediately concerned in the management of the institution that instead of a few thousands the deficiency for the past year amounts to the small sum of £742 5s. 11d. After compliments were paid all round to everyone in connection with the institution the proposal of females to act on the directorate was brought before the meeting. Mr. Hugh Brown stated that as two of the old directors' term of office had expired it was necessary that two new ones should be elected, and he proposed the names of Mr. Neilson and Mr. Warren. Two ladies were proposed in opposition by Col. Denny, viz , Mrs. Mather and Mrs. Napier. At the end of the voting, which; by the way, was sealed by envelopes, it was found that the gentlemen candidates were returned by large majorities, Mr. Neilson polling 85 votes and Mr. Warren 83, the ladies polling but 26 votes each.

How is it Done?—We are informed by newspaper paragraph, *sic*—"Forensic Medicine.—Professor Glaister, M.D., F.R.S.E., Regius Professor of Forensic Medicine in Glasgow University, has been appointed one of the Medico-legal Examiners of the City of Glasgow, in place of the late Professor Coats." Is this an advertisement? We hope not! But, how is it that the appointment has been made almost instantly on the demise of the late professor? An instance of a similar nature recurs to our mind where, while attending a professional brother a message was sent to the seat of Government soliciting the dying man's appointment. He obtained the appointment, but latterly died in a lunatic asylum. "Allah is just." How is it that, as we have already spoken, *de mortuis nil nisi bonum*, yet why so much haste in putting on the dead one's shoes? The late Professor A. S. Simpson was able to prevent an appointment, but in course of time Professor Simpson was gathered unto his fathers, and now his little jokes are retold to a body of students who laugh at them, and without poor "*Friday*" being present to lead off the laugh. Why are these appointments given to those who already hold either university or hospital appointments? Are there no equally capable men outside the walls? Is influence the only "sesame"? Yet there are two men in Glasgow who rise above the ordinary; they depend upon their own merits, they are now to the front, and long may they remain there, even although the loaves and fishes do not fall to their lot. Brain comes out first. *Suum cuique.*

# Correspondence

We do not hold ourselves responsible for the opinions of our correspondents.

## DETERMINATION OF SEX IN ECTOPIC GESTATION.

*To the Editor of* The Medical Press and Circular.

Sir,—Now that a very considerable number of cases of extra-uterine gestation have been operated on, would it not be interesting if the sex of the fœtus could be ascertained in such cases?

The pregnancy taking place in Dr. Strauch's seventy-nine cases (as notified in your last issue) in the proportion of right tube, 31; left tube, 39.

I think the noting of the sex if only in a proportion of the cases (some, of course, being too young), might help to prove or disprove the old theory of a different sex from each ovary.

I am, Sir, yours truly,

Cheltenham. Alexander Duke.

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## MEDICAL AID ASSOCIATIONS.

*To the Editor of* The Medical Press and Circular.

Sir,—Of the harm done to the medical profession by these associations there can be no possible difference of opinion. The question is, What measures should be taken to endeavour to prevent men from becoming allied to them? With the competition that now exists in the profession, it is useless to point out to the junior members how undignified it is to ally themselves to a trading concern. Neither will they listen to the counsels of their seniors when it is pointed out to them that the ways of these aid associations are such as respectable friendly societies would not think of adopting. What requires to be done is to prove to them that they will suffer themselves if they become medical officers of them. Once let it be known that medical men holding office under these trading associations are ineligible to become members of the various medical associations and local medical societies, then—and then only—will be there a reasonable prospect of preventing men from becoming allied to these "touting" companies.

I am, Sir, yours truly,

G. P.

# Laboratory Notes.

## OXYDOL.

We have received from Messrs. Maiche, Ltd., of 4, St. Mary Axe, London, E.C, samples of "Oxydol," an extremely powerful antiseptic. Oxydol is essentially a solution of hydrogen peroxide of great purity, a quality which renders it equally suitable for internal as for external use. When examined in an intrometer by the B.P. test it yielded seven times its volume of gas, and on evaporation it leaves practically no residue (6 grains per gallon). The amount of free acid is very small, being only 0·12 per cent. calculated as hydrochloric acid.

Oxydol is absolutely unirritating, and may be applied without hesitation to freshly wounded surfaces, which it promptly renders aseptic. It inhibits all fermentation, and for this reason is especially recommended for internal administration in gastric disorders, associated with the presence of putrefaction or pathogenic organisms in the alimentary canals. In typhoid fever it deodorises the motions, and notably modifies the painful intestinal symptoms of that disease. It is valuable as a mouth wash and gargle, in that it renders these cavities aseptic, thus averting a fertile source of contagion. It is an excellent gargle, for use in infective sore throat, whether scarlatinal or diphtheritic, as well as in those forms due to other organisms. The importance of local treatment in such a disease as diphtheria is generally recognised, and it must be an advantage to make use of an antiseptic which is non-toxic or non-irritating.

## VIBRONA.

Vibrona is a tonic wine with a basis of red cinchona bark, duly standardised in respect of its alkaloidal contents. The cinchona constituents are in the form of neutral hydrobromates, a form which is reputed to be free from the inconvenient effects which even small doses of cinchona and its alkaloids produce in certain persons, however administered. Vibrona, with its cinchona basis, is distinctly tonic and recuperative in its action, and must not be classed with wines, of which coca active is the constituent, the effects of the latter drug being of quite a different nature and, if injudiciously or indiscriminately used, very apt to prove detrimental.

In Vibrona we have what Americans call an "elegant" and highly palatable vinous preparation of cinchona, the value of which is proved by the rapid strides it has made in professional favour.

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# Medical News.

### Royal College of Physicians of London.

The second award of the Weber-Parkes prize and medals (to be awarded triennially to the writer of the best essay upon some subject connected with the ætiology, prevention, pathology, or treatment of tuberculosis, especially with reference to pulmonary consumption in man) will be made in made in 1900. The adjudicators have selected as the subject of the essay for that occasion—"The ætiology of human tuberculosis and the assistance which a knowledge of the ætiology may render to the task of prevention." The essay must be based on original work and observations (experimental or other) of the author, and must include a detailed exposition of the methods employed and their mode of application. The value of the prize is 150 guineas and a silver medal. A similar medal, distinguished as the second medal, will be awarded to the essayist who comes next in order of merit. The award will be made on some day previous to October 18th (St. Luke's Day), 1900.

### The Medical Sickness and Accident Society.

The usual monthly meeting of the Medical Sickness, Annuity and Life Assurance Society, was held on 27th ult., at 429, Strand, London, W.C. There were present Dr. de Havilland Hall in the chair, Dr. J. B. Ball, Mr. J. Brindley James, Mr. F. Swinford Edwards, Dr. Walter Smith, Dr. Alfred S. Gubb, Dr. W. Knowsley Sibley, Mr. Edward Bartlett, and Dr. Francis J. Allan. The accounts presented showed that, as is usual at this time of the year, the Society was receiving a considerable number of claims for sickness benefit, but they were for the most part of short duration, and the total amount of sickness experienced is well under what is expected and provided for in the contributions. The committee specially examined into the claims arising from permanent incapacity. In these cases a provision, usually of one hundred guineas a year, is granted to the members, and they are entitled to receive this without deduction until they reach the age of sixty-five, should they live so long. The accounts for 1898 which will be presented to the members in May next, show that the financial position of the Society is very strong. Prospectuses and all particulars from Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33 Chancery Lane, London, W.C.

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### Royal College of Physicians, Edinburgh, Royal College of Surgeons, Edinburgh, and Faculty of Physicians and Surgeons, Glasgow.

The Quarterly Examinations of the above board were held in Edinburgh in January, with the following results :—

First Examination, Four Years' Course.—Of 17 candidates the following 5 passed the examination :—

John Lang Niven, Shanghai; Robert Shenton, Derby; Thomas Lynas, Belfast; Robert Elliott, Manchester, and Samuel Robinson, Ireland.

First Examination, Five Years' Course,—Of 20 candidates the following 12 passed the examination :—

T J. McKaigney, Londonderry; James H. Sutherland, Stirlingshire; M. V. Shanakan, Cork; John H. O'Sullivan, Galway; Richard Lewis, Portmadoc; William S. R. Dick, Ballynafic. John W. Cross, Houghton-le-Spring (with distinction); Roger L. Williams, Mountain Ash, South Wales; James A. Whitla, Monaghan; Herbert McMaster, Donaghadee; Henry Doig, Glasgow (with distinction), and Peter Watt, Tinwald, Dumfries.

Second Examination, Four Years' Course.—Of 24 candidates, the following 10 passed the examination :—

John Wilson Dickson, Tyrone; Alfred J. W. Noble, Aberdeen; Robert Paterson, Ayrshire; James Ebenezer Boon, Kirkcaldy; William D. Dickson, Co. Tyrone; Barclay B. Head, Kent; Kenneth R. D. Shaw; Edwin Robert Thomas, Dowlais; William Boyd, Kilrea; and Henry John Clague.

Second Examination, Five Years' Course.—Of 30 candidates, the following 16 passed the examination :—

Patrick Carroll, Kildowery, Ireland; W. Brown Heagerty, Cork; Ethelbert Hearn, Kent; Angus McInnes, Old Kilpatrick; Harold W. Young, London; Frederick A. Georgeson, Wick; Frederick C. Willmot, South Africa; John M. Morton, Glasgow (with distinction); James Colquhoun, Durham; William C. M. Burnside, Belfast; Daniel McIntyre, Littleborough; John P. Cameron, Bangalore, India; Kallyani Pado Chatterjee, Calcutta; W. James Healy, New South Wales (with distinction); Anthony Hagarty Corley, Dublin, and John Kean, Newry.

Third Examination, Five Years' Course.—Of 25 candidates, the following 15 passed the examination :—

John B. Swinden, India; Henry F. Stilwell, England; John Thomson K. Thomson, Glasgow; Frederick W. Tough, Aberdeen; Albert E. Ward, Glasgow; William Airlie Ogilvy, Cambuslang; Philip H. Parsons, Essex; William Donovan, Blarney, Cork; William A Benson, Durham; Edith Anna Wynne-Edwards, Montgomery; Charles R. Sutherland, Durham; William J. Morgan, Wales; Mary Birrell Davies, Liverpool; William A. Dawson, Bandon; and George Evans, County Derry.

Final Examination.—Of 101 candidates the following 53 passed the examination, and were admitted L.R.C.P.E., L.R.C.S.E., L.F.P. and S.G.:—

Joseph P. Woodhouse, Stockport; Arthur Clarence Turner, Copake; Francis C. Gould, Hales Owen; John Hilton Howlett, Norwich; James V. Watson, Darlaston, Staffs; James Ross, Ballymena, Co. Antrim; Thomas L. Wyndham, Surrey; William Lloyd, Carmarthen; Thomas A. Chalmers, Ayrshire; Ellis Owen Jones, Bethesda; Frank Rowland, Birmingham; W. C. E. O'Donoghue, Dublin. Charles Abbott, Leeds; James Fleming, Avondale: John Francis Dwyer, Co. Cork; Jacob M. Wood, York; Ernest Alexander Campbell, Aldershot: Herbert M. Cockcroft, Masham, Yorks: George Yeoman, Osmotherley, Yorks: John Herbert Gibbs, London; Charles F. Graves, London; Edward Lewis Nathanial Hopkins, Carmarthen; Alfred Myles Staunton, Ireland; Mary Ariel Stewart, Portishead; John C. Danaher, Limerick; Michael Halpenny, Ardee; Herbert John Beven, Ceylon; Henry Fowler, London; William Roper, Bridport; W. Marley Cass, Durham; Samuel Rees, Trefrin; Elsie Rosa C Taylor, Tunbridge Wells; F. Morton Black, Broughty Ferry; Thomas Webster Atkins, Cork; John Kerr, Inverness; Frederick P. Walsh, County Cork; Paul J. Van-Coller, Cape Colony; Kristualal Datta, Calcutta; Gervas Parnell, London; Francis Pius Lauder, Bombay; James Barkley, Maghera; Francis Ed. Dowling, Cork; Donald F. Schokman, Colombo, Ceylon; Reginald C. M. Hoare, Birmingham; Caris W. Iliffe, Derby; Andrew F. C. Gilmour, Linlithgow; Edmond Walsh, Limerick; John Timothy Buckley, Ireland; Cyril H. Bürger, Jamacia; Lydia Prio Datt, Nepaul; Timothy J. O'Donovan, County Cork; John Patrick Corcoran, County Mayo; and John G. Blantyre, Gowlland, Sydney.

# Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

### FOR THE AMUSEMENT OF PATIENTS.

A **correspondent** sends us the following effusion:—During the period of convalescence it is sometimes a difficult matter for the practitioner to propose a form of amusement suitable to the patients' class of illness. I venture to suggest the following as a help in the complaints indicated:—

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| "Insomnia" ... ... ... | Nap. |
| "Phlebites" ... ... ... | Hide and-Seek. |
| "Measles" ... ... ... | Billiards (spot barred). |
| "St. Vitus's Dance" ... ... | Leap-frog. |
| "Galloping Consumption"... | The Race Game. |
| "Dipsomania"... ... ... | Draughts. |
| "Pruritus" ... ... ... | Rubber of Whist. |
| "Torticollis" ... ... ... | Cricket. |
| "Abscess of Lachrymal Sac" | Puss (pus) in the Corner. |

A. D.

**Statistician.**—We have succeeded in finding the formula you require, though not without difficulty. M. de Movine, in 1685, described his method as follows:—When it is desired to estimate the "expectation of life" for a person at a given age, he directs us to subtract the actual age from the number 86, halve the remainder, and the result is the "expectation of the individual." Thus with a man, æt. 42, 86 minus 42 equals 44 divided by 2 equals 22.

### A WONDERFUL OPERATION.

"Yes, sir," said the American surgeon, "I have performed some wonderful operations. Perhaps the most surprising and most successful was after a railway accident. One of our prominent citizens was absolutely disembowelled by a fragment of the car I was on the spot. There were some sheep grazing near by, and in a moment's time I had transferred the inside of one of those sheep to the palpitating form of the man and sewed him up." "That man recovered, sir?" "Yes, sir; and he had lambs in the spring."—Exchange.

**Prof. Comby**, Trousseau Hospital (Paris).—Clinical Lecture on "Infantile Pneumonia," received with thanks.

# Meetings of the Societies and Lectures.

### Wednesday, February 8th.

**Hunterian Society.**—8 p.m. Annual General Meeting. 8.30 p.m. Sir H. Beevor, Bart.: The Declension of Phthisis (Annual Oration).

**Royal College of Surgeons of England.**—5 p.m. Prof. L. Hill, "Researches on the Influence of Gravity on the Circulation."

### Thursday, February 9th.

**British Gynæcological Society** (20 Hanover Square. W—8.30 p.m. Specimens will be exhibited by Dr. Bantock, Dr. H. Jellett, Dr. H. Snow, Mr. J. F. Jordan, and Mr. Charles Ryall. Papers will be read by Prof. Mayo Robson, "Complete removal of the Sac in a Case of Extra-Uterine Gestation"; and Dr. J. Macpherson Lawrie, "Notes on a Case of Extra-Uterine Pregnancy."

**Hospital for Sick Children** (Great Ormond Street).—4 p.m. Demonstration of Selected Cases by Dr. Barlow (Free to Practitioners).

### Friday, February 10th.

**Clinical Society of London** (20 Hanover Square, W.).—8.30 p.m. Papers:—Mr. W. G. Spencer, "Tuberculous Cavities in the Lungs giving rise to Gaseous Metastatic Abscesses." Dr. Barlow and Dr. Batten "A Case of Myopathy, with Autopsy, in a Boy, æt. 5 years" illustrated by microscopical specimens and lantern slides). Mr. J. R. Lunn, "Some Results of Operation for Enlarged Prostate." Mr. H. Betham Robinson, "Hydatid Cysts of the Upper Lobe of the Right Lung and Liver Successfully Removed."

**Royal Academy of Medicine in Ireland.—Obstetrical Section.**—Specimens: Dr. F. Winifrid Dickson, "Small Ovarian Cyst removed by Laparotomy"; Dr. W. J. Smyly, (a) "Ectopic Gestation removed by Cœliotomy"; b) "Four Cases of Myomatous Uterus removed by Cœliotomy"; Dr. Kidd. "Three Cases of Ovarian Multilocular Cysts removed by Cœliotomy"; Dr. Glenn. (a) "Case of Dermoid Tumour of both Ovaries removed by Cœliotomy"; (b) "Epithelioma of the Left Labium Majus removed by Excision"; Dr. Alfred Smith, (a) "Fibro Myoma of the Fallopian Tube"; (b) "Case of Ovary and Tube adherent to Vermiform Appendix removed by Cœliotomy"; (c) "Two Ovarian Cysts"; Dr. Purejoy, (a) "Large Quantity of Hair from a Dermoid Tumour"; (b) "Case of Pyosalpinx removed by Cœliotomy." Papers: Adjourned discussion on the Report of the Rotunda Lying-in Hospital for 1898; Report of the Rotunda Gynæcological Hospital for 1898, by Drs. Purejoy, Lyle, and Lloyd; "Treatment of Uterine Carcinoma," by Dr. More Madden; "Two Years Work at the Samaritan Hospital for Women, Belfast," by Dr. John Campbell; "Notes on a Case of Cæsarian Section," by Dr F. W. Kidd.

**Royal College of Surgeons of England.**—5 p.m. Prof. L. Hill, "Researches on the Influence of Gravity on the Circulation."

### Tuesday, February 14th.

**Hospital for Diseases of the Skin** (Blackfriars Road).—4 p.m. Demonstration of Cases by Dr. Phineas Abraham.

# Vacancies.

Colonial Office, London.—Medical Officers for temporary service on the Gold Coast, for one year. Unmarried. Salary at the rate of £350 a year, with quarters, or an allowance in lieu thereof. Also Medical Officers for the West African Frontier Force on the Niger. Apply personally to the Assistant Private Secretary at the Colonial Office.

Coventry and Warwickshire Hospital, Coventry.—Senior House Surgeon for not less than two years. Salary £100 per annum, with rooms in the hospital, board, washing, and attendance.

Hereford General Infirmary.—Assistant House Surgeon and Dispenser for two years; unmarried. Salary £75 per annum, with board, residence, and washing.

Kent County Lunatic Asylum, Barming Heath, near Maidstone.—Fourth Assistant Medical Officer and Pathologist; unmarried. Salary commencing at £175 per annum, with residence, attendance, coal, gas, and washing. Applications to the Superintendant, Barming Heath Asylum, Maidstone.

Morpeth Dispensary, Beechfield, Morpeth.—House Surgeon, unmarried. Salary £120 per annum, with furnished rooms, coal and gas.

Rathdown Union.—Superintendent Nurse in the Workhouse Infirmary. Salary £40 with board and residence. Also a trained Nurse at a salary of £25 with board and residence. (See advertisement.)

Sheffield Union.—Assistant Medical Officer for Fir Vale, Pitsmoor. Workhouse Infirmary. Salary £100 per annum, with apartments, rations, and other usual allowances. Also Junior Assistant Medical Officer. Furnished apartments, board, and washing provided. Honorarium of £12 will be granted. Applications to the Clerk to the Guardians, Union Offices, West Bar, Sheffield.

# Appointments.

**Bailey, John George**, M.B., C.M.Edin., Senior House Surgeon to the Bury Hospital, Lancashire.

**Barnard, Harold L.**, M.S.Lond., M.B., B.S., F.R.C.S.Eng., L.R.C.P.Lond., M.R.C.S., Assistant Surgeon to the Metropolitan Hospital and Surgical Tutor to the London Hospital.

**Batten, Frederick E.**, M.A., M.D.Cantab., M.R.C.P.Lond., Pathologist to the National Hospital for the Paralysed, Bloomsbury.

**Bramwell, Edwin**, M.B., C.M., Junior House Physician to the National Hospital for the Paralysed.

**Dibbs, W. S.**, L.R.C.P.Lond., M.R.C.S., Medical Officer to the Farnham Royal Sanitary District of the Eton Union.

**Gaman, F. R. S.**, L.R.C.P.Lond., M.R.C.S., Medical Officer for the No. 1 Sanitary District and the Workhouse of the Caistor Union.

**Hopkins, H. C.** L.R.C.P.Edin., M.R.C.S., Medical Officer to the No 2 Sanitary District of the Bath Union.

**Ingram, A. M.**, M.B., C.M.Ed., L.R.C.P., M.R.C.S., Resident Assistant Medical Officer to the Workhouse of the Birkenhead Union.

**Morgan, D. N.**, L.R.C.P.Lond., M.R.C.S., Medical Officer for the Tonyrefail and Gilfach Goch Sanitary District of the Pontypridd Union.

**O'Dowd, J. A.**, L.R.C.P.Lond., M.R.C.S., Assistant Medical Officer to the Workhouse of the Parish of Birmingham.

**Proudfoot, Frank G.**, M.A.St.And. M.B. and C.M.Edin., Examiner in Materia Medica University of St. Andrew's.

**Raper, M. H.**, M.D.Lond., L.R.C.P., M.R.C.S., Medical Officer to the Wakering Sanitary District of the Rochford Union.

**Walter, E. W.** L.R.C.P.Edin., M.R.C.S., Medical Officer to the South Shoebury Sanitary District of the Rochford Union.

# Births.

**Brackenbury.**—On Jan. 27th, at Stroud Green, the wife of Henry B. Brackenbury, M.R.C.S.Eng., L.R.C.P.Lond., of a son.

**Clark.**—On Feb. 1st, at 59, Norton Road, Hove, the wife of Arthur D. Clark, L.R.C.P. and S., of a daughter.

**Newton.**—On Feb. 1st, at Genoa Villa. Tonbridge, the wife of Isaac Newton, M.R.C.S.Eng., L.R.C.P.Lond., of a son.

# Marriages.

**Walker—Moorhouse.**—On Feb. 2nd, at St. Mary's Church, Crumpsall, Manchester, Edward J. Walker, B.A., M.D., Manchester, youngest son of the late Rev. John Walker, Dublin, to Emily Henrietta, second daughter of Christopher Moorhouse, Fieldhead, Crumpsall, Manchester,

# Deaths.

**Carless.**—On Jan. 25th, at Devizes, suddenly, Edward Nicholls Carless, aged 50 years.

**Crane.**—On Jan. 25th, at Kensington Court Gardens, Samuel Leonard Crane, C.M.G., M.D.

**Fisher.**—On Jan. 30th, at his residence, Lowther Terrace, Lytham, Luke Fisher, M.D., aged 59 years.

**Iles.**—On Jan. 31st., at his residence, The Retreat, Fairford, after a brief illness, Daniel Iles, M.R.C.S., aged 57.

**Paul.**—On Jan. 29th, at The Terrace, Camberwell, John Hayball Paul, aged 83 years

**Turner.**—On Feb 2nd, at 24, South Street. Greenwich, Reuben Turner, L.R.C.P.I., L.R.C.S.I., son of the late S. J. Turner, J.P., Dundalk, aged 44.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXVIII. WEDNESDAY, FEBRUARY 15, 1899. No. 7.

## Paris Clinical Lectures.

## INFANTILE PNEUMONIA.

By PROFESSOR COMBY,
Trousseau Hospital.

[FROM OUR OWN CORRESPONDENT.]

FIBRINOUS or lobar pneumonia is very common in childhood, especially after the second year, and it would be well to decide on the treatment to be prescribed. For that, however, it is absolutely necessary to understand the natural evolution of the malady.

Since the researches of Talamon, Fraenkel, Weichselbaum, &c., it is generally admitted that idiopathic pneumonia is an infection due to the presence of an encapsuled diplococcus called pneumococcus. This microbe is, indeed, common enough, as it is frequently found in the mouths of healthy persons, though it usually confines its attacks to the lungs. But its field of action is not necessarily confined to the pulmonary parenchyma; it can invade the pleura, the meninges, the peritoneum, &c. These abnormal localisations, with their multiplied and extended points of infection, materially influence the prognosis, rendering it peculiarly grave in almost every case. Apart from these complications recovery is the rule. Of 150 cases of lobar pneumonia treated in my wards during the last eighteen months, I only lost one patient and here the pneumonia was double, complicated with empyema and suppuration of the mastoid. Out of 202 cases, Rilliet and Barthez reported but two deaths; and Cadet de Gassicourt, one out of seventy patients. From the statistics published by both home and foreign physicians, it clearly results that idiopathic pneumonia is absolutely benign in children, and this benignity contrasts with the gravity of broncho-pneumonia which has nothing in common however with the name of the malady we are treating. The evolution of pneumonia is absolutely cyclic; it commences suddenly, runs its course rapidly, and terminates suddenly; the defervescence sets in as quickly as the invasion, and in a few days the most alarming symptoms give place to all the attributes of health. The cycle generally lasts one week, but it may be shorter (abortive) or longer (prolonged pneumonia). Sometimes the symptoms are well marked, at others insidious and attenuated in their expression; as in the rudimentary pneumonia of d'Espine.

It must be borne in mind that no matter what kind of pneumonia you are called on to treat, the thermic cycle is inflexible, no therapeutic agent can cut it short. It is possible that the natural course of the disease could be interrupted by a specific remedy, an anti-pneumococcic serum for instance, but this specific we do not possess yet, and we must be modest as to our *rôle* in the treatment of pneumonia, and spare the patient that injurious medication so justly criticised by Talamon.

In the review of remedies appropriate in pneumonia, I will dwell as much on those to be avoided as on those to be prescribed. Where the malady runs its course without any alarming symptoms, the treatment must be of the simplest, vigilant observation being all that will be required.

The little patient should be kept in a large well-lighted and well-aired room, and the windows opened now and again to change the air. Where the room, on the contrary, is small and dark, inhalations of oxygen may be ordered, with benefit. The temperature of the apartment should be moderate (68 degs. F.); cleanliness of the body is not less necessary, and can be secured by a bath which may be renewed once or twice during the malady, antiseptic sponging (boric acid) of the mouth, the nostrils and the throat should be done systematically, so as to ward off as much as possible secondary infection. The diet should be liquid, and the child will be pressed to drink plenty of bland infusions, so as to provoke renal activity, by which the organic waste and the toxins which threaten to poison the patient are removed; the intestines, moreover, should be attended to, as constipation is very general in pneumonia.

Up to the present I have not spoken of therapeutical agents; they might, indeed, often be dispensed with altogether. In what cases then may they be prescribed?

Formerly, no case of pneumonia was treated without energetic revulsives and the youngest children did not escape the blister. This revulsive may in some cases be prescribed with benefit as a local derivative, but in the child it is never indicated and may do a great deal of harm. I never prescribe it in pneumonia; it is inefficacious and dangerous, and that is enough to exclude it from our treatment. But if we abstain from the blister, we may with much advantage employ other agents, such as the mustard poultice, dry cupping, local applications of cold water or even ice. I have already said that liquids should be given freely to the patient so as to provoke an abundant flow of urine. It is necessary also to purge once or twice during the disease with castor oil or scammony. If the tongue be loaded and the case complicated with intense dyspnœa and bronchial catarrh, I always order an emetic consisting of a tenth of a grain of tartar emetic and twenty grains of sulphate of soda for each year of the patient; for instance, for a child of ten I give:—

Tartar emetic, 1 grain;
Sulphate of soda, ʒiij;
Syrup of gum, ℥j;
Water, ℥iij.

a third part to be taken every half-hour in the morning fasting. The patient will thus vomit and be purged three or four times, and a considerable improvement is always the result of this treatment.

The fever runs very high in cases of pneumonia, but it is well known that children bear a high temperature very well. The antithermics, quinine, antipyrin, &c., are of no use unless given in large, that is to say, toxic doses. Cold water acts better and costs less. I have noticed that the cold bath (75 degs. to 65 degs.) was well supported by children, and when resorted to every three or four hours, it lowered the temperature, attenuated the dyspnœa, improved the pulse, and calmed any agitation, delirium or sleeplessness, that might exist. In cases where the malady is complicated with nervous manifestations, such as convulsions, I have found trional to be of great service in five or ten grain doses according to the age, repeated two or three times a day; where the heart showed signs of weakness moderate doses of digitalis might be useful, say, from one to four grains of the powdered leaves infused in a glass of water and drunk in divided doses during the day.

You will see by this rapid *resume* what a small place is occupied by drugs in the treatment of infantile pneumonia. In every case therapeutical hygiene is absolutely necessary; in some cases only, and according to the symptoms, light revulsives, laxatives, cold baths, tonics, and sedatives may be prescribed.

# Original Communications.

## SOME RESULTS OF OPERATIONS FOR ENLARGED PROSTATE. (a)

By JOHN R. LUNN,
**Medical Superintendent, Marylebone Infirmary.**

In the *Lancet* of October 3rd, 1896, a most successful case was reported by Mr. Arthur Hunt, in which double castration was performed on a man, æt. 73, for severe cystitis and enlarged prostate with recovery, after which the patient was able to go shooting and fishing in Scotland. After reading Mr. Hunt's article I determined to do something for my distressing cases of enlarged prostate. This is my reason for bringing a few of my notes before this Society on some of the results of operations for enlarged prostate.

Case I.—Edward H—, æt. 72, was admitted into St. Marylebone Infirmary, May 5th, 1896, with an old irreducible hernia on the right side, and retention of urine, for which he had been admitted into the infirmary several times and treated. He stated he was in the habit of passing his water 20 or more times in the twenty-four hours. It was found the retention of his urine was clearly due to an enlarged prostate, the urine was acid 1025 and contained blood. On May 14th, 1896, the left vas deferens and nerves were divided and tied. As no apparent diminution of prostate, and no alteration of micturition had taken place, the right testicle was removed and a radical cure for the right inguinal hernia performed. The operation was perfectly satisfactory, the patient's general health began to improve, though he got retention, but no cystitis, which he had when admitted into the infirmary on other occasions. Taking into consideration the patient's good health and the fact that but for the frequency of micturition, he might be up and about, and able to do some light work, he was advised to have the left testicle removed, to which he readily consented. On August 7th, 1897, the left testicle was removed, which did not appear much atrophied. Whilst the patient was under chloroform a careful examination of the prostate per rectum was made, and there was no doubt that though still large the right lobe was less prominent than the left, and a large size No. 10 catheter could be passed easily. On March 20th, 1898, the patient said he had kept a record of the number of times he had passed urine in the twenty-four hours, and he said that there was a considerable improvement, since the last operation, he only passed urine ten times instead of sixteen to twenty in the twenty-four hours. He never had now to pass a catheter, and did not get retention and enjoyed life more than he did before the operation. Towards November 29th he developed dropsy, and died December 21st, &c.

Case II.—Edwin H—, æt. 63, a hawker by trade, and a married man, was admitted March 4th, 1897. He was admitted the first time in February 1896, when he had retention, and the first thing he noticed wrong was an increased frequency of micturition, and he passed water as many as six times every three hours both during the day and night. He stated he used to get very ill with shivering fits, and was obliged to run to the nearest hospital and have his urine drawn off. When he was first admitted it was noticed he had a large prostate, and No. 6 gum elastic catheter was passed with difficulty, the urine then was offensive, and contained albumen, specific gravity 1020, alkaline. Section of the right vas deferens was performed February, 1897, and had a marvellous effect on reducing the number of times of micturition per day. After he had left the infirmary several months, the shivers, as he described it, came on again, though he kept at his work. He frequently got retention, and had to visit the hospital again when this occurred. On May 4th, 1897, he was readmitted to St. Marylebone Infirmary, and with rest in bed, hot baths, &c., he improved in health, his temperature became normal, but still he had to pass his urine several times during the night. He wished for another operation on the other side, so on June 17th, 1897, the left vas deferens and nerves were tied under chloroform. The prostate had not apparently altered much in size, though it felt soft to touch. The patient's wound healed by primary union. A month after the operation the patient said he was much better with his urine, and only made water four to six times in the twenty-four hours, and went the whole night without passing his urine. He discharged himself six weeks after the operation in perfect health, and the urine was quite normal, and he expressed himself much pleased with the results of the operation.

Case III.—Henry C—, æt. 63, a painter, was admitted into St. Marylebone Infirmary, Dec. 9th, 1896, for double tuberculous disease of his testicles, the right epididymus was enlarged and indurated, and the thickening of the vas extended up the cord on both sides as far as the external rings. On Jan. 4th, 1897, the left testicle was removed. An examination was made of the prostate, which was much enlarged and easily felt. Two weeks after the first castration, the right testicle was removed, after which his general condition began to improve, his appetite increased, his temperature went down, and he expressed himself feeling much better since the operations. The interesting point was the remarkable condition of the man's prostate when examined per rectum, with a No. 10 catheter in the bladder (on June 5th, 1897), one was at once struck with the small size of the gland; in fact, it seemed as though there was a depression at the point where the prostate should have been. The patient got quite well, and discharged himself. I have seen him since, and the urine is normal, and he has no frequency of micturition and otherwise is in good health.

Case IV.—Samuel G—, æt. 66, was admitted March 10th, 1897, with retention of urine. No catheter could be passed, even under anæsthetics, and as the patient appeared very ill—temperature, 102·4—the bladder was drained supra-pubically. After a few days the stricture was divided, and a large catheter (No. 10) was passed. The prostate was found to be much enlarged on digital examination, and the catheter was not fastened into the bladder as the urine was very alkaline sp. g. 1020 and offensive, and contained blood, pus, and albumen. The bladder was washed out once or twice daily with lotio boracis, but he did not improve. The operation for castration was suggested, which he refused. His general condition and health began to fail and the man became very ill indeed, and he could only pass a very smal quantity of urine at a time, which was very offensive he became hectic and his temperature rose to 103, and he had rigors with a furred tongue. On May 6th he had begged for something to be done (after being told his case was hopeless). Double castration was performed by the median incision as rapidly as possible whilst the patient was under the influence of A.C.E. mixture. He had a good deal of shock after the operation. The next day the patient expressed himself feeling very much better. He had some incontinence of urine, the temperature became normal in a remarkable way, and the condition of his urine improved, the pus became less, his appetite became ravenous. He then passed 30 ozs. to 40 ozs. of urine in the twenty-four hours without difficulty, and the catheter was only passed twice a week. He began to take Didymin tablets once a day for some weeks, and they were increased to twice a day. The patient began to improve in a miraculous way until August 12th, when he had gained a stone in weight, and was getting up all day and thinking about going out to his work. The urine then only contained a trace of albumin, and was neutral to test paper. He was suddenly seized with vomiting and diarrhœa. and obliged to take to his bed again. The tablets of Didymin were stopped, and he began to improve until November, 1897, when he became ill again with vomiting and uncontrollable diarrhœa, the pus in the urine increased again, he became semi-comatose, and died November 6th, 1897, six and a half months after the double castration.

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(a) Abstract of paper read at the meeting of the Clinical Society of London, February 10th, 1899.

P.M.—Most of the viscera were in good condition, the bladder was hypertrophied, and contained about one ounce of clear fluid, and some muco-pus. The orifice of the urethra was quite freely open. The ureters were both dilated and pouched, and contained all the pus. The prostate was not apparently enlarged, but had a very prominent hard middle lobe.

Case V.—Edwin S—, æt. 76, a joiner, was admitted Jan. 20th, 1898, with retention of urine for which he had been admitted before and was obliged to pass a catheter very often for himself, and complained also of frequent micturition day and night (sometimes getting up at nights 6 or 7 times). The patient's general health was good. On examination of the prostate by the rectum and catheter in the bladder, a large projection could be felt in the rectum the size of a small tangerine orange which impeded the passing of the catheter. He had no hæmaturia or offensive cystitis, the urine was acid and contained albumin. The man stated he passed urine about 16 to 20 times in the 24 hours. On April 29th the left vas and nerves were tied and cut under the influence of 10 p c. cocaine which was injected into the tissues where the vas was resected. The wound healed well and was dressed on the sixth day when the stitches were all removed. No improvement of micturition took place, so on June 18th the right vas was tied under the influence of 5 p. c. cocaine, which was injected as before, there was little or no pain from the skin incision, but on separating and tying the cord and nerves with silk gut ligatures, the patient complained of a little smarting pain. On June 30th it was noted the patient got up and expressed himself much pleased with the results of the operation, as he passed good nights and never got retention, and only passed urine half the number of times he did before the operation, and was able to get about as well as ever he did. In the middle of November he began to vomit and become jaundiced and developed cancer of the liver, from which he died on December 18th, 1898. Both testicles were found atrophied, and he had developed a double hydrocele of his tunica vaginalis. His other viscera were normal.

Case VI.—Thomas P—, æt. 64, a coachman, with a very good history, was admitted in Oct., 1898, with retention of urine, and though a No. 10 catheter could be passed fairly easily, there was a distinct obstruction about the prostatic part of the urethra, which could easily be felt with the finger in the rectum, the urine was 1·005 alkaline and contained albumin, and he had several severe attacks of hæmaturia after admission. On November 28th double vasectomy was performed under the influence of chloroform. The next day the urine contained more albumin and some blood. He was able to pass his urine normally, and he did not seem any the worse for the operation, and was about the ward as usual. December 30th, 1898.—He tells me he sleeps all night without passing urine, and expresses himself quite well, and was discharged quite well January 6th, 1899.

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# The Lettsomian Lecture
ON
# SOME OF THE CLINICAL ASPECTS OF GRANULAR KIDNEY. (*a*)

By SAMUEL WEST, M.D., F.R.C.P.,
**Assistant Physician, St. Bartholomew's Hospital; Senior Physician, Royal Free Hospital, &c.**

Granular kidney is a disease of great importance on account of its frequency, a frequency which is by no means adequately recognised. Post-mortem it is often discovered when not suspected. It is often in itself the cause of death, even of sudden death, and it often explains why death has happened in other diseases which otherwise might not have proved fatal. During life it is often discovered unexpectedly if looked for; it is often overlooked if not suspected, and it often explains a case which has been a puzzle until granular kidney gave the key. For all these reasons, granular kidney is not only one of the most interesting of diseases but also one of the most important. The general frequency of granular kidney post-mortem ranges from 11·8 to 18 per cent., so that it is a very common condition.

Nothing will better prove the importance of granular kidney than the following statistics obtained for me by Dr. Horder, the result of an investigation made into the causes of death in persons brought into St. Bartholomew's, dead or dying. The total number of such cases (excluding children under five) was 79, in all of which a post-mortem examination was made. Of these, sixty-four were dead on reaching the hospital, and fifteen died in the surgery. In 48 per cent of these cases chronic interstitial nephritis was present; in 16·8 per cent. it was the only cause of death, and in 21·6 per cent. more it played its part either in producing death or in causing the lesion which led to death, *i.e.*, it was the sole or part cause of death in 38·4 per cent. Of the remaining cases, three had phthisis and one pneumonia.

The influence of granular kidney upon the prognosis of other diseases may be well illustrated by the case of acute pneumonia. In 100 fatal cases which I investigated, 23 showed some pre-existent chronic disease of the lungs or pleura, eight of the heart and ten of the kidneys. Granular kidney is a bilateral, and to a great extent, symmetrical affection, that is to say, both kidneys are affected, though not necessarily to the same extent. The difference between them, however, if there be any, is slight and rarely exceeds an ounce. The kidneys may be much contracted and greatly reduced in size, so that they may not weigh more than 1¼ or 2 ozs. each. Extreme contraction such as this is really rare. The kidneys are, it is true, usually reduced in size and weight, but by no means to the extent that seems generally believed, while in some instances so far from being smaller than normal they may be much above the average size and weight. In other words, there are large as well as small granular kidneys, just as there are large and small cirrhotic livers. The kidneys, moreover, are

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(*a*) Abstract of lecture delivered at the Medical Society of London on Monday, February 6th, 1899.

not always granular on the surface, though microscopically the interstitial change may be marked enough.

The typical granular kidney is small, contracted, hard, cirrhotic or granular, has a nodular surface, often studded with numerous cysts. On section the whole kidney is found to be cirrhotic and wasted, but the wasting affects chiefly the cortical region. The changes consist in fibroid induration and cellular degeneration. Though granular kidney is described as chronic interstitial nephritis, it is an open question how far these changes are in reality of inflammatory origin. Certainly in most cases we have no more evidence of inflammatory processes in the cirrhotic kidney than we have in the cirrhotic liver.

Granular kidneys are sometimes described as of two kinds, the white and the red, and the difference in colour is held by many to denote difference in origin, and they are accordingly called the contracted white and the contracted red. The small white is stated to be generally somewhat larger than the red, to be less granular on the surface, and to have more cells left, these cells being in a condition of fatty change, to which the colour is referred. These statements are not, in my experience, correct; for small white kidneys are often quite as small and as granular on the surface as the small red, and may have quite as few, or even fewer, cells left, and these cells are often not fatty. The two forms certainly exist.

The term "contracted white" introduces confusion, and seems to assume what ought to be proved, viz., the different origin of the two forms. It suggests that the small white is but the later stage of the large white kidney. It assumes that every stage can be demonstrated between the large white kidney of chronic parenchymatous nephritis, through the contracting white to the contracted white. If this was the usual sequence of events, it ought to be capable of easy clinical proof. Pathologically, it is easy to show that chronic parenchymatous, or the large white kidney, presents interstitial changes of a contracting kind, but the weak link in the chain is between the so-called contracting form and the contracted form.

If the distinction between the two forms is to be made, it would be very much better to speak of them as small white and small red, or as white cirrhotic and red cirrhotic, rather than white and red contracted kidneys. For myself I consider the difference is really one of colour chiefly. Microscopically I do not see that any clear distinction can be drawn.

If, pathologically, the distinction between the two forms is open to question, clinically, so far as I can see, no distinction at all can be drawn between them; that is to say, with exactly the same clinical symptoms we may find the kidneys in the one case white, and in the other case red. Granular kidney is often described as chronic interstitial nephritis, but all forms of chronic interstitial nephritis are not necessarily granular kidney

First of all must be cut out of the category of granular kidney all those cases in which the lesion is unilateral; for example, that which results from obstruction to the ureters.

Again, all cases of fatty patchy fibrosis, *e.g.*, the results infarcts or gummata, even if both kidneys are involved, must be excluded, for they do not produce the clinical symptoms of granular kidney.

Even when the lesions are bilateral and both kidneys are affected, I should still exclude from the category of granular kidney certain forms of chronic interstitial nephritis which are often included pathologically, though clinically they are distinct. I refer to the degenerate kidneys met with in connection with advanced atheromatous disease or with the chronic gout of elderly persons, in fact, the kidneys, which are commonly called senile or gouty.

These kidneys are often markedly interstitial, and there is a good deal of fatty and cellular degeneration, giving the surface a mottled appearance, but they need not necessarily be granular, and are usually large. Moreover, the cases need not run the clinical course of granular kidney.

Eliminating these various forms, we are left with a pathological group of cases of interstitial nephritis kidneys of a definite character, which we commonly recognise by the term granular or cirrhotic kidneys.

In most recent writings, granular kidney is divided into two forms, the arterio-sclerotic and the renal, and these are often dealt with in different places, the one form under diseases of the vessels, and the other under diseases of the kidney, so that in order to gain a complete view of granular kidney as a disease, it has to be read in different chapters. This is very inconvenient and confusing, and suggests a marked difference between the two forms which, clinically, does not exist. It has, however, one advantage in that it fixes attention upon the question which is still at issue, viz., whether it is in the vessels or in the kidney itself that the primary causes of the disease are to be sought.

Acute nephritis attacks the cells primarily and chiefly, but the interstitial tissues are always involved to some extent, and the more so the longer the disease has existed. This small-celled infiltration may in time end in the production of connective tissue at first in part only, in other cases more widely distributed, and there will be the more of it the longer the disease has lasted. The large, red kidney of acute nephritis passes, as the disease lasts, gradually into the large white. In the large white kidney some interstitial change is often found, sometimes local, at other times more diffuse; and admitting that pathological connective tissue contracts in the kidney as elsewhere, we should expect the large white kidney in time to become smaller, to undergo a certain degree of contraction in parts if not as a whole, and of this we have frequent pathological proof. The kidney is then described as contracting white. It is even conceivable theoretically that the contraction might go much further, so that in time we might have the large white kidney passing into what may be described as a small white kidney, or even possibly ending in a small red kidney.

Now, admitting the pathological possibility that acute parenchymatous nephritis might end in a granular kidney, if this actually occurred frequently it ought to be capable of easy clinical proof; for the symptoms of acute nephritis are not such as are likely to be often overlooked by the patient or by the friends. Such cases are recorded, but they are certainly rare, and many of them prove on careful critical investigation not to be so conclusive as they at first sight appear. I have been on the watch for them for years, and although I have seen many in which the lesion has gone so far as to produce a somewhat diminished white kidney, the majority of such kidneys are still much above normal size. I have never traced a single case beyond this, *i.e.*, as far as a small white kidney. I do not say that it does not occur; on the contrary, I believe it may. I merely say that so far I have failed to observe it. It might be urged that marked contraction in granular kidney would be more frequent if the patients lived long enough. But it does not necessarily follow, even when the symptoms of chronic parenchymatous nephritis have lasted for many years that a contracted kidney will result. I know of a woman who has had several attacks of parenchymatous nephritis in the course of thirteen years, and who has never at any time lost the albumen from the urine; yet now, at the end of thirteen years, her arteries are thin and her heart not hypertrophied, she appears in fair health, and her retinæ are normal. There are, in fact, in spite of the long duration of the case, no clinical signs whatever which would justify the diagnosis of granular kidney.

Nor can any closer relation be proved by the clinical history to exist between granular kidney and antecedent acute nephritis. It is quite unusual in cases of granular kidney to obtain any history of symptoms which would in any way justify the diagnosis of acute nephritis. This fact has been always insisted on as long as granular kidney is recognised as a disease, and is generally accepted.

Even when the history of antecedent acute nephritis is obtained it does not necessarily follow that the granular kidney has been the result of it.

The occurrence of acute nephritis is no proof in itself that prior to the acute nephritis the kidney was sound, or in other words, that if after an attack of acute nephritis the kidneys are found granular they became granular as the result of the acute attack.

For, on the one hand, it is not uncommon in the course of a case already recognised as one of granular kidney to see acute parenchymatous nephritis develop; and, on the other, to see a patient hitherto believed to be healthy with the symptoms of acute parenchymatous nephritis, and yet for that patient to present thickened arteries, and even eye changes, which show that the disease really dated long before the commencement of the so-called acute attack; in other words, that the patient has got acute nephritis in both cases alike because the kidneys were already diseased. Indeed, I think we may almost go so far as to say that as in children acute parenchymatous nephritis raises a strong presumption in favour of a recent attack of scarlet fever, so in the adult it ought to suggest the suspicions that the kidneys were previously unsound, in other words, granular. Of this I am quite sure, that if in cases of acute nephritis in the adult the signs of granular kidney be looked for they will very frequently be found. If then, in spite of the fact in the majority of cases of granular kidney, the history and symptoms of nephritis are lacking, granular kidney is still to be referred to some antecedent nephritis, it follows that the initial attack must either have been slight, and therefore overlooked, or else that it was of some peculiar and specially latent kind.

It is evident from what has been said that it is only in a very small number of cases that a history of antecedent acute nephritis can be obtained; that in still fewer instances can a case be traced from an initial acute nephritis to granular kidney. It follows, therefore, that most cases of granular kidney must be referred to some other origin.

The changes in the arteries with granular kidney are general, widespread in fact, universal throughout the whole body. They are found in all parts alike, in the kidney for instance, as well as the brain, eye, spinal cord, or even skin.

Now, there are only two forms in general arterial change recognised in pathology; viz., atheroma, and that connected with granular kidney.

Atheroma is a well-marked disease of the vessels. It is the degeneration which is usual as age advances, and though sometimes met with in earlier life, and even sometimes in quite young people, it is certainly a comparatively rare affection at the time when the changes of granular kidney are most common.

Atheroma being a general disease will, of course, affect the renal arteries like any other, and will produce in the kidneys similar changes to those to which it leads in other cellular organs, *e.g.*, in the brain.

Thus it is not at all uncommon in the later periods of life to find the kidneys large and mottled, showing a good deal of interstitial tissue and of cellular change; yet the atheromatous or senile changes do not as a rule, though they may sometimes, lead to the well-known granular contracted kidney. Of course, old persons may suffer from granular kidney, and the two conditions may be associated. But, for all that, if the question be regarded without bias and in a general, comprehensive way, it must be acknowledged that atheromatous diseases of the arteries, and the changes of granular kidney, are different in kind as well as in history. In granular kidney the thickening of the vessels is fairly uniform. At any rate, it does not occur in the irregular patches if atheroma is universal.

As to the exact nature of the change in the vessels, opinions still differ, as they have done from the first There can be no doubt that there is a considerable amount of muscular hypertrophy in the vessels, or that it is associated in many cases with changes in the intima as well as in the adventitia, which are not atheromatous, and yet are of a marked character.

The relation between the cardio-vascular and the renal lesions is very difficult to determine. So far as the cardio-vascular symptoms go, I think we may say this, that the cardiac lesions being of the nature of hypertrophy, must, as in other cases, be the response of the heart to some extra work thrown upon it of a permanent kind; it must therefore be secondary. It certainly seems more probable that both the heart and the vessels hypertrophy together, for the purpose of assisting the circulation to overcome some obstruction. If this be so the obstruction must be peripherally seated, and must be sought therefore in the small peripheral arteries or capillaries.

In these peripheral vessels, the possible causes of obstruction are two: either there must be a structural change, that is to say, an anatomical lesion, or some functional disturbance, which interferes with the passage of the circulation through the vessels.

If the change be structural and the lesions of the peripheral vessels are of a degenerative character, being general throughout the whole of the body, they would involve the kidneys as well as other parts, and in this way it is conceivable that the kidney disease might be a co-ordinate or subordinate part of the general vascular disease. This is a theory which is now indicated by the term arterial-sclerosis, and such kidneys are described as arterio-sclerotic kidneys.

If, on the other hand, the change here be not of a structural kind, but a functional one, any structural change that is found being of a secondary and subsequent order, the obstruction must depend upon some impurity in the blood. But this impurity of the blood, which renders it more or less obnoxious to the tissues, may be either of a renal or extra-renal origin. If of extra-renal origin then the result may be the same as in the former case, viz., a general vascular disease which affects the kidney as well as other parts But it may also be of a renal origin, in which case there must have been some renal mischief antecedent. Thus even from the point of view of the vessels we are brought back again to the two original views about which so much discussion has raged, viz., whether the disease is primarily arterial or primarily renal.

If the changes in the vessels be regarded as primary, as they certainly are in atheroma and may be also in granular kidney, then it might be possible to find cases of marked changes in the vessels with little or no changes in the kidney. And the same would be true if the changes in the vessels and in the kidney both stood in relation to common cause. It is only by studying the beginnings of the disease, that is to say granular kidney in its early stages, that we can hope to arrive at a solution of these difficulties; for in the later stages all these changes are present together, and it is difficult, if not impossible, to form any opinion as to precedence of the one or the other.

From whatever point of view, then, we regard granular kidney, whether pathological or clinical, we come to the same conclusion, viz., that whether primarily arterial or primarily renal, granular kidney is a disease *sui generis* and ought on that account to be treated, in writing on the subject, under a separate heading, and not split up, as it generally is, between diseases of the arteries on the one hand and diseases of the kidney on the other.

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*Granular kidney* is a very insidious disease. For a long time it presents no symptoms at all, and can be recognised then by physical signs alone. The only definite symptom, perhaps, in the early stage (and even this is not constant), is an increased frequency of micturition, especially at night; but as this has been of such gradual onset that the patient has become quite accustomed to it, and does not regard it as peculiar, no complaint is made of it unless it be extreme, and the history of it is often only to be elicited on pointed questioning. When symptoms arise the disease is already far advanced. In other words, the symptoms do not occur until late in the disease.

The symptoms fall, like the lesions, into two groups, viz., cardio-vascular and renal. Speaking generally, the cardio-vascular are earlier than the renal. The cardiac symptoms are those of heart-failure, more or less pronounced. The vascular symptoms are the more or less mechanical effects of the vascular lesion, and consist chiefly of hæmorrhage and its results. The renal symptoms are the latest to develop and fall into two groups according as they are of gradual development or of sudden onset, and they are frequently described as chronic and acute uræmia respectively.

I should prefer to call them acute and chronic renal toxæmia. Both alike are to be connected with the wasting in the kidneys and its consequent defective action. The gradual and progressive wasting is attended with the gradual and progressive development of the chronic form of uræmia.

Renal cachexia is the name that I should prefer to give to chronic uræmia. It strongly resembles, both in character and course, the cachexia that is seen in a variety of other diseases, *e.g.*, in Addison's disease, in the later stages of cirrhosis hepatis, in diabetes, and malignant disease. It consists in a gradually increasing anæmia and asthenia, associated with various miscellaneous symptoms. The symptoms are similar in kind, and differ from them only in the rate of development, to those that are seen after complete obstruction of the ureters or removal of the kidneys, which has been experimentally produced in animals or observed in man as the result of pathological causes or surgical operation.

The symptoms in all these cases are similar, but differ from those which are usually described as acute uræmia, and the difference is probably not one of degree only but of kind, so that I think they ought to be distinguished by different names; for the first I should reserve the term renal cachexia, for the second I should use that term which is generally accepted, viz., uræmia, and both alike, both the cachexia and the uræmia, may be of slow or sudden development.

I propose to deal with the signs and symptoms of the disease in this order.

(1) The physical signs; (2) the cardio-vascular symptoms; (3) the renal symptoms. It is the early signs of the disease rather than the late symptoms that are of importance. What is required is an early diagnosis before the disease is far advanced, and this is essential if light is to be thrown upon the causes and course of the disease, or if influence upon it is to be successfully exerted by treatment. In the early stage the diagnosis is to be made by physical signs and not by symptoms. The physical signs are high tension and thickened arteries, hypertrophy of the heart and albuminuria. When these are all present together the diagnosis is easy, even in the young, and the diagnosis thus made during life is verified post-mortem. But if one or other of these physical signs is absent the question arises, of what value are those remaining? For instance, if albumin is absent, what do high tension and thickened arteries mean, in the young? Or if the arteries are not thick or the tension high, but albumin be present, what is the significance of the albuminuria?

Each of these questions is of great clinical importance. We know that the vascular changes, viz., thickened arteries and high pulse-tension develop so early in the course of granular kidney that they seem to be rather coincident or, as some maintain, even antecedent, phenomena than effects consequent upon and produced by the kidney lesion. If this were so, vascular changes might be found without the kidney lesion, and such cases are described. Post-mortem evidence would point to hypertrophy of the heart as a most important sign of granular kidney, and so it is in the later stages, where the cardiac enlargement is such as to be easily made out by percussion. In the early stages it is of very little assistance because of the difficulty in diagnosing it then.

The hypertrophy of the heart is probably secondary to the vascular changes and the result of them, and therefore not of the prime importance they are or so likely to be met with early.

Thickening of the arteries is one of the cardinal signs of the disease, and is never absent in advanced cases. I have already referred to the fact that thickening of the arteries is by no means uncommon in young people, and the question as to what its significance is becomes important in relation to the early signs of granular kidney. At this stage the thickening cannot often be of an atheromatous nature, for although atheroma does occur in early life it is very much rarer than the thickening I am speaking of. The change is in great part muscular, no doubt, as it is in granular kidney, and the effect of nitrate of amyl upon it is the same. Arterial thickening always rouses my suspicion in young people, and leads me to make a careful examination for other symptoms; sometimes they are found, and the diagnosis is clear; but not unfrequently nothing else is found, and the doubt remains as to the meaning of this thickening in relation to granular kidney, but that it is pathological there can be no question.

In well marked (*i.e.*, advanced) granular kidney the high-tension pulse, as well as the thickened arteries, are well recognised. The tension is measured between the pulse waves; the arteries therefore feel abnormally full as well as abnormally tense. When the heart begins to fail, the diminished force does not necessarily alter the character wave When the tension falls, the fall is due to a failure of the artery and not necessarily of the heart at all, though both may fail together. The low tension then observed is a neuro-paralytic phenomenon and a bad sign. It occurs only in the later stages of the disease, but may then continue for some time. Though the tension be low, the thickening of the arteries can still be easily made out and is as characteristic as ever.

A persistently high tension, to whatever cause due, is of itself pernicious, but not so with granular kidney, paradoxical as this may seem. The patient is best without granular kidneys, but if the kidneys be granular it is better that the tension should be high rather than low; in other words, the patient is worse with a low tension, and this explains the benefit of digitalis in such cases; it does so much good by raising the arterial tension.

This low arterial tension, or rather the fall in tension, in the later stages of granular kidney is of great clinical importance, the value of which Sir William Broadbent has lately emphasised.

I may refer to one other phenomenon which, though implied by what has just been said, is not generally recognised, although easy to be observed if looked for. I refer to the irregular fluctations in tension which take place in the later stages of the disease, before the tension becomes persistently low. Thus, it may be felt to vary considerably, even in very short spaces of time; for instance, while the finger is placed upon the pulse. In the early stages of granular kidney, go back as far as we may, as soon as the disease is diagnosable, the pulse tension is high and the artery thickened. The question arises, what is the value of a high pulse tension in a person in whom there is not yet other evidence enough to diagnose granular kidney by? Temporary or transient increase of tension may occur in a variety of affections, but it is not to these that I refer. I am dealing with those cases in which the tension is persistently raised.

Sir William Broadbent, differing as he does from Mahomed in theory, yet attaches quite as great significance to this increase of pulse tension. He describes as the ultimate results of this increased tension a variety of symptoms, cardiac failure, general disturbances of health, a sort of cachexia, and even hæmorrhage, which, as he stated, could be truly predicted long before it occurred. There are, of course, the same symptoms as those produced by advanced granular kidney. If the kidneys are not granular in these cases, of which no proof is given, the arteries must, at any rate, become diseased if hæmorrhage is to occur; for I can suppose it will hardly be asserted that mere increase of tension can lead to the rupture of healthy vessels In respect of the results, therefore, Sir Wm. Broadbent's views and Mahomed's views agree exactly, the difference only is that whereas Mahomed referred the results to granular kidney, Sir Wm. Broadbent seems not to do so. I cannot help adopting the views that Mahomed urged.

These differences in theory would remain a matter of opinion still, if there were not some fresh facts by which to elucidate them, and these have been obtained by the more exact and careful study of the early eye changes met with in granular kidney. As I shall show shortly, our knowledge of the early stages of albuminuric retinitis has been greatly extended of recent years. If, in many of these doubtful cases of high pulse tension, and thickened artery albuminuric retinitis or the early changes which lead to it are found, even in the cases in which albumin may not be present in the urine, the diagnosis of granular kidney will be surely justified. Considering that albuminuric retinitis is not of course invariably found even in advanced granular kidney, that it can be discovered in these earlier doubtful cases is a significant fact, which throws a startling light upon many of those other cases which must still remain more or less doubtful. Some of these doubtful cases, therefore, at any rate, must be referred to the group of granular kidney, and the possibility that a much larger number of them can be fairly so referred is therefore increased. It appears to me, therefore, that the presumption is very strong indeed in favour of these cases of high pulse tension as well as those of thickened arteries in the young being the initial stages of granular kidney which it is so important to recognise.

## Clinical Records.

### MONKSTOWN HOSPITAL.

*Trephining for Cerebral Abscess.*

Under the care of Mr. Hy. Gray Croly, F.R.C.S.

On Saturday last, February 11th, Mr Henry Croly, trephined over the right temporo sphenoidal lobe in a young woman, æt. 24, who had for some time past suffered from chronic otitis media. After admission to hospital she developed serious brain symptoms and temperature. A consultation was held between Dr. Hawtrey Benson, consulting physician, and Dr. Beatty, physician to the hospital. Mr. H. Gray Croly, consulting surgeon, and Mr. H. Croly attended. It was decided to operate, and a portion of bone was accordingly removed, pus escaped with flakes.

The patient bore the operation well, and got immediate relief. We hope to publish a full report of this interesting and important case later on.

## Transactions of Societies.

### CLINICAL SOCIETY OF LONDON.

Meeting held Friday, February 10th, 1899.

The President, Mr. Langton, F.R.C.S., in the Chair.

#### TUBERCULOUS CAVITIES IN THE LUNGS GIVING RISE TO GASEOUS METASTATIC ABSCESSES.

Mr. W. G. Spencer described an exceptional case in which abscesses formed in the back, in the right pleura, and in the upper part of the left thigh, the latter bursting into the rectum through the great sciatic notch. Meanwhile the disease of the lungs gave rise to practically neither symptoms nor signs. The patient was a West African negro, æt. 22, who was attended by Dr. Denue for pain in the left knee, frequent headaches and vomiting, which he had had for eight months. A large superficial abscess extending from the left scapula to the lowest rib was opened, but no communication with the chest found. As the patient still had fever he was admitted to the Westminster Hospital, where a tympanitic swelling was found occupying the upper portion of the left thigh and buttock. On opening this multiloculated abscess, gas and pus with a fæcal odour escaped, and it was found to communicate with the rectum through the great sciatic notch. There was no ulceration of the rectum nor infiltration of the ischio-rectal fossæ. Later on the patient suddenly developed an acute effusion into the right pleura. The fluid aspirated having a fæcal odour and containing pus cells, the right pleura was consequently drained. Then followed a period in which the patient declared himself better, the abscesses in the back and the pleura wound nearly closed, the man insisted upon getting up and asked repeatedly to be discharged. The septic fever, however, continued, and foul yellow pus was discharged from the thigh in spite of frequent irrigation. All the evidence of chest disease was an occasional cough and a few rales. Yet malaria, dysentery, typhoid fever, and fæcal fistula from intestinal ulceration, appeared to be clearly negatived. One day, after being five months under observation, the patient suddenly collapsed and died in four hours. Post-mortem showed a tuberculous cavity in the upper part of the right lung, the size of an orange, filled with a gummy purulent fluid, whilst the rest of the right and the left lung contained numerous caseous tubercles; extensive tuberculous caries of the sixth, seventh, and eighth ribs on the left side, and of the eighth and ninth ribs on the right side; the right pleura thickened and adherent; the upper part of the left thigh and buttock completely occupied by multilocular abscess cavities. There was no tuberculous ulceration of the intestines.

Dr Kingston Fowler asked whether tubercle bacilli had been found in the lungs. He was not aware of any cases in which gas and fœtid effusion had occurred in the pleura apart from gangrene or perforation of the lung.

Mr. Makins said it was probably a mixed infection, and suggested that possibly the fœtid abscesses were not directly traceable to the pulmonary lesions.

Dr. J. H. Bryant asked if any anaërobic cultures had been made, and recalled the fact that the bacillus aerogenes capsulatus had been demonstrated in connection with gaseous abscess of the liver and in a case of pneumothorax without perforation. He himself had found the bacillus coli communis in such a case, and he handed round photographs of the liver from that case.

Mr. Spencer, in reply, said the bacillus coli was found in the pus of the abscesses. Tubercle bacilli had been found in the lungs after death. The abscess in the back might have spread from the lung by way of the rib, but the abscess in the thigh must have been metastatic.

Dr. Thomas Barlow and Dr. F. E Batten read a paper on a case of

#### MYOPATHY WITH AUTOPSY IN A BOY, AGED FIVE YEARS.

The case was shown at the Clinical Society in November, 1894, and the following account of the case was given:—The boy had suffered from weakness of the back and legs since birth, he has never talked clearly, but is considered fairly intelligent, he has never had any severe illness. He was a healthy baby, and nothing was noted to be amiss till the time when he should have begun to walk. No similar affection occurred in any member of the family, except possibly his sister (seen by one of us, T. B.), in whom it is noted that the pectorals and deltoids were small. On admission to the hospital the following note was taken:—He is an intelligent-looking boy, his face, eyes, mouth, and tongue present nothing abnormal. His speech is of the type known as "idioglossia." He sits up in bed and holds the back very straight, if placed on his back he is unable to raise himself into the sitting position without turning on to his face. The child is unable to stand, and the legs are flexed at the hip and knee. The muscles are everywhere very weak and thin and have a tough feeling. In the upper limbs all movements seem capable of being performed. The latissimus dorsi and pectoral muscles are very wasted, the infraspinatus is comparatively good. In the lower limb both limbs are equally wasted, no hypertrophy, all movements capable of being performed but the legs cannot be fully extended. The knee-jerks are present, equal and active. Sensation is normal to all forms of stimulation, and the electrical examination show only a diminution to both faradic and galvanic elements. The boy developed an attack of gastro-enteritis and died. At the autopsy was found some defect in the arches of the lower lumbar vertebræ, the spinal cord and brain appeared normal. The pectoral muscles were very poorly developed, the serratus was small, the biceps was fairly developed but was pale, the rectus abdominis muscle appeared normal. The glutei were converted into masses of fat, and the rectus femoris was poor and thin. Microscopically no lesion could be found in the brain, medulla, and spinal cord. The anterior horn cells appeared quite normal except for the deposit of some pigment which does not usually occur in young subjects. The medullated sheath of the root fibres appeared thinned out and not possessed of the regular contour of the normal fibres. In the muscles the following changes were found Extreme variation in the size of the muscle fibres, some being considerably larger than normal, increase in the interstitial tissue between the fibres. Vacuolation in some fibres and a very considerable deposit of fat between the fibres, a fine granular (? fatty) change was found within certain muscle fibres, rendered apparent by staining in Marchi's fluid. The muscle spindles form a striking feature in sections of the muscles and are apparently normal. The sensory nature of these organs is no longer doubted, and it is argued that if it can be proved that these organs remain normal while the rest of the muscles undergoes atrophy, then it is probable that the primary lesion in this disease lies in that part of the nervous system where the motor and sensory paths lie separate. The authors assign the case to the group known as the Leyden-Mobius, although hereditary history was wanting in the present case. The muscular atrophy corresponds to the late pseudo-hypertrophic type.

Dr. **Barlow** called attention to certain clinical features which were at the time as puzzling as they were remarkable. When the case was shown before the Society he took the view that it was of a type intermediate between the cases of myopathy described by Erb and the pseudo-hypertrophic paralysis described by Duchenne, approximating rather to the latter. Even the most atrophied muscles still presented the very noteworthy toughening and fibroid-feel, especially marked in the muscles of the lower limb. None of the muscles of the upper limb presented the absolute atrophy met with in the more advanced cases of Erb's type. He admitted that the absence of the hereditary element in this case was remarkable, but suggested that possibly, if they could keep the other members of the family under observation, this might develop later on. He thought the pathological appearances supported the view as to the nature of these cases, viz., that they were developmental, and that though there might not be a definite congenital defect at birth, there was a pronounced tendency to degeneration which came out at an early period. The noteworthy fact that the laminæ of the lower vertebræ were wanting lent support to the supposition that there the case must be classed with those in which there was a potential congenital defect. He remarked on the slight tenacity of life which these subjects exhibited, as illustrated by the rapidity with which this patient succumbed to an inexplicable attack of gastro-enteritis.

Dr. **Beevor** thought too much stress was generally laid on the matter of hypertrophy, for before Duchenne had described his cases of pseudo-hypertrophic paralysis, cases had been recorded in which there was no hypertrophy. The microscopical examination showed that some of the muscular fibres were definitely hypertrophied. This actual hypertrophy had, in some cases, been the cause of the visible hypertrophy, but in this particular case there was no visible hypertrophy, so that this actual hypertrophy might exist without any outward and visible increase in size.

Dr. **Abrahams** thought the case certainly supported the view held by Erb that all these myopathies had a common origin. With regard to the hypertrophy of the individual fibres one was struck with the great similarity between these specimens and those of disseminated sclerosis in the nerve fibres. There one saw some fibres hypertrophied and others wasted, and in both cases the hypertrophy was of the degenerative kind. He recalled that in 1894 Babes had described certain changes in the motor ends of nerves in cases of pseudo-hypertrophic paralysis, something like these of peripheral neuritis which were figured in his atlas. These had not been generally accepted, and he asked the authors whether they were in a position to confirm these changes.

Dr. **Savill** said the question was after all whether it was not really a nerve change, and asked whether any changes in the nerves were seen. Two things had struck him in studying these cases, first the small differences there were between the different kinds of myopathies described by various observers. As a matter of fact he thought Duchenne had described them all, and he could not understand why Erb's type and Leyden's type were regarded as different or why Duchenne's pseudo-hypertrophic paralysis should be regarded as different from primitive myopathy. He thought they were really the same. In the first place cases with hypertrophy and others with atrophy had been observed in members of the same family. He agreed with Dr. Barlow that it was decidedly an hereditary disease. Secondly, the electrical changes had not been sufficiently studied. It had been said that there were no electrical changes in primitive myopathy, but in this case there was a decided diminution to Faradism and a modified form of reaction of degeneration to galvanism. His own idea was that it was the lower motor neuron that was affected, and that it was primarily a nerve disease. If the same changes were observed in the myeline sheath or other part of the nerve that would go far to elucidate the pathology of these interesting if rare cases.

Dr. **Batten**, in reply, said he had not examined the motor ends in the muscles, pathologically, nor did he know how to proceed to do so. With regard to the changes in the nerves he thought they had taken place in the medullary sheath in the nerve root fibres and not in the nerves in the muscles.

### RESULTS OF OPERATIONS FOR ENLARGED PROSTATE.

Mr **John R. Lunn** read a paper on this subject, which will be found on page 156.

The **President** recalled a case of his own before the introduction of this operation. The patient was a man, æt. 68, with tuberculous disease of the right testicle and a considerably enlarged prostate, which made his life a misery, as he had to get up twenty times a night to pass water. He removed the testicle and then lost sight of the patient for three or four years When he next saw him he had a similar condition of the left testicle, but he noticed then that the corresponding right half of the prostate had undergone marked diminution. He removed the other testicle, and a further diminution of the size of the prostate as a whole ensued, and the patient was still alive at the age of 87, and was only obliged to get up twice or three times during the night. He referred to the mental disturbances which sometimes followed castration and asked if the author had observed anything of the kind in his cases. He himself had met with this acute senility two or three times. He objected to the use of the term surgical kidneys, they being rather asurgical kidneys.

Mr. **W. G. Spencer** observed that some of the patients had died of surgical kidney due to the resistance of an enlarged prostate which the operation had not averted. This reminded them of the fact that the operation did not enable them to dispense with the necessity of adopting the usual treatment such as washing out the bladder, drainage, &c. He agreed that the senile degeneration that followed was sometimes of an acute character, and in other cases there had been described an eunuchoid condition, and these facts made one rather reluctant to advise the operation.

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## HARVEIAN SOCIETY OF LONDON.

### Clinical Meeting held on February 2nd, 1899.

The President, **Mr. Henry Juler**, F.R.C.S.,
in the Chair.

**Mr. Raymond Johnson** showed a girl, æt. 8, who was the subject of a large congenital cystic hygroma of the neck. She had been under observation since the age of sixteen months, and the tumour had progressively but slowly diminished in size. On three occasions the tumour had been the seat of attacks of violent acute inflammation, during which the swelling became enormously increased in size, and there was rather severe constitutional disturbance. On each occasion the inflammation had subsided spontaneously, and was followed by a more rapid shrinking of the tumour. One of the largest cysts had been treated by drainage, but, in view of the very marked tendency of tumour to shrink, and its extent and diffuse character, it was not proposed to make any attempt to remove it by operation.

Mr **D'Arcy Power** remarked that such growths, in the neck, usually involved the lobule of the ear, as had evidently been the case in this child, though the lobule of the ear was actually separated from the growth by a considerable distance. Mr Power alluded to four other cases of a similar kind in the same situation upon which he had lately operated. He had been able to remove the bulk of the growth in three of the cases, but in the fourth it was so extensive, and involved such important structures, that much had to be left behind. Yet, in this case, the remainder of the growth absolutely vanished in the course of a few months, and after attacks of lymphangitis like those described by Mr. Johnson.

In reply to Mr. E. L. Hunt, Mr. **Johnson** said that the tumour in his case could be distinguished from a deeply-seated dermoid chiefly by its diffuse character and the fact that it was multilocular.

Mr. **Jackson Clarke** showed a little girl, æt. 3, who had several congenital deformities. The deformities of the hands and feet had been cured by gradual methods, and he expressed his preference for such methods over procedures such as Phelp's operation which, in his opinion was undesirable as applied to club foot in children.

Mr. **D'Arcy Power** asked Mr. Jackson Clarke whether he had been able to elicit any history of syphilis in this case, or whether there was any evidence of placental inflammation. He thought that the dimpling had been caused by the presence of allantoic bands, for it was so exactly symmetrical. The imitation of these bands had led to the slight hypertrophy of the bone underlying each dimple.

Mr. **Clarke** replied in the negative.

### A CASE OF MUMPS, WITH MARKED ENLARGEMENT OF THE SPLEEN.

The patient, exhibited by Dr. **Ewart**, a healthy boy, æt. 13, was admitted into hospital on the third day of the attack, with the characteristic swelling of the left parotid. The affection remained limited to the left side, and ran a mild course without pyrexia. The only complication was an enlargement of the spleen, which persisted for several days, and gradually subsided as the parotid gland returned to its normal size. Tracings of the splenic dulness taken during the period of enlargement and after recovery were shown. Dr. Ewart had not found in text-books any reference to this complication, which may perhaps sometimes occur unnoticed. In this case it gave rise to no symptoms. The dulness measured 6½ inches in the horizontal and 5 inches in the vertical direction. The enlargement took place upwards, the spleen projecting half an inch only below the costal arch. The spleen when percussed at the meeting was of normal size, and yielded the "boxy" percussion note which, as recently pointed out, sometimes replaces the splenic dulness. A specimen of the blood had been stained for micro-organisms by Mr. Hunt with negative results.

Dr. **Maguire** remarked that this was a case in which his method of palpation was particularly valuable for defining the outline of the spleen and avoided the errors which beset the employment of percussion in such cases.

At the invitation of the President,

Dr. **William Hill** showed a young woman who had been the subject of chronic suppuration in the middle ear, and who for two years had suffered from facial paralysis, associated with paralysis of the corresponding half of the soft palate. No evidence of diphtheria was obtainable. The interest of the case consisted chiefly in its bearing upon the question as to whether or not the muscles of the palate received any part of their nervous supply from the facial nerve.

Dr. **Herbert Tilley** said the occurrence, if real, of combined facial and unilateral palatal paralysis, pointed to the palate having a double nerve supply—the facial through the vidian, and the spinal accessory by the pharyngeal branches of the vagus, the latter being the most constant, and probably the sole one. He referred to three cases of the kind which had recently come under his notice: (1) A man, æt. 55, who complained of "constant accumulation of phlegm in the throat," and on examination showed paralysis of soft palate (left side), left side of pharynx, left vocal cord, left sterno-mastoid, and upper part of left trapezius. (2) Case of syringomyelia in girl, æt. 15, with paralysis of right palate, right side of pharynx, right vocal cord, together with other lesions characteristic of the disease. (3) A case the speaker had that day seen at Golden Square, in which a woman, æt. 38, after suffering for a few days from violent pain in the back of the head, had "a fit," and on recovering from it was "paralysed in the left arm and leg" for three weeks, and also "in the throat." Examination of the latter shows paralysis of the left side of the palate, pharynx, and left vocal cord, but not of the sterno-mastoid or trapezius. Such cases proved indisputably that the spinal accessory supplies the palate and pharynx and larynx (motor fibres), and bore out the experimental evidence.

Dr. **Guthrie** only accepted the diagnosis of paralysis of the palate on the strength of the reaction of degeneration.

*Diphtheritic Tracheitis with Temporary Obstruction of the Right Bronchus in the Adult.*—Dr. **Ewart** and Mr. E. L. **Hunt** exhibited a series of tubular casts of the trachea expectorated on the third, fourth, and fifth days of the attack, by a maid servant, æt. 32, who was now recovering, after a pyrexial period of nineteen days, from a severe pulmonary catarrh, due, as shown by repeated cultivation, to diphtheria. She had been injected on the third and the fifth day with 4,000 units of antitoxin. On the third day the laryngoscope had shown the presence of membrane immediately above the glottis, but the vocal cords were free. There was considerable dyspnœea on exertion, but no apparent distress of breathing in recumbency, though the rate of pulse and respiration remained rapid, with some cyanosis of the face and lips throughout the attack. For several days there was loss of respiratory sounds and great diminution of respiratory movement over the right side of the chest, which were attributed to impaction of membrane in the right bronchus, as there was no evidence of any inhalation of food having occurred. With the return of the respiratory function abundant râles gradually developed. The patient was completely aphonic for fifteen days, but in contrast with the familiar symptoms of membranous croup in children the cough was not "croupy," and there was no stridor nor spasm of the glottis. An alarming attack of heart failure had occurred on the tenth day, but neither albuminuria nor paralytic symptoms of any kind had hitherto made their appearance.

In answer to a question by the President, Mr. E. L. **Hunt** remarked that the antitoxin with which the patient was injected was obtained from the Royal College of Physicians. Two injections were given, of 4,000 units each, into the subcutaneous tissue of the abdomen. The injections were given on the third and fifth days of the disease, and were followed by rashes, erythematous, and transient on the arms and legs on the eleventh and fourteenth days of the disease, and about the same time the patient suffered from swelling and redness of the hands and pain on movement in the wrist and finger joints; there were also pain and tenderness in the muscles of the legs and thighs.

## WEST LONDON MEDICO CHIRURGICAL SOCIETY.

A meeting of this Society was held in the Society's Rooms at the West London Hospital, on February 3rd.

Dr. S. D. **Clippingdale**, President, in the Chair.

A **discussion** on the "Treatment of Appendicitis" was introduced by Dr. Seymour Taylor, and Mr. McAdam Eccles, and continued by Dr. Donald Hood, Mr. Keetley, Mr. Bidwell, Dr. Caley, Mr. E. T. A. Boyton, Dr. George Eccles, Mr. Lunn, and Dr. Dobson.

Dr. **Seymour Taylor** in opening the discussion remarked: That so long as physicians recognised the appendix as the cause, in perhaps 90 per cent. of cases, of those groups of symptoms which have been called typhlitis and perityphlitis, a long stride forwards has been made. One further step should be made, *viz.*, to recognise that sepsis by micro-organisms or by their products is the chief or only cause of that fear of peritonitis, whether local or general which is the sequel to appendicitis. He would not say that appendicitis itself is not set up by the influence of fruit stones, grit or other foreign bodies, nor would he deny that the condition is preceded by catarrhal enteritis of the appendix, or by tuberculous deposit therein; but these alone are not sufficient to complete the clinical picture. So far as treatment is concerned, the physician's advice may be of the utmost weight and importance in two periods, viz., from the preventive period, when by ordering a patient's diet and mode of life he may postpone or even prevent an attack of appendicitis; and, secondly, when a local tumour having formed he may arrest the progress of the disease at a point short of the formation of pus; for suppuration having once occurred all further treatment must then be at the hands of the surgeon. In the first stage the diet should be largely of a liquid character, but consist also of vegetables and some beef extract. Milk should be rigidly excluded, as it tends to constipation, with bulky or scybalous stools. In the second stage his experience was strongly in favour of treatment by perfect rest, small doses of opium frequently repeated, and the administration of copious enemata of soap water and olive oil. On the other hand, if competent surgeons by early laparotomy and removal of the appendix could show a death rate which was more favourable than the physician's palliative and expectant treatment, then there could be no two opinions that from the first all cases of appendicitis should be handed over to their care. Should the case, however, have passed on to suppuration, surgical help is needed at once. The delay of an hour even may cause the loss of a life. Then comes a time in many cases, which no one can foretell, when the patient who was apparently in no great danger, is suddenly, as it were, precipitated over the abyss and is beyond all surgical skill. The thermometer will not necessarily be a guide to the existence either of pus or of perforation, but it should be used intelligently in combination with a clinical eye on the tongue and pulse. Finally, he would with all respect impress on their surgical friends to so incise the abdomen in all cases of doubtful obstruction as to readily command the appendix. The site of pain and tenderness is by no means a guide to the seat of disease.

In reviewing the surgical treatment of acute inflammation of the vermiform appendix, Mr. **McAdam Eccles** said that he considered that surgical interference was called for in all cases where there was no suppuration, whether local or remote; in instances where there was general septic peritonitis; and in many instances between attacks, so that the offending organ might be removed. When an abscess in the right iliac fossa had to be dealt with, he thought that two points needed emphasis, one that a very free exit for the pus should be secured, and the other that nothing more than free drainage, as a rule, should be attempted. His belief was that most cases thus treated do well, and have but little tendency to further trouble from the appendix. He laid stress upon his view that it was not advisable to explore the area of suppuration until time had elapsed, so that peritoneal adhesions, shutting off the general peritoneal cavity, might have formed. The pus did not tend usually to pass into the serous cavity, and therefore too early operation was a mistake.

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## France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, February 12th, 1899.

### APPENDICITIS.

M. **Reclus**, in referring to the treatment of appendicitis at the last meeting of the Academy of Medicine, said that if one was to consider exclusively medical statistics it would seem paradoxical to advise an operation in every case, it should not be forgotten that persons cured *medically* remained exposed to new attacks of appendicitis; he knew a patient who had been cured of sixteen attacks, and would have died of the seventeenth, which occurred a month afterwards, if an operation had not been quickly performed. It was true that there were cases which could get well without interference, but there was no means of distinguishing them from those requiring an operation. Consequently he was of the opinion of M. Dieulafoy that an operation was *always* necessary. But the question, Should it be done in the acute stage, or would it be better to wait until the acute symptoms had subsided (*operation à froid*)? The majority of surgeons preferred to wait, insisting on the difficulty of recognising the appendix in the inflammatory stage and the possibility of wounding the cæcum, and of infecting the peritoneum. Those fears he considered as a good deal exaggerated, for an experienced surgeon could always avoid such dangers. In any case it was impossible to predict the course the affection might take, and, while waiting, the patient might be carried off by acute peritonitis. The wisest plan was to operate as early as possible.

M. Dieulafoy said that he was the much more partisan of an early operation, as the acute symptoms of appendicitis, fever, vomiting, abdominal pain, &c., were frequently followed by a brusque arrest, which did not however presage a favourable turn. On the contrary, the deceptive improvement coincided often with the formation of the gravest lesions, gangrene of the appendicitis, septicæmia, or diffuse peritonitis.

M. Walthier gave statistics of 27 operations done by him last year, all of which, except four, were performed after the acute symptoms had subsided, and all got well; while of the remaining four, one died. If he preferred applying the medical treatment first, it was because he considered the ablation of the appendix more important than was generally believed, and that in the acute stage it was not always possible to remove it.

M. Kirmisson said that he operated twenty-five times in 1898, and twelve of the patients died from diffused peritonitis. If they had been operated on earlier some of them would have been saved.

M. Jalaquier was of the opinion that the present discussion demonstrated clearly that it was impossible to lay down a hard and fast rule as to the treatment of peritonitis. It was certain that the principle of operating as soon as the case was properly diagnosed was very seductive, but unfortunately the surgeon was never called quickly enough in private practice to a patient suffering from appendicitis. He was consequently a partisan of abstention in cases where the symptoms remained localised, applying medical treatment only; within the past year he injected subcutaneously artificial serum.

### PLEURISY.

Pleurisy constitutes, as everyone knows, a malady difficult to diagnose as regards the abundance, the seat, the distribution of the liquid in the pleural cavity. The case is specially difficult where adhesions exist dividing the cavity into several compartments. Frequently this complication is only discovered after several times practising thoracentesis. Professor Chauffard reports such a case treated by him in the hospital. The patient was 55 years of age and of a sound constitution. At the end of January he was seized with all the symptoms of pleurisy and decided on entering the hospital. Examination showed an increase in volume of the thoracic wall of the left side. Dulness was present over the whole region and the vibrations abolished up to the middle of the scapula; the dyspnœa was considerable. The same day six ounces of fluid were drawn off by the trocar, the instrument being placed in the eighth intercostal space. The following day no improvement had taken place, on the contrary matters seemed to have grown worse. This time the trocar was passed in the sixth space giving exit to a large quantity of liquid (a quart) to the great relief of the patient. A few days afterwards the needle was passed through the third intercostal space, and a small quantity of liquid removed. Finally, after a fourth operation, by which four ounces were withdrawn, the cavity was considered empty, and the man made a slow recovery.

### THE ACADEMY OF MEDICINE.

The demolition of the old Mont de Piété in the rue Bonaparte, to make room for the palatial building which is to be constructed on this central site for the Academy of Medicine, has been completed. The building, higher up in the same street actually inhabited by this body, is a mediæval structure of small dimensions and singularly unprepossessing appearance, and it has for years been scandalously unsuited for the purpose. It is estimated that the new buildings will take about two years to put up, and the cost is put at 832,000 francs, that is to say, between £32,000 and £33,000. This sum will be contributed partly by the State and partly from the funds of the Academy, and we are promised that, from an architectural point of view, the new building will be a masterpiece in this city of masterpieces.

## Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, February 11th, 1899.

### DIETETIC TREATMENT.

IN the *Munch. Med. Wochensch.*, 30/98, Hr. G. Treupel has an article on the subject with special reference to the form of treatment in certain classes of cases. The advances in the domain during the last twenty years have been considerable, and bid fair to go still further in the near future. The first subject discussed is the treatment of diabetic mellitus. The aim of treatment in this disease is, first, to diminish the formation of sugar within the system, and, secondly, to use up the sugar existing in the body fluids. Both aims are best reached by limiting the quantity of carbohydrates in the food. The restriction should be absolute during the first four weeks of treatment. During this period the patient's diet should consist of albumen and fats, and limited quantities of certain vegetables, tea, coffee, and certain drinks free from carbohydrates. After this period is over, starchy foods may be given, but in certain limited quantities, strict regard being paid to the body-weight and the character of the urine. Beer should be avoided.

Subcutaneous feeding is the next point discussed, the author confining himself to a report on the present stage of the question rather than to conjecture as to the future. Fat lends itself more readily to the purpose of subcutaneous feeding It is not irritating to the tissues, is heat-giving, and it can be readily stored up in the system in large quantities. Sugar has the advantage of being readily sterilised, it can be stored up in the form of glycogen, and it is easily and well used up in the ordinary tissue change. But against anything like a general use of these substances subcutaneously there are many objections, and, most of all, the painful swelling that takes place in the muscular tissue after their administration. Albumen does not lend itself to subcutaneous injection, it is sterilised with difficulty, is often not assimilated, and does not form a reserve material and in addition to this the albuminous bodies, to some extent, are poisonous when in the blood.

Artificial foods are next touched upon, and regarding these, he opposed the opinion of Klemperer that the natural products were more suitable. In many cases, for example, in blood diseases, with their accompanying emaciation and exhaustion, in the numerous cases of tuberculosis, admitting of recovery, it is not possible to give such a quantity of the natural foods as will answer the purpose. In such cases the artificial foods find their proper place, and of these the albuminous preparations are the most important. It is important not only that excellent preparations are before the profession (somatose, nutrose, eucasein, sanatogen, sanose), but that such can be procured at a not too exorbitant cost, although the ideal in this respect has not yet been reached. He expressed the hope that when the subject of tissue changes and nutrition are better known that good foods will be forthcoming, not only for the sick, but for the people at large, and at a low cost.

At the Society for Innere Medizin (December 12th) Hr. P. Ehrlich gave an address on

### THE RELATION BETWEEN THE CONSTITUTION AND ACTION OF MEDICINES.

The dependance of a knowledge of drugs on chemistry becomes the greater the more one recognises that the action of chemical combination on the organism depends on the presence of certain sharply definable "atomencomplexe" in moleculi, for example, the action of curare on the quaternary ammonium group, the anæsthetising action of cocaine on the presence of the benzoyl group the action of the phenacebineoid antipyretics on the formation of paramidophenol in the system, the affinity of nerves for all the ethyl combination.

The results of this research within this region had not hitherto been of very great importance. Chemical constitution alone does not suffice to explain action. The relationships here were more complicated than in the case of the dyes, in the case of which important conclusions could be drawn from the constitution alone. He had determined that the introduction of the sulphoacid groups would convert poisonous bodies into non-poisonous ones (aniline), the nerve staining properties of certain species could be entirely abolished by the introduction of the same groups. By the introduction of such different groups the diffusion of the body within the system was changed.

The peculiar dissemination of each chemical body within the system was a result of election by the organs. There was no foundation for the view that the vessels in various organs showed different degrees of permeability.

Venilamine, for example, caused an isolated necrosis of the kidney papillæ, acetylparaphenylendiamine a peculiar brown colouration of certain muscular parts of the diaphragm which did not depend on the presence of a derivative of hæmoglobin, but probably on an oxidising combination of acetylparaphenylendiamine with the molecule of the muscle albumen. Except the diaphragm, only muscles of the eyes and the external muscles of the larynx were occasionally affected.

The election of the tissues could only be attributed in part to the combination of the body introduced with the protoplasm. Of most of the foreign bodies introduced there could be no question of chemical combination within the system, as the carbo-hydrates, ether, chloroform, sulphonal. For these bodies the explanation of the attraction was that lecitine had a great power of solution for them and attracted them. In the case of other bodies the explanation was more difficult, for very different bodies such as aniline and salicylic acid were not chemically combined in the protoplasm, as they could be extracted from the system by indifferent solvents.

Witt believed that the dyes were not chemically united in the fibres, but were like dissolving bodies in their solvent material. In this hypothesis he has brought forward a number of facts in confirmation.

Dyes again gave us an idea of what tissue elements took in the material. It had never yet been observed that in cases of vital staining, the living protoplasm had been coloured, but only certain paraplasmatic granules in the cells. In nerve staining, also, it must not be assumed that the nerve substance itself was coloured, but certain paraplasmatic bodies present in the nerves took on the colour. These facts made it probable that poisons also, such as the alkaloids, were not taken up directly into the protoplasm, but into paraplasmatic elements.

From these considerations the following conclusions could be drawn. In the synthetic preparation of a chemical material from which a definite physiological action is desired, two conditions have to be fulfilled. First, the configuration of the molecule must be such that it could enter into rigid ("starre") solution with the tissue elements in question. Secondly, the molecule must contain an atomcomplex, which exercises a specific action on the protoplasm. Thus, in cocaine, for example, the bearer of the anæsthetising properties is always the benzoyl remnant, whilst the whole remaining molecule is fitted by its configuration to enter into "rigid" solution with the protoplasm, and in this way carries the benzoyl groups into the protoplasm.

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## Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, February 11th, 1899.

### EDITORIAL CHANGES.

It is interesting to note how easily a medical journal in Vienna changes hands. Without any preliminary announcement or apparent difficulty the new editor of the *Wiener Klinische Rundschau* briefly states in a few words that "we—Drs. Obermayer and Kunn - hope to merit the good esteem of our readers in the future with the assistance of our co-labourers, &c., &c." It is not long since Dr. Paschkis made his *début* in a similar fashion in the pages of the same journal on the retirement of Prof. Schnitzler. This is the fourth time in twelve years which proves that the life of a Vienna editor must be a hazardous one when we find his ardour spent in an average of three years. It is not, however, so strange when the circumstances are examined of the editors' daily performances. They are all busy practitioners who take to this literary work as a sort of "extra" which ere long becomes tedious to themselves.

### EPI-DESMITIS PERFORANS SANATA.

For some years past we have been flooded with terms "more appropriate" for "perfect division and definition" in our classification of disease that renders it difficult for the casual reader to recognise what he is perfectly familiar with. Epidesmitis (τα ἐπιδεομα appendix) is no exception to the rule as Eiselt is persuaded that this is the more correct term for the disease we have lately defined as appendicitis, processitis vermiculitis, cœculitis, &c.

He records a case of this kind, which came under his notice in November last, and recovered without any surgical interference.

A scholar, æt. 14, became ill on November 7th; on the 11th pain in abdomen, diarrhœa, vomiting, and sore throat commenced; on 15th he was brought to hospital.

On examining the patient, follicular angina was discovered, the abdomen regularly distended, with amphoric percussion, the diaphragm was raised to the fifth rib, the lung percussion normal, while liver and spleen could not be defined, except posteriorly, where the liver was percussed under the right shoulder blade. Fever, vomiting of a bitter, greenish fluid, with great pain in the abdomen, aggravated by movement were the dominant symptoms. Owing to the great abdominal distension, no further palpation could be made in the lower part of the body, but it was assumed that the peritoneal cavity was filled with gas or pneumo-peritoneum.

The history of this case was at first somewhat obscured, as nothing could be elicited in the way of typhoid ulceration or other causes which might lead to perforation, and are often due to peptic, tuberculous carcinomatous, and other forms of ulcers, as direct erosion of the bowel is rare. None of these causes being probable, the origin was supposed to have proceeded from the appendix.

As no typhoid symptoms had preceded the illness, there was constipation prior to the attack, with slight pain, which we may assume to have been typhlitis. There are cases on record, however, where ambulant typhoid has proved fatal in the ball room, but these usually occur in the third week of the attack, when an apyretic condition of the temperature is observed. In the case of this scholar the tympanitis, vomiting and collapse continued up to November 21st, when the vomiting ceased, and the distension of the abdomen suddenly disappeared.

On November 25th distension and pain in the abdomen reappeared, with an elongated tumour in the cæcal region. On November 27th the diaphragm was raised to the level of the sixth rib. Clysma were occasionally given with sedatives for the pain up to the 28th, when the fever subsided, though it slightly recurred on December 5th. The cæcal tumour gradually disappeared after this till it reached the dimension of 6 ctm. long without pain, and was immovably fixed at Poupart's ligament, when the patient again recovered his usual health.

It is fair to assume from these symptoms that the perforation took place in the vermiform process and that gas, probably coprophytic, escaped into the peritoneal cavity without producing exudative diffuse peritonitis, which finally became absorbed after the perforation had closed.

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## The Operating Theatres.

### ST. THOMAS'S HOSPITAL.

REMOVAL OF CARCINOMATOUS GLANDS FROM THE AXILLA. NO APPARENT PRIMARY DISEASE.—MR. ANDERSON operated for the removal of a mass of carcinomatous glands from the right axilla. The patient, a healthy-looking woman, æt. 45, had noticed a growth in the right armpit six months before; this continued to enlarge, and other growths made their appearance in the same region. There was no marked impairment of general health, and no sign of other disease in the body. The family history was negative. On examination a number of hard tumours, evidently glandular in origin were found filling the whole of the right axilla as high as the first rib. They were not adherent either to the skin or to the axillary walls and were but moderately tender on pressure. The supra-clavicular region was normal. A close examination was made of the mammæ and of the whole trunk, but no abnormality of any kind could be detected. The axilla was freely opened up, and the tumours, together with the axillary fat, were completely removed leaving the vessels and nerves cleanly dissected, and clearing the whole of the connective tissue from the axillary portion of the pectorals and subscapularis. On section of the structures removed the glands were found to have undergone scirrhous transformation, but the disease had not extended beyond the capsule of the gland in any case. The operation was attended with little bleeding, and no apparent shock. Subsequent microscopic examination confirmed the diagnosis of carcinoma. Mr. Anderson remarked that the case was one of great pathological interest; there could be no doubt as to the malignant nature of the tumours, and that the growth was carcinomatous and not sarcomatous, but no primary disease could be discovered in any of the parts drained by the affected glands. Suspicion pointed towards the right breast as the most probable seat of primary disease, it even became a question whether it was not desirable to remove the mamma as a precautionary measure, the possibility of the existence of small dessiminated foci, not yet appreciable to the touch, having to be considered; it was decided, however, not to take this step. A close watch would be kept on the patient, all the regions drained by the axillary glands would be retained under notice, and a further operation would be performed should any justifying lesions reveal themselves. He was not aware that any similar case had been recorded. Theoretically, he said, it appears impossible that an epithelial growth should originate in the lymphatic glands, and the probabilities still were that some primary disease would ere long become manifest, but there was nothing in the present aspect of the case that justified further interference.

It is now four months since the date of the operation. The wound healed by first intention, the patient's health remains good, and there is no sign of disease in the mammæ or in any other part; the axilla shows no recurrent growths, and the supra-clavicular region remains free from disease. It is still early, Mr. Anderson thinks, to pronounce a dictum upon the case. The patient will be watched closely, and should she remain free from malignant growths for a twelvemonth there will, he considers, be an interesting field for pathological speculation.

**Removal of a Tumour of the Ascending Ramus of the Lower Jaw.**—The same surgeon operated on a boy, æt. 14, a fairly healthy-looking lad, who had noticed six months before a swelling of the left side of the lower jaw. This gradually increased, but without causing much pain or inconvenience. The tumour involved the whole of the ascending ramus up to the sigmoid notch. It was fusiform in shape, about two inches in thickness from without inwards, the inner surface was hard as though covered with a shell of bone, the outer surface was soft, no glandular enlargement was found, and there were no indications of secondary deposits. Mr. Anderson commenced the operation by making an incision from the angle of the mouth downwards to the angle of the jaw, then curving upwards in the direction of the mastoid process; the flap so formed was reflected with the parotid and the superficial fibres of the masseter, which, apparently uninfiltrated were stretched over the tumour; the bone was sawn across from behind the second molar tooth downwards in front of the insertion of the masseter, this was then seized, turned upwards, the fibres of the internal pterygoid being cut across; the coroncid process was divided with bone forceps, and the bone was disarticulated from the inner side; the diseased portion of bone could now be detached by a few touches of the knife, leaving the parotid intact. The bleeding vessels were secured as soon as divided, the loss of blood being only moderate. On examination of the tumour it appeared to be an endosteal sarcoma, which had distended the bone on the inner side, but had escaped from it on the outer side; it presented the characters of a myeloid, and was afterwards found to be of this nature. Mr. Anderson said that in the absence of infiltration of the tissues the operation was not one of great difficulty, and the prognosis, on the diagnosis of endosteal sarcoma, was decidedly favourable. The chief difficulty would be, he considered, in relieving the deformity which would arise as a result of the unbalanced action of the masticatory muscles of the opposite side; it was a problem that at present remained unsolved to keep the teeth of the lower jaw in their correct position with regard to those of the upper, although Mr. Birnie and others had devised various ingenious appliances, and this would be a matter for consideration during the following weeks in the present case.

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### Vital Statistics.

The deaths registered last week in thirty-three great towns of England and Wales corresponded to an annual rate of 19·5 per 1,000 of their aggregate population, which is estimated at 11,404,408 persons in the middle of the year 1899.

Birkenhead 22, Birmingham 22, Blackburn 15, Bolton 19, Bradford 16, Brighton 13, Bristol 15, Burnley 18, Cardiff 15, Croydon 11, Derby 18, Dublin 31, Edinburgh 26, Glasgow 33, Gateshead 24, Halifax 22, Huddersfield 13, Hull 14, Leeds 18, Leicester 15, Liverpool 25, London 19, Manchester 23, Newcastle-on-Tyne 23, Norwich 14, Nottingham 17, Oldham 22, Plymouth 15, Portsmouth 19, Preston 22, Salford 19, Sheffield 20, Sunderland 27, Swansea 21, West Ham 15, Wolverhampton 22. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 1 2 in Manchester, 1·4 in Oldham, and 1·9 in Bolton; and from whooping-cough, 1·0 in Gateshead, 1·1 in Nottingham and in Halifax, 1·3 in Bristol, 1·5 in Swansea, and 2·2 in Preston. In none of the large towns did the death-rate from scarlet fever, from "fever," or from diarrhœa reach 1·0 per 1,000. The 90 deaths from diphtheria included 32 in London, 9 in Leeds, 8 in Sheffield, 6 in West Ham, 5 in Birmingham, 5 in Leicester, 5 in Liverpool, 3 in Glasgow, and 3 in Portsmouth. No death from small-pox was registered in any part of the United Kingdom.

### A Very Small Baby.

The *Boston Medical Surgical Journal* says there is at present at Gouverneur Hospital a female infant reported to be perfect in its development in every respect except as regards size; at the age of two months she weighed but 32¼ ounces. When born her weight was only 16 ounces.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 15, 1899.

## DIRECT REPRESENTATION AND THE GENERAL MEDICAL COUNCIL.

There can be no question that the recent dramatic case of the General Medical Council *versus* Hunter, with its tragedy of main motive, of climax, and of sequel, has sunk deep into the minds of the profession. When the time comes for the Council to meet once again we must look to the Direct Representatives to insist upon threshing the matter out, as far as it may be possible, in the teeth of an obstructionist majority. There are points involved in this case that must be publicly investigated, or a great number of medical practitioners will be for ever exposed to a ruinous prosecution similar to that which their elected representatives on the Council have been induced to sanction in absolute ignorance of the essential facts of the case. To prosecute a licentiate of the Society of Apothecaries because he chooses to style himself a physician is to beat the air and to harass the loyal soldier within the camp while treacherous hordes of outlaws are allowed to plunder both public and profession at their own sweet will. We ask, as many have asked before, why is all this? What condition of government permits such a gross travesty of the ordinary rules of common sense to sway the destinies of a body of educated men, from whom Government has exacted the most stringent proofs of special technical knowledge? The only answer we have ever seen advanced that deserves serious consideration is that by constitution the Council is an autocratic bureau, a body nominated mainly by Government and by the medical corporations, to the exclusion of the elective principle. Could we imagine a popularly elected governing body neglecting the quacks and turning their attention to the discomfiture of their own duly qualified and registered members? The decision of the Court of Appeal in the Hunter case has added to the absurdities of the position, for so far as we can grasp the situation Her Majesty's judges have declared that no one but a doctor of medicine may call himself physician; at any rate, a man holding the diploma of the Royal College of Surgeons and of the Apothecaries alone is not entitled to the titles of either "Doctor" or "Physician." If the Council be logical it will go the round and spend the funds provided by the medical profession in a prolonged series of domestic prosecutions founded on this or that similar fatuous hair-splitting, which puts money in the pockets of the lawyers, but confers not one morsel of good upon any other person in the realm. On reviewing the past history of the General Medical Council it is impossible to escape from the conclusion that the policy of that august body is out of touch with the sympathies and the interests of the profession they are supposed to govern. A simple remedy for the present state of affairs, which the Hunter incident has rendered well-nigh intolerable, may be sought in an immediate increase of the Direct Representatives a reasonable demand that has now been urged upon the Council for years past. But it is always better, where feasible, to make the most of existing machinery, and it is quite likely that the University representatives should legally be elected by graduates, and not nominated by each individual Senator. If this point were established, a great step would thereby be accomplished towards a broader electoral basis for the Council. We fear such a question lies somewhat outside the field of the Medical Defence Union, the quarter to which we are beginning to turn for help in every strait. The want of organisation among the ranks of medical practitioners renders it well nigh hopeless to look to them for any initiative. For all that, the question of choosing their own Council representatives might be usefully discussed by some of the graduates' clubs that exist in various parts of the United Kingdom. Will some Scotch or Irish university lead the way?

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## HISTORY BASED UPON DIET.—II.

At the present time Americans eat more meat per head *per diem* than any other civilised people, closely followed by the people of our islands. Then come the Germans, followed by Austrians, French, Russians, &c. In almost the same order the brain power, as shown by inventive genius and mental acuity, may be arranged. The genius of the German people, so fruitful in output of material, tends rather to the laborious expansion of ideas and discoveries initially conceived by the more active cerebral centres of the Anglo-Saxon than to initial invention. The German brain consolidates and perfects what the Anglo-Saxon suggests. The brain of the greater flesh-eater conceives what the other is better able to examine and prove after suggestion. It is easy, of course, to instance numberless contradictory examples of individuals personally endowed with unusual talent, either through heredity, owing to environment, or even to what must be regarded as pathological development. But if the achievements of nations be taken *en masse* the characters of their work represent the results of diet. It is almost the fashion to sneer at food as a factor in human acquirements. Many instances of great men who have showed an utter disregard for the pleasures of the table and the manner of their nourishment can be mentioned. Still brain tissue is the outcome of food; its quality the outcome of the food's quality. The nature of the food eaten influences the meal-times. The Briton and American enjoy a good breakfast, they deposit cash in their bodily bank on which to draw for the purpose of paying ready money for the energy made use of in the course of the forenoon's mental and physical work. They supplement the withdrawal after midday, and again at night. The amount deposited overnight is added to next morning, and the day's work can be paid for without stress. The common custom of many nations to delay their first solid meal until near mid-day involves overdrawing their balance in the forenoon, replacing the deficiency at mid-day, but only to overdraw it again later, unless, as often is done, another large deposit is made before the first has been properly dealt with and distributed; while, after this, a long period elapses before any further addition is made, during which time their outlay again depletes their intake. One result of this method of paying at the end, rather than drawing upon cash already provided, is the common auto-intoxication from over-absorption of digestive products after the midday meal. The interval from the last intake of food has been so long, the debit balance so great, that rapid absorption leads practically to proteose intoxication. Somnolence comes, and very frequently a universal suspension of work for one or two hours is necessary. The interval, or even siesta, after the midday meal, common even in parts of Germany, results from this. The natural result is apparent in the greater power for rapidity in work done, should the worker be untrammelled by restrictions as to meal-times put on him by others. To our personal knowledge some of the best medical authorities upon dietetics in Germany follow our example, and partake of a much more generous breakfast than the roll and coffee usual there, and for much the same reasons as are put forth above. As the body is nourished by the food taken in; and, as the nature of the food, while exercising no influence upon primitive and generic characteristics, and but little upon the lower nervous attributes of early acquisition, appears to affect very markedly the range and activity of mental processes; so dietetical economy must influence the story of a nation's history in the World, must mould the predominant characters of the race, and shape its destiny more intimately than our public politicians might care to allow. Climate governs diet; diet governs human minds; progress and predominance must rest with those races who dwell where they can consume the results of "breeding-in" among animals. But the more brain-helping food than their neighbours, provided they fall not into ways of luxury and foreign habits as to food, inapplicable to the degree of latitude near which they dwell. But it is not the trivial forms in which the necessary food stuffs are consumed and appreciated which affect nations, but the much wider question of their actual source. Animal proteids and extractives in any form, compatible at least with the process of healthy digestion, serve no more useful purpose in rendering perfect the physical development of man, than those substances obtained from the vegetable world. The lower cerebral faculties, touch, sight, hearing, the reflex and trophic powers, are probably as highly organised, though they may be, when circumstanced differently, educated to a keener or duller pitch. The more mechanical mental processes, the condescension to present and petty details, the qualities of fear, love, and endurance of pain, these may not differ markedly; but the greater powers of governing and swaying others and looking beyond the actual surroundings or the details of the present, to the possibilities of the future or to the discovery of new laws and facts; such powers are dependent, we believe, upon the actual source of the body's nutriment. Beef-eating Britons invented the loom and steam-engines, discovered the practical powers of electricity, introduced vaccination, antiseptics, produced a Shakespeare, founded the Mistress of all Parliaments, and have succeeded marvellously in the art of governing other peoples. Their greater brain power has conduced to the strengthening of their bodies by various games and athletic exercises; the excess of nervous activity seeking such outlets.

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## THE PROVINCES AND MEDICAL PROGRESS.

London possesses no monopoly in human intellect, nevertheless it deservedly enjoys the reputation of possessing most that is best in this regard. No one can dispute that the environments of a Londoner are precisely those which compel the development of the intellectual, as opposed to other faculties. The speed of life, both mental and physical, is for this reason much greater in the metropolis than elsewhere. The proof that this is so is furnished by the necessity which exists for annually recruiting the population from country-born persons. The intermarriage of Londoners does not result, as a rule, in offspring whose physique even under the best circumstances can generally be said to attain to a normal standard. Indeed, there are some authorities who go further and state that the intermarriage of Londoners could not be continued beyond the third generation, inasmuch as by that time most of the persons concerned would be dead, or those that were living would be mostly imbeciles. To a large extent, however, this must be a matter of speculation. Nothing absolutely certain is known upon the subject, nevertheless the statement receives some support from the facts which we possess concerning discussion of these interesting questions need not detain us now; the point to which we desire to draw attention is the comparison which has recently been made between the provinces and London in relation to the progress of medicine and surgery. In such a matter, of course, there cannot be any cause or room for rivalry. Clearly, it is immaterial in what part of the kingdom a great discovery in medical science is made. And yet Dr. Priestley Leech, in a recent presidential address delivered before the Halifax and District Medical Society, would seem to imply that some competition in this connection exists. He even definitely claims that the provinces have earned a position equal if not superior to that of the metropolis in the advancement of medical science, and he further avows that "What the provinces think to-day London thinks to-morrow," paraphrasing a well known political saying, is by no means imaginative so far as the matters medical and surgical of the past are concerned. Illustrative instances are thus given of the discovery of chloroform anæsthesia by Simpson in Edinburgh, of the birth of Listerism in Glasgow, of the provincial origin of the operation of ovariotomy, and of the work of McEwen, of Glasgow, Ogston of Aberdeen, and many others. Furthermore it is pointed out that to the provinces belong the work of Graves, of Dublin; Sir Dominic Corrigan, Sir William Roberts, late of Manchester, Christison and Hughes Bennett, of Edinburgh; also Syme, Liston, Sir James Clark, and the immortal Jenner, the discoverer of vaccination. Again, as if to further clinch the argument, it is shown that many successful and renowned metropolitan physicians and surgeons are provincial men, the explanation given of this being that "London is the Mecca of the medical and surgical pilgrim, just as it is of the literary pilgrim." All that the writer says, of course, is perfectly true. Outside the metropolitan area the members of the profession who have contributed to the advancement of medical science have been many and their work has been great. But because this has been the case in the past, it does not constitute, in our opinion a reason for drawing an invidious comparison between the original work of London and provincial physicians and surgeons. To attempt to establish a rivalry in this matter, and attach importance to the locality in which the work of scientific men is first made known, is not suggestive of the spirit of high ideals which should animate those who work at science for its own sake. What can it matter whether a valuable discovery in medical science is made in London, Dublin, Edinburgh, or some other town in the Kingdom, beyond the fact that mankind benefits by its application? It is not the man, but his circumstances, which usually determine the locality in which his life work shall be carried out.

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A sad fatality occurred last week near Richmond, where Dr. Hudson Hairsine, of Sungate, Hook, was killed by being thrown out of his trap, a friend, Mr. Scott, being at the same time severely injured.

# Notes on Current Topics.

## Influenza Again.

The recent warm, damp weather appears to have paved the way to an epidemic of influenza of the classic type, though fortunately of a rather mild character. It is more especially in the metropolis that the outbreak has made itself felt, and the cases have been very numerous, far more so indeed than for two or three years past. Unless more seasonable weather characterises what remains of an exceptionally mild winter the epidemic may run on into the spring, a prospect which, if not altogether disconcerting to medical practitioners, cannot fail to entail grave inconvenience on the public. The prevalence of a disease such as influenza, even of a mild type, is attended by very disastrous results to friendly societies and similar provident associations, the average weekly sick list being hugely exceeded in the aggregate without warning, and to the detriment of their finances. We shall no doubt witness a corresponding increase in the death-rate, for although the disease may only temporarily disable persons of average vitality, the debility which it engenders is quite sufficient to turn the scale in the case of those whose hold on life is enfeebled by age, pre-existing weakness or disease. Attention has been called to the prevalence of a disease resembling influenza among cats, and though it must be difficult to identify it with that from which so many human beings are just now suffering there is enough to justify the warning to discourage intimacy on the part of children with animals recognised to be suffering from what is vulgarly described as "cold."

## Women Dipsomaniacs.

Of all the problems before the busy practitioner, it may safely be asserted that none presents more knotty and complicated issues than that of secret drinking among women. For reasons that are more or less apparent, the disastrous habit of intemperance assumes peculiar characters in the sex mentioned. The element of secrecy is exaggerated, the moral control of the victim more surely sapped, and the hope of future amendment more forlorn. For the medical man, therefore, when called in to such a case, to decide upon what is the best course to pursue, with a due regard to the interests of his client, is always a momentous one. If he assume an attitude of honesty and tell the patient outright that her symptoms are due to alcohol, which must be no longer consumed in any shape or form, it is always certain that he will thereby lose a patient. If, on the other hand, he temporises, and allows her to feed the flame of her craving with small doses of stimulants, he knows that the last lingering chance of reform is thereby destroyed. To disclose the state of affairs to the patient's friends, and to ask their help in cutting off supplies, is rarely of the least use. Supposing the patient to be mother of a family, how can one send her away to a private "home" for inebriates? A clear and concise guide to the medical man, as to the best course to pursue with female alcoholics, would be of the greatest practical value.

### Tonsillitis and Rheumatism.

There is an evident relationship between the rheumatic diathesis and a tendency to tonsillitis, at any rate to the extent of coincidence. It cannot, however, as yet be affirmed that there is any closer association, because both rheumatism and tonsillitis are such common ailments that mere coincidence does not *per se* go far to establish anything in the nature of a direct pathological association. It is asserted that faucial erythema is an initial manifestation of rheumatism, and may, indeed, be the actual primary lesion. Many cases are recorded in which endocarditis has followed a non-scarlatinal tonsillitis unaccompanied by joint pains, and in many other instances the tonsillitis has been followed by an attack of arthritis or chorea. All these cases go to prove that rheumatic subjects are specially prone to faucial and tonsillar inflammations, just as they are known to be prone to certain forms of cardiac disease, chorea, &c. If we ask patients suffering from follicular tonsillitis or quinsy, whether they, or other members of their family, have suffered from articular rheumatism we shall find that in a very large proportion of cases the answer will be in the affirmative. It would be odd if it ultimately turned out that rheumatism is a microbial affection whereof the point of entry was, in many cases, if not in all, the pharyngeal mucous membrane and its glands. So strongly is the interdependence of the two conditions believed in by some authorities that we are invited to institute the salicylic treatment in every case of sore throat of the types known to occur in association with rheumatism with the object of averting subsequent arthritic manifestations, but we are not prepared to say that the suggestion receives much support from clinical experience. It is generally conceded that this treatment produces no very tangible effect on the course of the tonsillar affection and attacks of articular rheumatism have been known to supervene in spite of it. How often the treatment is the means of averting a rheumatic explosion must remain matter for surmise, but the subject is one which merits careful consideration and further clinical observation.

### Purulent Ophthalmia and Gonorrhœal Rheumatism.

Purulent ophthalmia in the new-born is almost always of gonorrhœal origin, and there is no obvious reason why a gonococcic inflammation of the conjunctiva should not occasionally be followed by the articular manifestations which are, in rare instances, associated with gonorrhœa involving the urethra. In a paper recently brought before the Royal Medical and Chirurgical Society by Mr. Clement Lucas, a number of cases were related in which arthritic manifestations had supervened in the subjects of ophthalmia neonatorum. The ophthalmia usually made its appearance on the third day after birth, and the joint disease towards the end of the second or during the third week of the ophthalmia. The knees were the joints most frequently affected, especially the left, but the mischief was not limited to the knee, for the wrists sometimes suffered. It is noteworthy that complete resolution was the rule in these cases within from three to five weeks, contrasting strangely with the course of the disease in typical gonorrhœal rheumatism. Bacteriological examination showed that the gonococcus of Neisser was the cause of the ophthalmia and of the joint disease, but in the rare cases of suppuration of the joints other pyogenic organisms were also present. It is not denied that this complication is rare in association with purulent ophthalmia, but this may possibly be explained by the greater ease with which the secretion escapes from the conjunctival surface as compared with its tendency to accumulate in the male urethra, and this explanation may also throw some light on the infrequency with which women suffer from this arthritic sequel of gonorrhœa. Suppuration in any part of the body may be followed by inflammation of a joint, and this is not invariably the result merely of the passage into the circulation of the products of inflammation, seeing that the pathogenic organism itself has been isolated from the fluid in the joint. The fact that the relationship between the conjunctival affection and the joint trouble has been but rarely noted does not, of itself, militate very strongly against its existence, for until we have been taught to look out for them, such associations usually escape notice, especially as the treatment of the eye affection falls into the hands of the specialist, while the joint trouble comes under the cognisance of the physician. Now that attention has been directed to the possible existence of an inter-dependence of the two affections, clinical observers will be enabled to scrutinise their cases more closely, and thus establish the validity of the view put forward by Mr. Lucas.

### A Simple Method of Curing Aphonia.

A ready means of curing functional aphonia is suggested by Dr. Abrams in the *Therapeutic Gazette*. He marks with a pencil on the side of the neck corresponding to the paralytic vocal cord the point where the superior laryngeal nerve sends its internal branch to the larynx. This, it will be remembered, is the sensory nerve for that organ, and he applies at the spot indicated a spray of chloride of methyl or other local refrigerant until the freezing process is complete. The relief is in most cases immediate and phonation, which was before difficult or impossible, can be performed with perfect freedom and painlessness. The relief is in some cases only of short duration, and in these the process of freezing must be repeated one or several times. This method, he adds, is also of value in neuroses of the larynx, such as laryngismus stridulus, spastic aphonia, and in the laryngeal crises of tabes. He explains the action of the refrigerant on the assumption that the cold acts as a shock inhibiting nerve action for a time. The sedative action of refrigerant sprays is well known in other neuroses, as for example in neuralgia, for which *stypage*, the name given in France to the linear application of extreme cold, renders signal service. The treatment is equally applicable to the painful manifestations of peripheral neuritis, sciatica, and the like, and it merits more attention than it has hitherto received in this country. It is at once cheap, prompt, and effectual. All that is necessary is a cylinder of anestile provided with a fine jet, and this is drawn along the line of the irritated nerve until relief is obtained, a process which usually does not take more than a few seconds.

### The New Consumption Cure.

A paragraph has been going the round of the Press announcing that the managers of the Brompton Hospital for Consumption have decided to inaugurate the "new" cure for consumption, viz., the open-air treatment. Now this is probably the oldest treatment devised for the disease, and after many vicissitudes it has once again come to the fore, but to call it a new treatment is, of course, a flagrant absurdity. Its usefulness in suitable—that is to say, not too advanced—cases cannot be questioned, and there could hardly be a better place in this country to carry it out than on the very eligible property belonging to this wealthy institution in the Isle of Wight. As might have been anticipated, the announcement of the new departure is coupled with a statement that the managers are obliged to sell stock to provide the money, pending public contributions to the extent of six or seven thousand pounds. One advantage of this treatment is that it need not entail any great expense. The accommodation required is of the slightest, and there are no heavy items on account of extensive buildings, such as have largely contributed to absorb the more than liberal donations of which the Brompton institution has from time to time been the recipient. It looks as if "consumption camps" were about to become a national institution, but there is no manifest advantage in making them large; on the contrary, the moment they exceed the number of patients who can be efficiently looked after by a single medical superintendent the tendency is all the other way.

### M. Haffkine and the Plague Commission.

After the virulent attack by Colonel Lawrie upon M. Haffkine's inoculation treatment of the plague, it is pleasant to refer to the evidence of the latter, given before the Plague Commission, and learn the truth about his serum. In the first place, M. Haffkine admits that his serum is not a cure for the plague. He even candidly asserts that, "on comparing the mortality among those who passed through his hands with those who were treated in the ordinary manner, it was found that the mortality was greater among the patients who passed through his treatment." Candour on the part of a scientist could scarcely go further than this. On the other hand, he claims with a confidence bred from experience, that his serum is a prophylactic, and that, given a healthy person inoculated according to his method, it will prevent him contracting the disease. He lays great stress upon the fact of the previous healthiness of the inoculated person; so much so that he states that his serum cannot prevent or modify the disease if the latter develops within a few hours of inoculation. It is reported that M. Haffkine will come to England in May next with a view of laying his results before the Royal Society.

### A Wily Testator.

Considerable interest has been manifested in France in respect of the testamentary disposition of a well-known theatrical author called d'Ennery. Not long before his death he made a fresh will disinheriting his immediate relatives, and constituting as universal legatee his adopted daughter. As the wily old gentleman foresaw litigation by his disappointed family he actually took the precaution to nominate a commission of medical experts to inquire into his mental condition, and when they had signed a certificate of *compos mentis* he put his intentions into words. It is difficult to see what loophole he has left for undermining his testamentary dispositions, and he has set an example which eccentric and aggravating testators may perhaps find it well to follow in the interests of their estates.

### A Sanitary Oath.

A New York police magistrate has set a good example in the matter of oath-taking by ordering the Bibles then in use to be discarded, denouncing the custom of kissing them as "dangerous to health and unspeakably filthy," and, as a result of this magistrate's protest, the New York courts are being supplied with "hygienic Bibles," the covers whereof are made of celluloid, which is kept clean and free from infection in accordance with antiseptic principles. Following on the same line the Board of Health has ordered persons in charge of public telephones to wash the ear and mouth pieces daily with a disinfectant, a precaution which ought to be made compulsory here as soon as the use of this instrument becomes as general as it ought to be.

### Another Death Sentence Farce.

Jane White, the nurse who was convicted last week of causing the death of a woman in London by the performance of an illegal operation, was subjected to the repulsive form of being sentenced to death by the judge, in spite of the fact that in the present state of public opinion there is no possibility of its being carried out. We have no sympathy, needless to say, with delinquents of this type, but it is urgent that this melancholy judicial farce, consequent upon the indefensible doctrine of constructive murder, should be abolished. Every case that occurs of this kind renders its absurdity more glaring, and we trust that the present session of Parliament will put an end to what is universally recognised and described as a judicial scandal.

### New Poison Regulations for England.

THE Privy Council, on the requisition of the English Pharmaceutical Society, has adopted the following regulation for the guidance of chemists :—

"1. That in the keeping of poisons, each bottle, vessel, box, or package containing a poison be labelled with the name of the article, and also with some distinctive mark indicating that it contains poison.

"2. Also that in the keeping of poisons, each poison be kept on one or other of the following systems, viz. :—

"(a) In a bottle or vessel tied over, capped, locked, or otherwise secured in a manner different from that in which bottles or vessels containing ordinary articles are secured in the same warehouse, shop, or dispensary ; or

"(b) In a bottle or vessel rendered distinguishable by touch from the bottles or vessels in which ordinary articles are kept in the same warehouse, shop, or dispensary ; or

"(c) In a bottle, vessel, box or package kept in a room or cupboard set apart for dangerous articles.

"3. That in the dispensing and selling of poisons, all liniments, embrocations, and lotions containing poison be sent out in bottles rendered distinguishable by touch from ordinary medicine bottles, and that there also be affixed to each such bottle (in addition to the name of the article, and to any particular instructions for its use) a label giving notice that the contents of the bottle are not to be taken internally."

### The Conscientious Objector.

IT is comforting to be assured, as we are by a contemporary, that the state of affairs as regards exemptions from vaccination is not so bad as might have been feared. It would appear that a good many of those who obtained exemption did so to be in the prevailing fashion, and to save themselves trouble. Having appeared in Court and been granted the exemption, numbers of them did not take the trouble to call for the official certificate which is now invalid by lapse of time. The vaccinations also have shown a remarkable increase in number in some of the worst districts.

### Beautiful for Ever.

THERE is probably no branch of quack practice that brings in a greater amount of solid pelf than that which deals with personal appearance. To preserve, to magnify, and even to create beauty is the bait that attracts clients above all others. The cure and care of the skin, hair, teeth, nails, and the removal of blemishes fall within the scope of these cosmetic operations albeit nowadays a good many of them are performed by qualified medical men. Within recent years the prevention and the treatment of baldness and prematurely grey hair, so long the harvest field of the charlatan, have come within the range of scientific medicine. To a certain extent a similar observation applies to the complexion, which may be benefited by many direct and indirect procedures. As a broad general rule, however, it may be said that more skins are ruined by interference than by neglect. The constant use of certain irritating soaps, toilet vinegars, and powders to be found in nine out of ten genuine toilet outfits would, in the course of time, prove fatal to the well-being of any complexion. So long as human nature runs on its present lines it seems likely that the tradesman who panders to vanity by professing to help people to keep level with Father Time will be usually foremost in the road to fortune.

### Congress Against the Abuse of Alcoholic Liquors.

THE Seventh International Congress against the abuse of Alcoholic Liquors will be held in Paris in April, and a very extensive programme of matters for discussion has been arranged. Among the subjects to which special attention will be devoted will be: the temperance cause in the primary schools, alcoholism among workmen in urban and country districts, the prevalence of alcoholism among native races and its prevention. The drink problem is one eminently suitable for international discussion, inasmuch as in every part of the world it demands attention. Although intemperance cannot be abolished by law, there is yet much which can be done by voluntary effort to counteract its evils, and no nation can afford to lose sight of the fact that the education of the community in the principles of temperance is a wise policy to encourage and endorse.

### Royal Munificence.

A NOBLE act in connection with the movement for the prevention of tuberculosis has been pointed out by the *Local Government Journal*. The sum of £25,000 was raised as a national tribute to the Queen Regent of Holland, when Her Majesty relinquished the position at the recent coronation of her daughter. With womanly generosity and pity, however, Her Majesty directed the sum to be employed in the building of a sanatorium for phthisical patients, and not content with this act of munificence, she has also given a splendid site on her own property for the proposed institution. Such openhearted generosity as this on the part of the Queen Regent of Holland forms an object lesson which might well be taken to heart by wealthy persons generally. Moreover, apart from the munificence of the gift, no one can fail to be struck with the admirable object of its disposal.

### A New Medico-Ethical Society.

THE practitioners of the East-End are to be congratulated upon the success of the East London Medical Protection and Medico-Ethical Society which they founded a year ago. One of its objects is to compile black lists of patients who fail to discharge their debts; another is to deal with cases of unprofessional conduct, and during the past year, despite opposition, the society has succeeded in obtaining adequate representation (25 per cent.) of the medical profession upon the committee of the proposed East Ham Hospital. Thus the society may be held to have well established its *raison d'etre*, and there is no doubt that it is eminently worthy of the support of all East-End practitioners. Up to the present, we believe, it consists of nearly a hundred members. So far as it goes this is a satisfactory commencement, but there must be still a large contingent of practitioners in the district, whose interests it would be to join the Society.

### The Taking of Snuff.

It is likely that a few people are aware of the extent to which snuff is still consumed in Great Britain. Many large and flourishing manufacturers of that article are in full swing in various parts of the United Kingdom. The habit of "snuffing" is usually regarded as a characteristic of byegone generations, but a little inquiry will show that the custom not only survives among the derelicts but is also continually finding recruits among the young men of the present day. Judging from report snuff seems to be enormously adulterated. Some years ago a defendant, charged with an offence of that kind, explained that there was really not a particle of tobacco in his precious commercial compound, which consisted simply of tan and powdered roasted apples, with an added aroma skilfully derived from ammonia and essence of geranium. Before that brilliant essay the average fraudulent tradesman may well pale with envy and hide his diminished head. When our local boards bring their energies to bear upon the really useful and necessary duty of a proper control of the purity of food and drugs it would be well for some of the inspectors to overhaul the snuff stores of their districts. From a health point of view lead and many other harmful adulterants are often added, and in the form of snuff run every chance of absorption into the system.

### A Bacteriological Squabble.

The popular lecture which Mr. Bousfield, the bacteriologist for the district of Camberwell, recently delivered at the invitation of the vestry, has since proved the occasion of scenes of the most indecorous kind in the bosom of that body. They had voted £10 for the expenses of the lecture, which appears to have degenerated into a sort of *soires* whereat refreshments to the tune of £20 or so were consumed, which the vestry was asked to make good. As is not infrequent in discussions about trivial subjects in these local parliaments, the proposal proved the starting point of an exchange of personalities which culminated in the expulsion *manu militari* of one of the members, after which the deficiency was voted, though not without a protest against the extravagance of the committee responsible therefor.

### The Colour of Negro Babies

This much controverted question has—let us hope—been settled by the statement of a well-known authority, who affirms, apparently on the strength of experience, that "pure negroes when born are pink like young rats, and at the end of three or four months they gradually become black." We trust this may settle the question, which, after all, possesses but a mediocre interest for the inhabitant of these blest isles where coloured people are so rare that, if possessed of means, they are positively lionised. So long as these babes ultimately become black, so that they cannot pass themselves off as British born, we have no right to complain.

### Public Analysts.

A serious, though probably unwarranted, charge against the integrity of public analysts was made last week in the Barnsley Police Court by a shopkeeper who was prosecuted, on the certificate of the public analyst, for selling fraudulent ginger. He alleged that he had tried in vain to obtain an independent opinion from another public analyst, but that he found that there is an understanding among the analysts that no one was to give evidence against a public analyst's certificate. He therefore, asked the magistrate to send a sample to Somerset House, which was done.

### The Professorship of Pathology at Cambridge.

On Saturday last Dr. G. Sims Woodhead was elected to the post of Professor of Pathology at the University of Cambridge, in succession to the late Dr. Kanthack. Dr. Woodhead has for the past few years held the appointment of Director of the Pathological Laboratories of the Royal Colleges of Physicians and Surgeons, at the Examination Hall building on the Embankment. He is well known as an original worker, and has fully proved himself competent to undertake the responsible duties of the Professorship to which he has just been elected. We congratulate him upon his appointment, and the University of Cambridge upon securing the services of so able a pathologist.

### Medical Officers for West Africa.

The Colonial Office has advertised for medical officers for temporary service on the Gold Coast and also with the Niger force. The salary offered is £350 with quarters, or an equivalent allowance, and free passage out and home. The officer will also receive £100 at the end of his first year of service, if he be approved of, and will have six months leave for every twelve months served on the coast.

### Gastric Origin of Rickets.

A French observer claims that rickets in children is due to abnormal conditions of digestion; that the secreting function is extremely defective, as well as the quality of the secretions; and that there is especially a lack of free hydrochloric acid. The organism suffers from the want of properly digested nourishment, and the stomach is the seat of abnormal organic ferments generating acids, principally lactic acid, which affect the bony tissues unfavourably, especially as respect the phosphates.

A suspicious death has occurred at Middleburgh, in the Transvaal, the victim being an Indian who presented symptoms suggestive of plague, and a movement is on foot to restrict the immigration of Asiatics.

## Re-Definition of Dispensary Districts in Ireland.

A good deal of local excitement has been produced in various parts of Ireland by the distribution of the Dispensary districts which the new sub division of the country into counties, districts, and unions has rendered necessary. Medical officers find that slices are taken from neighbouring districts and added to theirs, or *vice versa*, and the balance of power greatly disturbed, additional work being added on or rivals introduced into what they have, heretofore, regarded as their preserves. Moreover, the poor find themselves precipitately handed over to new doctors, with perhaps the necessity of travelling longer distances to consult them. We cannot see how these troubles could have been avoided, and it seems obvious that the only means to a settlement of disputes will be by conference between the local guardians and committeemen and the Local Government Board which, we are convinced, are anxious to meet local opinion as far as possible. At all events it is clear that The Medical Press and Circular is not competent to express opinions upon these purely local questions, as it has been asked to do in several instances.

## The Parliamentary Outlook.

The Government programme contains, practically, but one Bill, the Adulteration Bill, of special interest to the profession. No mention is made of any attempt to remedy the vaccination muddle of last year, nor is there any hint of the Re-Vaccination Bill which Lord Harris, on behalf of the Government, almost promised to Lord Lister last session. Private Bill legislation on medical or any other subject is in a worse pickle than ever. No more than six or eight Bills have a chance of being heard of in the House before Government seizes the private Members' days. Of course there will be opportunity, when the House is moved into Committee of Supply, to debate a variety of questions, and, thereby, educate the Government and the public, but no more can be expected than this.

The last public function performed by the Countess of Elgin before leaving India for England was the opening of the Lady Dufferin Victoria Hospital for Women in Calcutta. The building is a very beautiful one, and with its modern arrangements, marble floors, white tiled walls, &c., bids fair to rank as the finest hospital for women in India. Miss Church, M.D., is the doctor appointed to this hospital.

## PERSONAL.

Mr. C. B. Lockwood, F.R.C.S., has resigned his appointment as surgeon to the Great Northern Central Hospital.

A telegram from Constantinople announces the death of Mavroyein Pacha, private physician to the Sultan of Turkey.

The Grand Duchess of Saxe-Meiningen has intimated her intention to attend the Tuberculosis Congress to be held in Berlin in May next.

The Senate of the Royal University of Ireland have appointed Professor Byers, of Belfast, as Examiner in Midwifery in the University.

Dr. Farquharson, M.P. for Aberdeen, has been selected to act as chairman of the Scotch Liberal members in room of Sir Henry Campbell-Bannerman.

Dr. Clifford Allbutt, F.R.S., Regius Professor of Physic in the University of Cambridge, has been elected an Honorary Fellow of the Royal College of Physicians in Ireland.

A Distinguished Service Pension of £100 a year has been conferred on Sir Robert Jackson, F.R.C.S.I., Governor of the Apothecareis' Hall of Ireland, in consideration of his long and brilliant services in the Army.

Dr. W. J. Collins, ex-President of the London County Council, has been appointed by the President of the Board of Agriculture to represent the Council on a Departmental Committee to inquire into the Diseases of Animals' Act.

A half-length portrait of the late Mr. Henry Lee, F.R.C.S., by Mr. James Sant, R.A., has been presented by his widow to the Royal College of Surgeons. Mr. Lee was formerly Member of Council, and Lecturer in Pathology and Surgery of the College.

Dr. A. C. Duffey, late House Surgeon to the City of Dublin Hospital, was the recipient last week on leaving of a very fine antiseptic operation case and an exquisitely appointed smoker's cabinet, presented as an expression of the esteem in which he was held during the whole time he held the office by the medical and surgical staff, resident students, ex students, and nursing staff.

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## Scotland.

[from our own correspondent.]

Proposed Memorial to the Late Professor Coats.—A meeting of the friends, former colleagues, and assistants of the late Professor Coats was held last week in the Faculty Hall, for the purpose of considering a scheme for erecting a memorial to the memory of the deceased professor of pathology. Principal Story presided and having briefly stated the object of the meeting, Sir William Gairdner moved a resolution, seconded by Dr. H. C. Cameron, which was carried unanimously, that a memorial be raised to the late Professor Coats. Dr. J. Lindsay Steven moved "That the memorial take the form of a prize or scholarship to be called the Joseph Coats Memorial Prize in Pathology." Dr. David Newman, in seconding, said that £1,000 would be required for the foundation of a prize or scholarship. This having been adopted, the following were appointed a committee to carry out the scheme: The Principal (convener), Dr. H. C. Cameron (president of the faculty); Sir William Gairdner; the Professor of Pathology (if agreeable upon appointment); Dr. James Finlayson, Dr. J. Lindsay Steven, Dr. Donald Fraser (Paisley), and Dr. David Newman, secretary.

Independently of the above subscriptions will be taken very soon among the students of the university for the purpose of erecting a "students' memorial" to the late professor. The form proposed is to be either a tablet in the pathology class-room or a bust on the grand staircase. Subscriptions will be limited to one shilling, and it is expected that the sum required will be raised independent of outside aid.

Will it come to anything? We ask the question advisedly in reference to the proposed memorial to the late Dr. Coats. Of course we do not in this question include the scheme of the students, for if unanimous, they will fulfil their intentions. Although we do not for a moment wish to put a wet blanket on the larger scheme, which we should like to see carried out, yet, when it is considered how many memorial schemes are at present before the Glasgow public, not one of which is as yet completed, we do not feel at all sanguine. Briefly, there is the Diamond Jubilee Memorial, for the purpose of raising funds for the rebuilding of the Glasgow Royal Infirmary. Certainly a large sum has been raised, but which is insufficient for the purpose. Then we have the private memorial for the late Principal Caird, and also the more public scheme for the erection of a stained-glass window in the Bute Hall. 3. The Lewis Carroll Memorial Cot Fund is not yet completed. 4. The memorial to the Brothers John and William Hunter. 5. Last week it was announced that a great many citizens in Glasgow felt a great desire that they ought to honour the late Mr. Gladstone with a statue, and to-day (February 15th) a meeting is to be held in the City Chambers for this purpose. Now we have the Joseph Coats' Memorial Fund in hand. There can be no second opinion that the memorialists are animated with the best intentions, but the public purse has limitations, and we have, nowadays, no ram's horns for the purpose of bringing down the walls, or of opening the pockets of the would-be benevolent; consequently these memorials have before now collapsed on account of their very frequency, and have been carefully put away until the next occasion for another memorial blast.

Glasgow Royal Infirmary Re-Construction.—It is said that the plans for the reconstruction of the Royal Infirmary have now been revised and adjusted on the lines of the most recent suggestions of the staff, and it is expected that the Lord Provost's Committee will be able to announce without delay that the plans for the main or Cathedral Square elevation have been finally approved, so that no time may be lost in beginning the actual work of reconstruction. We hope when this takes place the public will come forward and subscribe the remaining £20,000, required for the completion of the object in view.

Extension of Leith Hospital.—In 1897 it was resolved to devote the local Jubilee Fund to increasing the number of the beds in Leith Hospital. Plans have now been drawn up and approved by the directors, acting in concert with the medical staff, which will increase the present hospital accommodation from 76 beds to 100. The previous enlargements of the hospital have always been of a more or less makeshift character, with the result that the administrative buildings, designed for a hospital of some fifty beds, have had undue stress thrown upon them. By the present scheme, however, a radical change will be be effected. What amounts to a practically new pavilion is to be erected, together with an entirely new administrative department. The total cost of the buildings, exclusive of furnishings and the value of the ground, works out at about £18,000. The sum contributed toward this by the Diamond Jubilee Fund is about £5,000, leaving the balance to be provided from the capital fund of the institution. It is hoped that the annual loss of income from the diminution of the capital fund will be more than compensated for by an increase in the ordinary income derived from subscriptions. That the hospital is economically managed is shown by the fact that the annual cost per bed is barely £50.

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## Manchester.

[From Our Own Correspondent]

Royal Infirmary.—The annual meeting of trustees has just been held. Negotiations with the City Corporations respecting the future of the Institution are still proceeding. A clinical laboratory has been erected at a cost of over £400, and a curator is about to be appointed. During the year, 4,533 in-patients and 38,443 out and home patients received treatment. At the Convalescent Home 1,717 cases had been dealt with. In connection with the Asylum at Cheadle, further accommodation is to be provided for epileptic cases. Two new posts are to be created, an aural surgeon and an additional assistant surgeon. Other changes in connection with the staff are expected during the coming year.

Tuberculosis.—Much local interest is being taken in the measures for preventing tuberculosis. The north-western branch of the Incorporated Society of Medical Officers of Health has adopted a resolution approving of the compulsory notification of phthisis. The Consumption Hospital is making arrangements for carrying on the out-door treatment now so enthusiastically advocated.

Inebriety.—The new Act is being ardently discussed, and a conference of representatives of local municipal corporations has just been held in Manchester. Statistics and estimates are to be immediately prepared in order to ascertain if the number of cases would justify the establishment of a reformatory on a sufficiently large scale.

Examination of Morbid Products.—The Pathological and Medical Societies of Manchester have made arrangements with the authorities of Owen's College whereby their members may obtain investigation of preparations relating to tuberculosis, tumour formations, and blood diseases. The scheme has been in actual work for about six weeks, and promises to be of much value.

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## MEDICAL SOCIETY OF LONDON.

Last Monday's meeting was devoted to the exhibition of living specimens.

Mr. **Watson Cheyne** led the way with two cases of coxa vara after operation. His plan is to saw through the femur below the trochanters, and to invert the lower segment of bone maintaining the inversion by tacking a perforated plate of aluminium to the two ends of bone in the new position. The results in both instances were excellent, though in one an abscess had formed over the seat of the operation three years later, which when opened gave exit to the plate and tintacks. While he preferred this operation for young subjects, he thought that the alternative plan of sawing a wedge-shaped piece of bone from the neck of the femur might be preferable in adults.

Mr. **Jackson Clarke** referred to cases of his own in younger subjects in whom rickets was still active, which he had treated by the use of instruments designed to keep the foot looking forward, and to take the weight off the hip. The results had been very satisfactory.

Dr. **Maguire** showed an interesting case of recovery after operation for cerebellar abscess in a young man; and Dr. **St. Clair Thomson** showed a case of what is usually described as Pharyngo-mycosis leptothrica, an affection of the tonsils which superficially resembles follicular tonsillitis, from which, however, it differs in every essential particular. In respect of the latter Dr. **Hall** pointed out that good results had followed the application of a 15 per cent. alcoholic solution of salicylic acid.

Dr. **Hector Mackenzie** showed a man with an enormous thoracic aneurism, which extended from the clavicle above to the fifth rib below. In spite of its size the aneurism had given rise to very little inconvenience, and even now the man did not feel ill enough to go into hospital.

Dr. **Mackenzie** also showed a man who presented the characteristic symptoms and signs of Graves' disease, of interest partly on account of his sex, and also by reason of the prominence of cutaneous itching, a symptom, he added, which was often complained of by patients suffering from myxœdema while undergoing the thyroid treatment.

Mr. **Cheyne** discussed the results of operation in these cases which, in his experience, had been uncertain. Dr. **Maguire** recognised cactus grandifolia in the treatment of the palpitation. Dr. **Morison** pointed out that these cases often improved of themselves by the efflux of time, and suggested that thyroid hypersecretion, if present, was probably only one manifestation of an essen tially nervous disturbance. Dr. **Hadley** observed that these cases often underwent spontaneous improvement, but some went into asylums, and others died either of the disease or of some intercurrent disorder.

In conclusion, Mr. **Warren Low** showed a man who, as the result of a fall, had sustained subcoracoid dislocation of the head of the humerus, with detachment and comminution of the great tuberosity and fracture of the glenoid fossa. They cut down and removed the head of the bone, as it could not, even when exposed, be returned to its normal position, and the man made a good recovery with some movement of the joint.

Mr. **Jackson Clarke** related a similar case except that the tuberosity was not comminuted. He did not first open the capsule, and so did not know that the tuberosity was fractured, and it ultimately became necessary to remove first the head of the bone and then the limb, on account of the persistence of œdema.

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## THE PLAGUE IN INDIA.

The latest news from Bombay as to the spread of the plague are to the effect that many fresh cases have appeared among the miners of the Kolar gold mining district. This outbreak has been followed by seven deaths. It is also reported that the disease shows a disposition to spread; if so, there will certainly be a stampede among the coolies, large numbers of whom are employed in the mines. Accordingly precautions have been taken to meet the danger, and the medical staff has been increased, while every effort is being made to induce the workpeople to submit to inoculation. From the perusal of carefully compiled statistics we gather that greater immunity from attack has been observed since Haffkine's newly-introduced serum has come into general use. The time required for securing immunity is much shorter in plague than in that of other infectious diseases. This averages from twelve to twenty-four hours, while in cholera it is four days; in vaccination against small-pox, seven days; in anthrax, twelve days; and in rabies, fifteen days.

In Dharwar town, the plague is rapidly on the decline, only one or two cases occurring daily, and consequently the alarm is gradually subsiding, and the inhabitants returning to their homes, which, during their absence, have been thoroughly disinfected, and made habitable. Dharwar is the central headquarters of the collector and magistrate, as well as that of the Southern Mahratta Railway Company. Here, then, the plague inspectors took up their quarters, and established a hospital for the reception of the plague-stricken, with a fully equipped staff of medical officers, empowered to keep a close watch upon all travellers arriving and departing, all arrivals from infected districts, as Bangalore, Gadag, &c., being detained for twelve or twenty-four hours. These precautions have been found highly necessary; withal a lady from Bangalore was allowed to proceed direct to her residence in the Fort. On the second day after her arrival she was stricken with plague. She was without delay inoculated, and after the second injection the symptoms improved, and she made a good recovery. The inoculation results in Dharwar in the last week of December were as follows:—

| | Present population. | Total attacks from commencement. | Total deaths from commencement. |
|---|---|---|---|
| Once inoculated ... | 2,610 | 115 | 42 |
| Twice inoculated ... | 6,906 | 29 | 7 |
| Uninoculated ... | 1 866 | 1,172 | 916 |
| Total ... | 11,382 | 1,316 | 965 |

From this it will be seen that the twice inoculated secured almost perfect immunity from plague. The total number of persons inoculated up to date in the town of Dharwas was 17,076. Of these 8,844 were twice inoculated. In Belgaum, Hubli, and Madras the plague may be said to have quite disappeared. This result has been chiefly attained by the incessant and untiring care and attention bestowed on all classes alike by the medical and sanitary officers appointed to the several plague stricken districts.

By a later mail we find that some considerable increase has taken place in the number of deaths from plague in the city of Bombay. There were in the last week of January no less than 538 deaths reported, an increase of 80 over that of the previous week. In Mysore the disease is still following a fatal course, in spite of well considered precautionary measures in force with regard to the placing in quarantine all suspected persons travelling by railway. An infective native will contrive to slip through the meshes of the inspecting officer. A case in point is reported from Pretoria. The 'Indiana' steamship from Bombay landed a passenger suffering from suspected bubonic plague, and the infected person died next day at Middelbing. Plague is also spreading in Madagascar. In the town of Tamatava 285 cases have been reported with 195 deaths. Of the five Europeans infected one only died. The outbreak is chiefly confined to the more populated towns, the whole of which are known to be in a sadly neglected filthy condition, sanitation in fact is almost unknown to the Malagasy, and its French occupation has tended to increase rather than diminish its malodours.

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# Obituary.

## THOMAS COOKE, M D. (PARIS), F.R.C.S., &c.

Many generations of medical students will learn with pain and regret of the sudden death of Mr. Thomas Cooke, the well-known anatomist and teacher of anatomy, of Brunswick Square, W., which took place without a moment's warning, while actually engaged in demonstrating to his class on Wednesday of last week. Mr. Cooke had been indisposed for some time previously, and had only returned from a rest at the seaside on the previous day, still unwell, but intent on resuming his work.

Mr. Cooke was the only son of Mr. John Hawley Cooke, and was born in America in 1841. He was brought up and educated in Paris where he graduated M.D. in 1870. He was *interne* at various Paris hospitals, and was also demonstrator of anatomy at the Ecole Pratique. He shared in the hardships of the siege of Paris, and this bitter experience was possibly not altogether foreign to his leaving that city and coming to London in 1870. In 1871 he married Comtesse Aglaë de Hamel, a lady of distinguished parentage, who, with several children, is left to mourn his loss.

Mr. Cooke took his M.R.C.S. in January, and his F.R.C.S. in June, 1871, and was forthwith appointed demonstrator of anatomy and physiology at the Westminster Hospital Medical School, where he was subsequently appointed assistant surgeon, a post which he held for many years.

In 1870, he founded the institution with which his name will remain associated, viz., the London School of Anatomy, Physiology, and Operative Surgery. Starting in a very small way, by his perseverance, energy, and untiring application to work, he ultimately built up a sort of extra-mural college which occupied an altogether unique position in the world of medical teaching. The thoroughness of his methods and his conscientiousness in the training of his pupils gained the confidence of the authorities, and to this doubtless was due the fact that his was the only private medical school recognised by the London Colleges, the University of London, the Society of Apothecaries, &c.

Mr. Cooke was a teacher in the truest sense of the term. Teaching was, indeed, the aim and object of his existence. It was to him no mere livelihood: it was a sacrament. He toiled by voice and pen in furtherance of his object, which was to impress upon students and upon those who controlled their destinies the far reaching importance of practical work in the dissecting-room and in the laboratory. His indefatigable labours in this direction occupied most of his time, for he was little prone to amusements and his great distraction was writing appeals against the decay of practical anatomical study. He was the author of various works on anatomy, most of which are household words with students, especially those who had been unfortunate as candidates, and the names whereof it is therefore unnecessary to recapitulate here. The production of the final (eleventh) edition of his well-known "Tablets of Anatomy" occupied the last years of his life, and they were published but a few months since. He adhered to the original plan, but introduced copious illustrations, so that they constitute a compendium of anatomy complete in themselves.

During the last year or two Mr. Cooke undertook an active campaign against the existing tendency to drop dissectional anatomy in favour of what he contemptuously termed "scientific" anatomy, and there is no doubt that his protests were justified by recent tendencies. He published a number of appeals on this subject which are remarkable for their earnestness and evident fixity of purpose, and no one who has read these will deny that Mr. Cooke did good work in calling the attention of the profession to this very important subject.

In his private life Mr Cooke was a man of sterling principle and earnest conviction, and if somewhat austere in demeanour there was an undercurrent of geniality which came to the surface on slight provocation. He was very popular with his pupils, who learned to respect in him the uncompromising disciplinarian associated with the ardent teacher. He possessed in a noteworthy degree the faculty of securing the attention of his classes, and this, in the absence of the means at the disposal of most lecturers, seeing that his pupils were all voluntary. Mr. Cooke represented, in his person, probably the last of a long and distinguished series of teachers of anatomy working outside academical lines, and his success as a teacher made his school the foremost of its kind in this country. He died on his field of battle—the dissecting-room—and it would be difficult to imagine a more appropriate ending for a life largely spent therein either as student or teacher.

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## Correspondence,

We do not hold ourselves responsible for the opinions of our correspondents.

### AN EXPLANATION.

*To the Editor of* The Medical Press and Circular.

Sir,—In your report of the proceedings at the Edinburgh Medico-Chirurgical Society's meeting last week, your reporter appears to have quite misunderstood my remarks. What I did say was that Kanthack, from consideration of the organisms from the case of Ozæna, had surmised that in cases of Cancrum Oris there would be probably found, as cause, the diphtheria bacillus, or at all events, a debased form of it, and that had prepared me for what I did find. Both in the case of Cancrum Oris and in the case of slow (not acute) spreading gangrene, with slough formation, I found a similar bacillus, resembling in 24 hours culture, the diphtheria bacillus of 48 hours, and longer, cultures, when it shows involution forms. In several ways it, however, differed from the diphtheria bacillus. The other case was not a case of phagædenatous chancre; in fact, I stated that venereal possibilities had been absolutely excluded. Moreover, it was Dr. Muir who separated a somewhat similar organism in that case, not myself.

Finally, subcultures only approximated slightly to the form of the diphtheria bacillus. There was still clubbing of the ends of the organism which remains even after six subcultures.

I am, Sir, yours truly,

Edinburgh, February 10th, 1899. T. Shennan.

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### EXPECTATION OF LIFE.

*To the Editor of* The Medical Press and Circular.

Sir,—There is another method of calculation in use, I believe, among actuaries which varies somewhat from that you mention, and gives a little longer expectancy. It is to add to the actual age of the individual two-thirds of the difference between it and 80, a limit of life which is certainly more reasonable than that of 86.

Thus: deduct present age, 42 from 80, result 38; add two-thirds of this number, 25; the net result is the probable duration of life—67 years. By your method it is 64 years.

I am, Sir, yours truly,

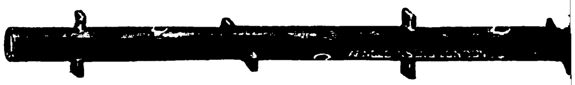
L. B.

### NEW SELF-RETAINING DRAINAGE TUBING.

*To the Editor of* The Medical Press and Circular.

Sir,—I desire to bring to the notice of the profession a new form of drainage-tubing—practically self-retaining, and which I have found to answer admirably.

It consists of ordinary drainage tubing of various sizes perforated along its entire length at intervals of about three-quarters of an inch, and between each perforation, on either side of the tube, are studs, or wings, which being of the same elastic material as the tube and cast together in one mould, offer no resistance during the process of introduction, and, as the drainage tissues close around the tube, these studs offer points of resistance and effectually prevent its slipping out. My suggestion has been very well carried out by Messrs. Arnold and Sons, of West Smithfield, with their usual care.



I am, Sir, yours truly,

T. Carter Wigg, M.D., M.R.C.S., &c.

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## Literature.

### THE SYDENHAM SOCIETY'S LEXICON. (*a*)

We learn from the Report of the Society that "It is confidently hoped that the 'Lexicon of Medical Terms may be completed within twelve months. Considerable progress has been made in the preparation of a Supplement, which will follow the completion of the main work." We congratulate the editor on the industry that made the notice in the Report possible; and we congratulate the profession on the possession of the best technical lexicon ever produced. Every page bears evidence of ripe scholarship and increasing vigilance.

In 1878 the first number of the Lexicon was issued, and year after year with unfailing regularity number followed number. Few subscribers think of the great labour entailed in producing a number, and some time since we took the trouble to find the average number of pages and words in each. We find the pages number 160, double columned, containing in all, 9,600 words.

If any reader cares to trace the origin of a word, to give a definition of it, to find the effect of time on its meaning, and to mark its increased or lessened use, he may form some idea of so treating 9,600 words a year. Then, and then only, can a true value be placed on this magnificent work which the New Sydenham Society has given to its subscribers.

## Parliamentary News.

### VACCINATION: CERTIFICATES OF EXEMPTION.

In reply to Mr. Johnson-Ferguson, the Home Secretary said he had no power to enforce uniformity in respect of the fees charged for certificates of exemption from vaccination, though in the model table of fees drawn up in his office for the guidance of local authorities he had inserted a small inclusive charge for these certificates. In respect of the requirement by some magistrates of the production of the birth certificates of the children for whom exemption was demanded, he said he was advised that this was within their discretion.

### UNVACCINATED CHILDREN.

In answer to a question put by Mr. Bartley, the President of the Local Government Board observed that there were no returns or other source of information to justify the assumption that the number of children not protected by vaccination was largely increasing. He pointed out that since 1885 the total number of children

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(*a*) "The New Sydenham Society's Lexicon of Medicine and the Allied Sciences." (Based on Mayne's Lexicon.) Twenty fourth Part. Scap.-Tape. London: The New Sydenham Society. 1898.

remaining unvaccinated had steadily increased year by year, from 136,000 in 1885 to 370,000 in 1898, the total number for the whole period being 3,235,000. Of these, certificates of exemption were given in respect of only 239,000. Since the new Act came into full operation the demand for glycerinated lymph had been so great as to render necessary a large increase in the staff engaged in its production and distribution, a fact from which he drew a favourable inference. On the whole, as the Act had only come into full operation six weeks ago, he was not in possession of sufficient information as to its working to justify his making any proposal for a modification of the Vaccination Law.

## THE PURITY OF MILK.

IN answer to a question put by Mr. CHANNING, the the President of the Local Government Board, stated that the Government had arrived at a decision as to the portions of the recommendations of the Royal Commission on Tuberculosis, to which effect ought and would be given, but he questioned the necessity for a General Bill having for object to secure better protection to consumers from tuberculous infection of milk. He announced the forthcoming issue of an Order extending the definition of "disease" in the Dairies, Cowsheds, and Milkshops Order of 1885, so as to include in the case of a cow such disease of the udder as shall be certified by a veterinary surgeon to be tuberculous. He also announced that he was about to issue a circular to local authorities dealing with various other matters comprised in the report of the Commission. In answer to a further question, Mr. Chaplin added that he had considered the possibility of tuberculosis being introduced by foreign milk.

## COMPULSORY VACCINATION IN THE SERVICES.

In reply to a question put by Mr. BARTLEY, Sir J. Gorst stated that Art. 35 of the Education Code, requiring candidates for pupil-teacherships to be vaccinated, was still being acted upon.

In reply to further questions by this gentleman, it was stated that no man is enlisted unless he consents to be vaccinated, and that vaccination is enforced on all men and boys entering the Navy.

## DEPRIVATION OF MEDICAL DIPLOMAS FOR CRIMINAL CONDUCT.

THE attempt of the Parliamentary Bills Committee of the British Medical Association to obtain an amendment of the Medical Act which would deprive any practitioner convicted of criminal conduct of his diploma and degrees, and of his qualification to practise, has met with an unexpected opposition. The Council of the Royal College of Physicians of London declares that the particular clause of the amending Bill would infringe its privileges. Great efforts are being made to induce the College to withdraw its opposition, and the contention is made that the proposal is in harmony with the general views of the profession. At the present time a criminal practitioner may be struck off the register, but still retain his diploma and qualification. A conciliatory conference, to be attended by members of the Bills Committee and of the Council of the College, has been suggested.

# Medical News.

### The City of London Lunatic Asylum

THE Corporation of London have decided to make improvements at the City of London Lunatic Asylum, at Stone, near Dartford, at a cost of £85,850. The original estimate—£70,000—which the Common Council accepted in October, 1897, included £12,095 for the warming, heating, lighting, and engineering works in connection with the new building, but further inquiry has led to the condemnation of existing boilers, which have been in use since 1865, and to the introduction of an entirely new system. This, together with the installation of the electric light in the asylum, has necessitated an increase in the expenses of £15,850, bringing the total to £85,850. A Report sanctioning that enhancement passed the Corporation last week.

### Medical Aid Association and the M.D.U.

THE following motion will be discussed at the meeting of the Medical Defence Union, which takes place tomorrow (Thursday):—"Inasmuch as medical aid associations adopt measures which are highly objectionable in character, and are subversive of the best interests of the profession, the council of the Medical Defence Union strongly recommend the members of the Union at the next annual meeting to pass a resolution authorising the council to decline to accept as members gentlemen holding office in such associations."

### The Dublin Hospital Sunday.

THE Council of the Fund will meet at the Shelbourne Hotel, Dublin, on the 16th inst., to receive the reports of the executive committee with regard to collections, visitation of hospitals, and other matters.

### Coming Congresses.

THE following Congresses are announced:—

1. German Surgical Society, Berlin, April 5th. President, Professor Hahn.
2. Portuguese Congress of Medicine, in Oporto, in 1900.
3. On Prophylaxis of Syphilis and other Venereal Diseases, at Brussels, September 1899.
4. Balneological Congress, at Berlin, March 3rd, 1899.

### The Weber-Parkes Prizes.

THE Royal College of Physicians of London has announced that, in 1900, it will award the prize of £150 and two silver medals for the best essay on the Etiology of Human Tuberculosis.

### The Irish Union Drug Contract System.

IT having been reported to the Guardians of the South Dublin Union by Sir Charles Cameron that the linseed meal supplied by Leslie and Company, the contractors, was nothing but ground cake, a prosecution of the firm was ordered. They wriggled out of the difficulty by pleading that the contract was taken before the issue of the new Pharmacopœia, and that they were not bound to the standard of that book.

### Epidemic at Peterborough.

AN epidemic of a rather obscure disease is prevalent among the young in one of the suburbs of Peterborough. It presents some resemblance to scarlet fever, and is very infectious. Several deaths have occurred, and the schools have been closed for the present.

### Mortality among American Troops in the Philippines.

THE death roll among the American soldiers at the Philippines amounts to 220, including 40 from wounds and accidents, 65 from typhoid fever, 43 from small-pox, and 22 from dysentery. Vigorous measures have been taken to prevent the further spread of small-pox, and twelve medical officers have been told off for the express purpose of vaccinating the natives.

### A New Hospital Gazette.

NOT to be behind the times the Westminster Hospital Medical School is to the fore with a gazette of its own, of which the first number is now before us. The page facing the first page of text is graced with a very smart sketch which we take to represent Mr. Stonham whose good natured, though somewhat cynical, physiognomy is very cleverly delineated by the hand of an anonymous artist. This first number does credit to its editors, and if they can maintain the standard of witful waggishness no old student of the school will willingly deprive himself of the pleasure of revisiting mentally the scenes of his early years. There is nothing like a gazette to maintain intact the bonds which should unite all students of a medical school. But too often they lose touch of each other and of the school, and forfeit that *esprit de corps* which is indispensable to continuity of tradition.

### Salary of Irish Poor-law Dispensers.

THE Irish Local Government Board has refused to sanction a salary of more than £15 a year for the dispenser of the Skibbereen Union.

PSITTACOSIS, the infectious pneumonia spread by parrots, has broken out again in a number of Italian towns. Some years ago it prevailed extensively in Genoa and Florence, but a municipal decree forbidding the keeping of parrots in private houses put an end to the epidemic.

# Notices to Correspondents, Short Letters, &c.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

### CANDOUR.

The *Yorkshire Post* publishes the following advertisement:—"Wanted.—Young man as Dispenser, knowledge of dispensing not necessary. Address, stating salary expected, &c., &c."

Milo.—London can no longer lay claim to being the healthiest of European cities. Ten years ago the death rate was 19·9, and in 1898 it was 17·2. During this period the death rate of Rome, which ten years ago stood at 22·6, has been reduced to 16·9, and that of Berlin has fallen from 20·4 to 17·7. Amsterdam has the lowest record of any, having in ten years fallen from 20·2 to 15·8. Ten years ago Stockholm had the same death rate as London, but instead of a reduction of 1 per 1,000, there is an improvement to the extent of 3 per 1,000, and to-day the figures stand at 16·7. Brussels has fallen from 20·2 to 16·6, and Copenhagen from 20·5 to 17·5 in the same period.

Dr. George Fleming.—Our best thanks are tendered to our correspondent for the very valuable information vouchsafed, on the use of tuberculin as a means of discovering the existence of tuberculosis in suspected cattle.

### PHYSIOGENIC CATHARSIS.

(*A reply on the most recent model.*)

Ignoramus.—Your letter received. We consulted our distinguished friend, Professor Dry-as-Dust Mole, on the question. He considers that the brisk cathartic effect was probably due to the medicine you prescribed, viz., A bolus of ten grains of calomel, with sixty grains of the compound powder of jalap, taken at bed-time, and followed by two ounces of black draught the following morning. The learned Professor writes that after much research, he concludes that the bolus and draught were sufficient to account for the symptoms described.

Mr. S. P.—MS. received, and will be utilised in an early number.

B. L.—Should have sent his communication to the office in the division in which he resides. It would have saved time.

Surgeon-General Francis' paper is marked for insertion in our next.

P. D. (South Coast).—In view of the fact that a new water supply is being sought by your district, the question you ask is to the point. The answer has often been insisted upon in the columns of the Medical Press and Circular, namely, that no water that has once been polluted by sewage can be regarded as a satisfactory source of public supply. That view has been abundantly supported by recent bacteriological advances, and by the experiences both of our own and of foreign countries. In any case our correspondent may protect himself by boiling the water before using it for drinking purposes, or he may sterilise it by passing it through a Pasteur filter, or the Berkfeld filter, both of which act on the principle of forcing the fluid through glazed porcelain. The elementary facts about wholesome and unwholesome water might well enter into a Board school education, and would replace with advantage some of the fanciful subjects now taught.

Dr. Hebrifs.—We much question whether the scheme will ever prove successful, and before becoming a subscribing member we think that our correspondent had better wait a little.

# Meetings of the Societies and Lectures.

### Wednesday, February 15th.

Royal Microscopical Society (20, Hanover Square, W.)—7.30 p.m. Mr. J. Rheinberg: Exhibition of Objects shown by Multiple Colour Illumination. 8 p.m. Meeting.

North-West London Clinical Society (North-West London Hospital).—8.30 p.m. Discussion on the Relation of Gout to Rheumatoid Arthritis. (Opened by Dr. W. Ewart.)

### Thursday, February 16th.

Harveian Society of London (Stafford Rooms, Titchborne Street, Edgware Road).—8.30 p.m. Dr. A. Whitfield: Varieties of Eczema and their Treatment.

The Hospital for Sick Children (Gt. Ormond Street, W.C.)—4 p.m. Dr. Voelcker: Demonstration of Selected Cases.

Royal Institution of Great Britain.—9 p.m. Dr. A. Macfadyen: Toxins and Antitoxins.

### Friday, February 17th.

Epidemiological Society of London (11 Chandos Street, Cavendish Square, W.)—8.30 p.m. Meeting.

Society of Anæsthetists (20 Hanover Square, W.).—8.30 p.m. Papers and Communications by Dr. Flux, Mr. B. Gardner, Mr. T. G. A. Burns, Mr. McCardie, Mr. H. Hilliard, Mr. A. Granville.

### Saturday, February 18th.

Royal Institution of Great Britain.—3 p.m. Right Hon. Lord Rayleigh: The Mechanical Properties of Bodies.

# Vacancies.

Colonial Office, London.—Medical Officers for temporary service on the Gold Coast, for one year. Unmarried. Salary at the rate of £350 a year, with quarters, or an allowance in lieu thereof. Also Medical Officers for the West African Frontier Force on the Niger. Apply personally to the Assistant Private Secretary at the Colonial Office, Westminster.

County of Lanark.—Assistant Medical Officer of Health. Salary, commencing at £130 per annum. Applications to Dr. Wilson, County Medical Officer, Hamilton, N.B.

Dalrymple Home for Inebriates, Rickmansworth.—Resident Medical Superintendent, married. Salary £200 per annum, unfurnished house, food, coals, gas, &c., provided.

Hereford General Infirmary.—Assistant House Surgeon and Dispenser for two years; unmarried. Salary £75 per annum, with board, residence, and washing.

Hertfordshire County Asylum, Hill End, St. Albans.—Assistant Medical Officer, unmarried. Salary commencing at £130 per annum, with furnished quarters, board, washing, and attendance.

Kent County Lunatic Asylum, Barming Heath, near Maidstone.—Fourth Assistant Medical Officer and Pathologist. Salary commencing at £175 per annum, with residence, attendance, coal, gas, and washing. Applications to the Superintendent, Barming Heath Asylum, Maidstone.

Liverpool School of Tropical Diseases.—Lecturer in Tropical Diseases. Salary £250 a year and proportion of students' fees, with the right of private practice. Applications to Professor Boyce, University College, Liverpool.

Norfolk and Norwich Hospital, Norwich.—House Surgeon for two years. Salary £80 per annum, with board, lodging, and washing.

University College, Sheffield.—Demonstrator in the Bacteriological Laboratory. Salary £150.

University of Glasgow.—Chair of Pathology. The normal salary of the Chair is fixed by Ordinance at £1,100. For particulars as to applications, see advertisement in another column.

# Appointments.

Annett, H. E., M.B., Ch.B.Vict., D.P.H., has been appointed Demonstrator of Tropical Pathology in the newly-founded School of Tropical Diseases in Liverpool.

Byers, Prof., J. W., M.A., M.D., M.A.O. (Hon. Causa), Examiner in Midwifery to the Royal University of Ireland.

Kevin, Byrne P., M.D., B.S., B.A., Medical Officer to the Christ Church District of the Parish of St. Marylebone, London.

Ley, J. W., F.R.C.S.Eng., Medical Officer for the Newton Abbot Cottage Hospital, District and Workhouse.

Mayston, R. W., M.B.Lond., M.R.C.S.Eng., L.R.C.P.Lond., House Physician to the Seamen's Hospital, Greenwich.

# Births.

Osborn.—On Feb. 7th, at the Chalet, Dover, the wife of Arthur Osborn, M.R.C.S., and L.R.C.P., of a daughter.

Sayers.—On Feb. 12th, at Woodford, Essex, the wife of A. W. F. Sayers, M.D., of a son.

# Marriages.

Bowes—Lee.—On Jan. 9th, at Christ Church, Herne Bay, Tom Armstrong Bowes, M.D., third son of John Bowes, M.R.C.S., of Herne Bay, to Gertrude Anne, youngest daughter of George Lee, Victoria Park Road, Herne Bay.

Cocking—Birks.—On Feb. 9th, at the Parish Church, Sheffield, Wm. Tusting Cocking, M.D.Lond., to Alice Mary, youngest daughter of Edward Birks, Birchcliffe, Broomhall Park, Sheffield.

Darling—Smaill.—On Feb. 8th, at St. John's Free Church, Edinburgh, Thomas Brown Darling, M.D., of Merchiston Place, Edinburgh, to Elizabeth Dunlop, second surviving daughter of the late George Barclay, and widow of W. R. Smaill, Edinburgh.

Hudson—Kempthorne Bennett.—Feb. 8th, at Wynberg, Capetown, Ainslie Hudson, M.D., F.R.C.S.Edin., of East London, Cape Colony, only son of the late Rev. Charles Hudson, vicar of Skillington, Lincs., to Bertha, only child of Mr. G. C. Kempthorne-Bennett, of Maldeira, Wynberg.

Woodyatt—Rowcroft.—On Feb. 9th, at St. John's Church, Caterham Valley, John F. Woodyatt, M.R.C.S., L.R.C.P., of Halifax, Yorkshire, to Violet Isabel, youngest daughter of Major-General G. C. Rowcroft, I.S.C., of Hampden Mount, Caterham Valley,

# Deaths.

Cooke.—On Feb. 8th, at his residence, 40, Brunswick Square, London, suddenly, Thomas Cooke, M.D., F. M.R.C.S. (Eng.), aged 57.

Hall.—On Feb. 4th, at Albion Street, Lewes, Frank Algernon Hall, M.R.C.S., in his 52nd year.

Macaulay.—On Feb. 4th, at Ashfield, Halifax, Madge, the dearly beloved wife of D. J. Macaulay, M.D.Brux., L.R.C.P., L.R.C.S. Edin., L.F.P.S.Glasg.

MacDougall.—On Feb. 9th, at Dunollie, Oban, Henry R. L. MacDougall, of MacDougall, Deputy Surgeon General, late Bombay Army, aged 63.

Morrison.—On Feb. 1st, at St. Mary's Hospital, London, Henry Morrison, Surgeon, of Hounslow, Middlesex, aged 76.

Walker.—On Feb. 1st, at Newton Heath, Manchester, Alexander Walker, M.D., aged 40 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXVIII. WEDNESDAY, FEBRUARY 22, 1899. No. 8.

## The Harben Lectures.

# THE ADMINISTRATIVE CONTROL OF TUBERCULOSIS. (*a*)

By SIR RICHARD THORNE THORNE,
K.C.B., M.B., F.R.S.,
Medical Officer of the Local Government Board.

### LECTURE I.

I DESIRE in the course of these lectures to consider how far it is practicable to control and prevent tuberculosis in the human subject by means of administrative measures. With that which merely happens to fall within the range of possibility, but which is obviously not within the range of practice, I do not intend to concern myself at any length. I may, however, at times find it necessary incidentally to refer to measures which, though excellent in theory, must, in my opinion, be set aside as incapable of application.

As a preliminary to the discussion of this subject, it becomes necessary to ascertain, as far as we can, what is the extent and character of the evil that has to be contended with; and this inquiry leads us, in the first instance, to consider how far this point may be elucidated by the aid of vital statistics. Hitherto, the statistical aspect of the question has been very involved and obscure, but the data supplied by Dr. Tatham to the Royal Commission on Tuberculosis, 1896, have made this part of my task distinctly easier, and I do not hesitate to make considerable use both of his evidence and of the tables which he submitted to that Commission.

It is well known that before 1874 the medical certification of causes of death was optional, and that for a long period antecedent to and for some time subsequent to that date, even those deaths which were classed as certified can by no means be so regarded from the medical point of view. It is also matter of notoriety that a number of deaths now referred to tuberculosis were formerly not so referred; whereas, on the other hand, many deaths formerly certified as due to one or other form of tuberculosis are now differently classified. Owing to these causes it is not possible to make any exact comparison between the rates of death from tuberculosis as a whole, and from the different forms of tuberculosis, at different periods of time since the passing of the Act for the Civil Registration of Deaths in 1837, or even since 1847, when, for the first time, the causes of death in combination with ages were abstracted in the General Register Office of England and Wales. But it is a matter of satisfaction to have the official assurance of Dr. Tatham to the effect that even for this purpose the available statistics are not without value.

Taking deaths registered from "All Forms of Tuberculous Disease," first in the three decennial periods 1851—1860, 1861—1870, and 1871—1880, and then in the quinquennial periods 1881—1885, 1886—1890, and 1891—1895 in both sexes and at all ages, it appears that the rate of death per million living has undergone continuous diminution, and that whereas the rate for 1851—1860 was 3,483, it was only 2,122, which exhibits a diminution of 39·1 per cent. in 1891—1895. And further, when these two groups of years are compared for each separate age-period for which the material is available, it is found that the rate for 1891—1895 invariably exhibits a marked reduction as contrasted with that for 1851—1860. Indeed, with but few exceptions, the reduction shows itself to have been continuous for each period referred to throughout the term of forty-five years in question.

This cannot but be matter of satisfaction; and that satisfaction is enhanced, in so far as purposes of State are concerned, when it is noted that by far the greatest amount of reduction in death from tuberculous disease sets in during the period of incipient youth, reaches its maximum in the period of full adolescence when human life is commonly at its highest value to the nation, and that it still obtains throughout the period of adult manhood and womanhood. Although, therefore, it remains true that we are dealing with a group of diseases which is still so fatal as to cause some 60,000 deaths annually in England and Wales, yet it ought not to be forgotten that for a long series of years we have been steadily advancing in the adoption of measures tending to diminish preventable disease, and that, speaking of death from tuberculous diseases as a whole, we have no cause to be ashamed of the result achieved. But when we come to examine all the available statistical records in detail we find that this reduction has not been uniform, either as regards the different forms of tuberculous disease or as regards persons living at different age-periods.

Thus, when we look at the rates of mortality from "Phthisis," we find that in each of the five-year periods up to 25 years of age there have been reductions which are distinctly in excess of those affecting the same age-periods from "All Forms of Tuberculous Disease": indeed, it seems clear that much of the reduction referred to under the latter heading has been due to a fall in the phthisis rate. The reductions in the rates of death from phthisis at the earlier age-periods are doubtless vitiated by reason of improved diagnosis and improved certification in the later as contrasted with the earlier periods; but there remains the fact that there has been reduction at every age-period, and also that in the several age-groups included in the age-period 15—45 years, when the mortality from phthisis is still very heavy, the contrast between the rates in 1891—1895 as compared with 1851—1860 shows for the later of the two periods reductions ranging from no less than 32 to 58 per cent.

So, also, there are phases in the statistical history of fatal tuberculosis in England and Wales which, instead of affording ground for satisfaction, lead us to inquire how it is that amidst the general saving of life from tuberculous disease which has been at work, we have so signally failed to secure its benefits to a large class of the most helpless of the population, namely, infants and young children who are still claimed in almost undiminished and even increasing numbers as victims of "Tabes Mesenterica," a term the use of which is mainly limited to disease and death occurring in infancy and childhood. Taking the rate of mortality under this heading per million living at all ages, there has been a diminution from 260 in 1851—1860 to 238 in 1891—1895, namely, one of 8·5 per cent. But under one year of age the corresponding rates were 3,169 for 1851—1860 and 4,046 for 1891—1895, mamely, an increase of no less than 27·7 per cent.; and during the period under 5 years there was only a trivial decrease at the rate of 3·0 per cent. These rates stand in striking contrast with those for "All Forms of Tuberculous Disease," and still more so with those from "Phthisis."

Thus, when we compare the vital statistics as to tuberculosis in this country during the early and the later

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(*a*) Abstract of Lecture I, on "The Administrative Control of Tuberculosis."

years of a period which well-nigh covers the last half-century, we find as follows:—

(1) There has taken place a remarkable reduction in the rate of death from "All Forms of Tuberculous Disease," this reduction being most marked during the age-period 10-35 years.

(2) There has been a still more remarkable reduction in the rate of death from "Phthisis," this reduction having been greatest at the several age-periods ranging from infancy up to 35 years.

(3) Notwithstanding the fact that at the earlier periods of life there have been reductions in the rate of mortality from the two groups of tuberculous disease referred to, there has, on the contrary, been a large increase in the rate of death from "Tabes Mesenterica" under one year of age, and such reduction in the rate of death from this cause, as has taken place during the first five years of life, has been altogether insignificant.

When, therefore, we come to discuss the question of the administrative measures which may tend to the prevention of tuberculous disease in this country, it behoves us to seek some explanation of these conflicting results, which are the outcome of the past, and to ask ourselves the question Can a reason be assigned for the fact that whilst signal success has been obtained as regards reduction in the death-rate from the two groups of tuberculous disease first named, there has been almost entire failure, and at one age-period worse than failure, as regards the third form referred to? No sufficient answer can be given to this question until we have sought to learn, in the first instance, what have been the influences—administrative and other—which have been at work in our midst during the period governed by the statistics quoted, and which at one and another period of life have gone to modify, for better or for worse, the death-rate from one or another form of tuberculosis.

Among the influences that have been at work in the past I have no hesitation in assigning a foremost place to those administrative measures which have gone so far to secure for men, women, and children the benefits of free movement of air and free access of sunlight as regards both their dwellings and their places of labour. When we recall the descriptions given between twenty-five and fifty years ago as to the overcrowding of houses on space, and of people within the houses in some of our large towns and cities, and as to the incidental evils, both physical and moral, which always go hand in hand with that obvious breach of Nature's simplest law, by which our fellow subjects are deprived of air and light, and then compare the existing state of affairs in those same cities, we may be proud of the achievements of the past half-century, even though we may deplore that the change has not been so complete as we could have wished.

There is abundant evidence of the advantages brought about by metropolitan improvements; and the well-known investigations of Dr. Tatham in Salford have afforded definite proof of the value of this open space in the reduction of that form of tuberculosis in which the infection is mainly conveyed through the air. Thus, in districts where all the houses were built on the vicious system known as "back-to-back," the phthisis death-rate was 5·2 per 1,000 living; where 56 per cent. of the houses were so built the rate was 3·6; where 23 per cent. only were so constructed it was further reduced to 3·3 per cent.; and, lastly, where there were no "back-to-back" houses, that is to say where all houses were provided with some means of light and air both in front and to the rear, the rate was only 2·8. The result is also the more remarkable because, as Dr. Tatham puts it, "with the exception of the means for through ventilation, the back-to-back houses as a whole are in a better sanitary state than the through-houses."

Modern research has supplied the explanation of this, for we now know that there are few things more destructive to the bacillus of tuberculosis than exposure to the combined influence of sunlight, or even ordinary daylight, and of movement of air. Such research affords also an incentive to further progress in this matter, but I cannot help calling attention to the fact that the great progress in this country in the reduction of the phthisis death-rate was in full operation before the discovery of the tubercle bacillus, and before any action could be based on the knowledge since acquired, to the effect that we had to deal with a living infective organism.

Administrative measures, including the adoption of bye-laws as to new dwellings, have also gone to secure much greater dryness of the sites of dwellings than formerly obtained. I refer to the draining of the subsoil, to the concreting of the ground surface of dwellings, to the provision of damp courses in walls, to the proper collection and disposal of rain falling upon roofs, and to the paving of yards. It is certain that the reduction in the rate of death from phthisis has gone hand in hand with a reduction in soil wetness; and here again we have an indication as to one of the lines of further administrative action in so far as the surroundings of our towns, villages, and dwellings are concerned.

The influences I refer to, and many others due to administrative action of one and another sort, must, however have operated on persons at all ages; indeed, this is shown in the table dealing with "All Forms of Tuberculosis" and in that relating to "Phthisis," where it will be seen that the important reductions effected apply to infancy and childhood as well as to adolescence and mature age. Hence I am unable to find in these influences any sufficient answer to the question, Why has there been failure, and even worse than failure, to diminish the toll of death paid by our infant population from that form of tuberculosis which is registered under the name of tabes mesenterica? When, however, we remember that in the case of phthisis or pulmonary tuberculosis the tuberculous infection is mainly received aerially, whereas in the case of tabes mesenterica it is mainly received by the digestive tract, we get an indication which tends to solve the difficulty. The various administrative measures to which I have thus far adverted have, in so far as tuberculosis is concerned, tended in the main to diminish the chances of the aerial diffusion of the tuberculous infection. They have also tended to prevent those forms of pulmonary mischief which must necessarily facilitate the retention in the tubercle bacillus of its vitality and its power of reproduction when once this pathogenic organism is received into the lungs. Is it possible that during the period in which there has been so vast a saving of human life from that form of tuberculous disease, namely, phthisis, in which the infection is conveyed aerially, there have been in operation one or more influences under which the tuberculous infection has had such increasing facilities for reaching the digestive tract as to have altogether outweighed, at least among our infant population, the benefits which would otherwise have followed a controlling action of the sort to which I have referred? I believe there have; and this leads me to consider how that infection may reach the digestive tract.

Two of the conclusions of the Royal Commission of 1890, will suffice to justify the prominence which is here given to the question of food supplies in relation to human tuberculosis. One runs as follows:—"Any person who takes tuberculous matter into the body as food incurs risk of acquiring tuberculous disease." The other is:—"No doubt the largest part of the tuberculosis which man obtains through his food is by the means of milk containing tuberculous matter." Taking these conclusions as a sort of text, I am driven at once to divide my subject into two parts. One deals with the influence of meat, the other with that of milk, in the production of human tuberculosis.

*Meat.* The demands for the adoption of administrative measures in order to control the risk to man of acquiring tuberculosis through the agency of meat have mainly come from certain medical officers of health having experience of public slaughter-houses and from those who are engaged in the meat trade. The former have largely based their demands on physiological considerations; the latter, who naturally view the matter from a commercial point of view, have in the main enforced their requests by referring to seizures of carcases and by quotations from the report of the Royal Commissson appointed in 1890.

In considering these demands I would note that they have, in the main, had concern with the meat derived from bovine animals. This has distinct interest for us, because whatever the influence of race may be on the occurrence of tuberculosis in the lower animals, it is certain that animals of the bovine race lead a much more unnatural life in this country than do sheep, for example, among which latter animals tuberculosis is comparatively rare. Indeed, next to the milch cow, and perhaps the pig, there is probably no animal, the flesh of which is used as a food for man, so liable to tuberculosis as the well-stalled bullock. In support of the contention that this contrast between bovine and ovine animals is not exclusively an affair of race, I would recall a piece of personal experience. When visiting the public slaughter-houses of one of our large cities I was shown, as a curiosity, a group of cows. To me each cow seemed to consist of little more than a skeleton framework covered tightly with a hide, and in my ignorance I asked if the lot had been condemned, even before slaughter, as unfit for human food. To my astonishment I was informed not only that this was not so, but that cows of the same class were often received from the same locality, and that they were peculiar inasmuch as tuberculosis was very rare among them. They were disused milch cows from some of the poorest of small tenant farmers in the United Kingdom. Although they had been milked as long as it was practicable to milk them, they had mainly subsisted on such grass as they could pick up, and their former owners had been unable to provide for their protection in stalls against inclement weather. In short, though in one sense their life had been a hard one, they had enjoyed the benefit—inestimable from the point of view of tuberculosis—of having lived in the open air.

But tuberculosis in animals, the flesh of which is used for human food, notably in those of the bovine race and in the pig, is a reality; and in considering how far it may be controlled by administrative measures, it will be well to ascertain, as far as this is practicable, what evidence is available as to the extent of the mischief induced by the use, as food, of the meat of tuberculous animals.

With such evidence before me I fully admit that there are conditions under which tuberculous disease can be and is communicated to man as the result of the use, as a food, of the meat of tuberculous animals, but I fail to find any evidence justifying the view that the disease is so communicated to any wide extent. To the limited extent to which vital statistics enable us to form a judgment, the conclusion would be in the opposite direction

Such positive results as were obtained by certain experiments carried out by the Royal Commission of 1890 were achieved under altogether exceptional circumstances. They serve indeed to represent a risk, and even an occasional danger; but it is not one, in my opinion, that justifies some of the claims that have been based upon it. It should also be remembered that the Royal Commission of 1890, having these facts before them, reported that "tuberculous matter is but seldom found in the meat substance of the carcass,'' and referring to Dr. Sidney Martin, who gave much attention to the question of "smearing" meat, they add that he "sees no objection to the sale of meat substance from carcases which have shown only localised tuberculosis and from which every particle of tubercle has been skilfully removed."

It is quite unnecessary to discuss with you the question of the urgent need for preventing, by administrative control, the sale of many tuberculous carcases that are now used for the purpose of meat supply, and especially of portions of carcases exhibiting general tuberculosis or tuberculosis of the internal organs.

I only know of one means, namely, by the abolition, as far as this is practicable, of private slaughter-houses; by the provision in all large centres of population, whether technically styled urban or rural, of public slaughter-houses under the direct control of the sanitary authorities and their officers; and by the adoption of measures which will as soon as practicable, provide a class of skilled meat inspectors.

Another point that has been strongly pressed in recent years, as an administrative measure that is called for in the interests both of justice and of public health, is that of compensation out of public funds to the butcher wherever a carcass is seized on account of tuberculosis, such compensation only to be given in the case of cattle which have cost a certain minimum sum—say £8—and in no case to go beyond a maximum sum of £30.

My main objections to compensation for carcases or portions of carcases seized on account of tuberculosis may be summarised as follows:—

(1) That it is wrong in principle to call upon the public to give compensation to a man who, having made a purchase involving some risk, and having placed the purchased article on sale for his sole profit, subsequently finds that the article in question is not one that, in the interests of the public, he can be allowed to dispose of.

(2) That the risk involved in the purchase of animals of the bovine race, by reason of tuberculosis, is one that is well known and perfectly recognised.

(3) That, notwithstanding repeated applications on behalf of the Commission to be supplied with evidence showing that real hardship and substantial loss are incurred by butchers by reason of the seizure of tuberculous carcases, the general tenour of nearly all the evidence submitted was in precisely the opposite direction.

(4) That the representatives of the various societies and bodies who urged that compensation from public funds should be accorded to the butchers were almost unanimous in admitting that in businesses extending over a long series of years and often involving tens of thousands of carcases, they had either incurred no loss at all owing to seizures for tuberculosis, or any such loss had been altogether trivial.

(5) That such freedom from risk of financial loss in a commercial transaction is hardly to be met with in any other trade.

(6) That the few exceptions which came before the Commission were almost exclusively limited to a few towns where a standard of excessive stringency had been maintained as to the amount and extent of tuberculosis which called for seizure of a carcass.

(7) That in all these exceptional instances those responsible for this stringency expressed their willingness to abide by any standard which might be authoritatively laid down by a Government department or other authoritative body concerned with the matter of food supplies. Such a standard code of rules has now been laid down by the Royal Commission of 1896.

(8) That even in these exceptional cases by far the majority of seizures had to do with the carcases of cows that had served as milch cows involving special risk.

(9) That in view of the fact that milch cows have already been a source of profit as milk suppliers, and in order to ensure that profit they have generally been kept under sanitary conditions calculated to lead to tuberculosis, the grant of compensation would tend to encourage the very disease which should, as far as practicable, be prevented.

(10) That the danger to man of contracting tuberculosis as the result of eating meat from a carcass which, though tuberculous, is otherwise of such wholesome appearance as to justify its being used for a meat supply, is both rare and trivial.

(11) That the amount of risk really incurred in the slaughter of apparently healthy animals may best be estimated by the fact that some butchers do not think it worth while to pay an insurance fee in order to cover it, which fee would, at the end of the year's transactions, cost them no more than 3d. or 4d. per beast slaughtered.

(12) That, in so far as vital statistics can be relied on to afford any indication of this risk, they go to show that at the ages when meat is most used as a diet, there has not only been no increase of death from tuberculous disease, but that persons living at these ages have been those which have signally profited by the general diminution in death from tuberculous disease which has taken place in this country.

(13) That the large saving of life from tuberculosis at the ages in question has corresponded with a period during which there has been a large increase in the amount of meat consumed.

(14) That any use of Imperial funds for compensation in this matter, on the ground that the protection of the public health is involved, would be contrary to the action hitherto adopted in this country, and under which

measures of public health carried out locally are paid for by the community carrying them out.

(15) That the use of Imperial funds for such a purpose would be liable to open the door to grave abuse.

Public slaughter-houses, officered by skilled inspectors and supervised by medical officers of health, are urgently required, among other reasons, for the prevention of tuberculosis in man. When these have been provided, and rules such as those laid down by the Royal Commission of 1896 as to action with regard to tuberculous cases are uniformly acted on, then this question of the seizure, on account of tuberculosis, of carcases which, apart from that disease, are deemed fit for human food, should, and I believe will, practically cease to exist. The remedy lies, not in resort to public funds for the purposes of compensating a particular trade, but in the adoption of administrative measures of control such as I have indicated.

But if efficient control is to be exercised over the carcases of beasts slaughtered in this country, a control corresponding as nearly as is practicable to that applied at home should be exercised over imported carcasses; otherwise the contrast between laxity in the case of home carcases would be not only unfair, but it might act as an incentive to the transmission to this country of meat which would be condemned abroad.

I would therefore submit for consideration, whether it is not equitable as well as in the interests of public health that skilled inspectors should be appointed at all ports where foreign carcases arrive, and that these officers should be required to select from each ship's cargo a number of carcases for such examination as may be necessary to the protection of the interests of the public. The cost of the necessary staff and accomodation should in my opinion be paid by means of some trival tax per carcass to be levied on the importers.

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## Original Communications.

# SYPHILIS IN THE ARMY, 1812-1896.

BEING A REPLY TO

# MITIGATION AND AGGRAVATION OF SYPHILIS.

By JOHN A. SHAW-MACKENZIE, M.D.Lond.

THE variable intensity of syphilis and its explanation has been the subject of controversy ever since the reputed introduction of syphilis into Europe or its *de novo* origin at the end of the fifteenth century. Without attempting to go into the disputed origin of syphilis at the present time, it is right to mention that syphilis is said to have existed from the first, and the intensity of disease at the end of the fifteenth century regarded as an aggravated form.

Not only has the pathology and treatment of syphilis commanded at all times universal attention, but its prevalence and intensity in the Services has been the subject of many reports and especial inquiry. The Report of the Select Committee, appointed in 1879 for the purpose of inquiring into the administration, operation, and effect of the Contagious Diseases Acts, 1866-1869, is well known.

One effect of the repeal of those Acts has been undoubtedly, the discouragement of the teaching and study of the pathology and treatment of syphilis, even sometimes to the mention of or diagnosis of the disease. The whole subject, however, has again assumed, or is assuming, importance in view of the aggravated form of disease in British troops invalided home from India, which formed the subject of a report by a Committee of the Royal College of Physicians in 1897.

The etiology of "Malignant Syphilis" had already formed one of the subjects of debate at the Third International Congress of Dermatology (London) in 1896. Both here and in a subsequent publication (1) Prof. Neisser, admitting the great diminution of malignancy during the last four centuries, withdraws his previous vigorous adhesion to "congenital immunity conferred by hereditary transmission." He considered there was no substantial proof of this, and attributes the diminution to "increased resistance inseparably associated with decreasing virus activity" accruing from adoption of improved methods of treatment, the use of antiseptics, greater care in the treatment of local and general manifestations, and improved general sanitary measures. Nevertheless he is willing to admit some degree of inherited immunity, notes the attenuation of measles in communities and countries, and states the following:—"Nor have I noted during the recent extension of syphilis in Russia that an unusual proportion of cases of malignant syphilis has been noted. . . It is interesting in this reference to draw attention to the fact that Epstein has recently recorded a remarkable number of cases of malignant syphilis among the Jews. He is inclined to account for his observations on the hypothesis that the individuals of a community which has been free from syphilis tend to show the malignant type more frequently when at length attacked than the members of a population which has experienced the disease for generations."

In the same year Dr. G. Ogilvie (2), founding his opinion to some extent on the testimony of Professor Neumann, considered that "attractive as this theory is by its simplicity and plausibility," both it and the late Mr. Henry Lee's theory of individual hereditary immunity seem "to stand upon a weak foundation." "Ferguson's (*sic*) statement," says he, that "syphilis has become so much mitigated in Portugal by reason of general diffusion or other causes, that after running a mild course it exhausted itself and ceased spontaneously, has been generally accepted as trustworthy, and been taken over from one text-book to another without further confirmation. It is, therefore, interesting to compare it with the results recently come to by Professor Neumann, of Vienna. He says. . . . I am by no means in a position to corroborate Ferguson's statements about the particularly benign cases of syphilis in Portugal, still less that the cases there take a milder course without the use of mercury. On the contrary, in the hospitals of Lisbon I have fully convinced myself that the symptoms are practically identical there as elsewhere. Tertiary affections are not rare either. . . . "Unless one resorts," says Dr. Ogilvie, "to the improbable supposition that the relative immunity which Portugal once enjoyed has become exhausted, and that thereby a revival of syphilis has taken place, such an experience made by so competent an observer goes far to discredit Ferguson's earlier statements. . . . The reports from different Russian, German, and English regiments adduced by Ferguson and Lee have, if possible, still less claim to trustworthiness . . . . These observations, as well as the German and English ones, were made at a time when no distinction was drawn between syphilitic and other sores. This circumstance alone deprives them of all scientific, demonstrative value. The sad state of the British Army in India is sufficient to shake any theory of general immunity," and, acknowledging the views of Neisser, "it seems explainable by lack of hygiene, preventive, and therapeutic measures."

This paper, containing conclusions obviously founded upon imperfect knowledge of Fergusson's original paper (3) and being prominently noticed (4), led me to draw attention to the original work of Fergusson and work of Rose (5), in support of the former's views respecting mitigation and aggravation of syphilis.

The subsequent discovery by Dr. Ogilvie (6) of a later paper (7) by Fergusson, in which the latter admitted aggravation of syphilis by the abuse of mercury among the British troops in Portugal, and does not refer to attenuation, seemed to Dr. Ogilvie to prove beyond doubt the correctness of his interpretation. Shortly afterwards Dr. Ogilvie's paper upon "Syphilis among British Troops in Portugal, 1812, and in India, 1896," appeared (8), in which his original views are for the most part maintained.

Considerable support was subsequently given to these views in the editorial columns of the *British Medical Journal*, November 5th, and, notwithstanding the subsequent and for the most part adverse correspondence which followed, the same paper is prominently noticed in the editorial columns of the Medical Press and Circular of January 25th, 1899. In this a direct appeal is made for recognition of this paper, it is further stated that "it has evidently already borne fruit, judging from the fact that the subject for the next Parkes' Memorial Prize will be the "Prevalence of Venereal Diseases in the British and Indian armies"; an unqualified verdict is delivered against Fergusson's statement of the "gradual self-extinction of syphilis in the Peninsula," and support is given mainly to the mercurial abuse theory in explanation of the present aggravated form of syphilis, qualified by the broad theory of improved hygienic conditions and treatment in explanation of mitigation.

It seems necessary, therefore, that I should again endeavour to represent the work of Fergusson in its proper light, review the grounds upon which Dr. Ogilvie arrives at his conclusions, and submit afresh the factors or combination of factors which have been adduced in explanation of mitigation and aggravation of syphilis.

Dr. Ogilvie's contentions in this paper are, that the form of disease among the Portuguese manifesting itself as primary ulceration, either local or followed by insignificant throat ulceration, and by affection of the bones often so slight that, but for the previous history, it might be mistaken for simple rheumatism, each and all being curable by antisyphilitic woods and sudorifics, the quantity of mercury being always insignificant and often altogether omitted is (1) not a mitigated form of syphilis due to self-exhaustion, but the natural type of disease; relying largely upon Fergusson's later paper, that (2) the aggravated form of disease seen among the British troops in Portugal was mainly due to the abuse of mercury; and that (3) the present aggravated form seen among British troops invalided home from India may be mainly due to the abuse as opposed to the use of mercury.

(1*a*) The difficulty of establishing a standard of syphilis is great. It admittedly varies under different conditions of time, place, and other circumstances, irrespective of treatment. Starting from the admitted intensity of syphilis at the end of the fifteenth century or perhaps before this, under the covering term "lepra," its subsequent lesser intensity has been regarded as modification, and the disease in Portugal among the bulk of the inhabitants depicted by Fergusson must be regarded as a modified form. As, for instance, Wallace, of Dublin, in 1836-8, regarded primary and secondary pustular as the normal type and the exanthematous as the modified. On the other hand, at the present day, the exanthematous eruptions are approximately regarded as the normal, and the pustular as the "malignant." If, however, any importance is to be attached to the descriptions of antiquity, constitutional symptoms are, according to referees, conspicuous by their absence, or nearly so. The local venereal ulcerations alone may thus be regarded as the typical, and anything over these, in the way of consecutive symptoms, as aggravation. The Portuguese local ulcerations, therefore, on such speculative grounds might be regarded as typical and the disease among the bulk of the inhabitants as depicted by Fergusson, in respect of secondary and tertiary symptoms, as aggravation, and not normal.

Dr. Ogilvie contends that Fergusson made no differentiation between "hard and soft, between infecting and non-infecting sores, between syphilitic and non-syphilitic cases." Dr. Ogilvie omits to say that this kind of argument was dealt with by Rose as well as by the late Mr. Henry Lee.

'It is reasonable," says Rose (9), "to think that a considerable part of the cases of which Mr. Fergusson speaks could not be regarded by cautious practitioners as venereal,' but while admitting some of the cases he himself brought forward were not venereal in the Guards he concludes that "among a number of cases of such a description taken indiscriminately the probability of some being venereal is materially increased and must at last approach nearly to a certainty"; while "It is true," says Mr. Lee, "that at the time Mr. Rose conducted his experiments no clear distinction was drawn between those syphilitic affections which if left to themselves would infect the constitutions of the patients and those which would not, and therefore a great many sores were no doubt said to be cured without mercury which under no circumstances would have been followed by secondary symptoms. It is exceedingly probable, however, that a certain proportion of the cases treated by Mr. Rose really depended upon the infecting variety of the disease, and as Mr. Rose found that he could deal with these cases without administering mercury we can only conclude that the disease he was treating had appeared in some modified form such as Dr. Ferguson had noticed in Portugal and such as he states to have existed also in Germany and in Russia."

The syphilitic nature of phagedæna and the chancroid are admittedly controversial points. Fergusson, however, distinctly noted a difference between the Portuguese ulcerations and the "trifling cases of chancre as we have seen at home which can often be dried up with a piece of lint" and the venereal ulcerations in the British which were "more intractable to the operation of mercury than under similar circumstances at home." He, moreover, noted a difference between the non-infecting character of phagedæna in certain cases, under certain circumstances, as opposed to those cases "in which the constitution has become affected with the secondary symptoms in a proportion that could not have been expected." The Portuguese, according to Fergusson's later paper, had no phagedæna, at least, he could only recall one case. They were "syphilitic ulcerations." That the British phagedæna was syphilitic is supported by Mr. Hutchinson's statement that "phagedæna is very much more common in the hard than in the soft sores," as well as by the late Mr. Henry Lee's statement that in acute forms of destructive and phagedænic inflammation "the action which is taking place may save the patient's system from syphilitic infection." As to the non-differentiation between "hard and soft" sores, it is difficult to follow Dr. Ogilvie. "The question still remains," says he, "whether syphilis at the beginning of this century existed in Portugal in a milder form than in other countries. There is nothing in Fergusson's somewhat fragmentary description to foster such a belief. With regard to the primary lesion (including the non-syphilitic sores), it appears that it was by no means uncommonly mild. Among the forty cases which were at the hospital NONE of the ulcers were such trifling cases of chancre as we have seen at home. . . . but they were large extensive ulcerations . . . which may prove their apathy, but it does not prove the disease to be a particularly mild one."

Such an admission appears to establish the suppurative character of these syphilitic sores in contradiction to this dualistic argument of Dr Ogilvie and the views of many. Moreover, the diagnosis between "syphilitic and non-syphilitic" cases in these days is no more certain than in Fergusson's.

(b) "Fergusson, however, inferred as much from its easy cure as from its analogy of the natural small-pox. . . . To prove mitigation or attenuation of a disease in one population as compared to another it is not sufficient to prove that the disease runs a milder course, but it has to be shown that it does so under identical conditions. In this particular case the circumstances under which the respective observations were made were so widely different as to make the observations incomparable." He refers, of course, to the abuse of mercury under which the British partly laboured, as compared with the treatment of the Portuguese by their faculty. This argument is of little importance. Leaving the British out of the question, Fergusson, corroborated by Guthrie, notes that "dreadful exfoliations and loss of parts (nose bones) no doubt sometimes occur, but these by no means constitute a large proportion of the affected," and were for the most part noticed in Lisbon. Dr. Ogilvie, it seems to me, would have us believe that these also were due to mercury, especially drawing attention to Fergusson's first estimation of an "adequate" dose of mercury compared with his later view of "a tithe of a tithe, or a centime." There is nothing to justify such an inference. Dr. Ogilvie admits that "its (mercry) internal use was reserved till the disease shows itself in the last order of parts, its last citadel. the bones." And, notwithstanding the fact, which has been authoritatively testified to. that the most serious destruction of parts has followed the non-mercurial treatment Fergusson himself qualifies the term "adequate," as it referred to dosage by the Portuguese faculty, by the statement that such administration was "in an alterative form" and a "ridiculously insignificant quantity of mercury generally of calomel along with Dover's powder, guaiacum, &c.," was given, as opposed to inunction, which Fergusson leads us to suppose in his later paper was practised and abused by himself. The comparison also of the Portuguese disease and treatment with the same type under similar treatment at home, so far from proving the fallacy of attenuation there, begs the whole question as to under what conditions the simple treatment proved efficacious in certain cases.

Far also from the non-differentiation of sores rendering all comparison "vague and worthless," the fact remains that there was a difference in the intensity of syphilis among the Portuguese; a comparison sufficiently obvious to Guthrie (10), and which led him, notwithstanding his admitted previous and subsequent practice of, and belief in, the non, or modified mercurial treatment, to state "the secondary symptoms of the most serious nature will occasionally follow in particular constitutions." Dr. Ogilvie does not state that.

With regard to the analogy of the small-pox, Dr. Ogilvie considers such very remote or artificial, and while admitting that little is known of its "self-exhaustion by acquired immunity hereditarily transmitted," is inclined to think that facts and theory are against such transmission, and that vaccination, inoculation, and isolation are the true explanation. He omits to give us Fergusson's facts in refutation of the same, and which showed that though inoculation and vaccination were well known in Portugal, they were never practised as far as he could ascertain. Nor were there any isolation means adopted, the affected lying apparently unconcerned in the hospitals among the unaffected, &c., nevertheless small-pox was prevalent and a mild disease, and he could not recollect it even terminating fatally. I believe the same obtains now to a great extent, and that the popular idea is that the mitigation is due to the climate. . . . "Yet he (Fergusson) had no doubt if this mild disease was transplanted into a people who had never known it," and I might add into the unprotected among us at the present time in consequence of the abolition of compulsory vaccination, "it would (and will) desolate with all the fury of pestilence."

Nor does Dr. Ogilvie mention Fergusson's analogy to "all adventitious diseases. . . . that are not connate, endemic. and sporadic, which appear more or less to run this course of exhausting themselves while retained upon the same ground."

(c) Rose, it is true, regarded attenuation as "as yet merely hypothesis," and Guthrie, notwithstanding his opinion already stated in respect of constitution, is opposed to it. After quoting various testimonies, "of course not all of the same value," including the impression among Portuguese medical men that syphilis has become milder during the last thirty years, thanks to hygiene and improved treatment, such information being vouchsafed by a "highly intelligent patient" who writes from Lisbon, Dr. Ogilvie attaches "the greatest importance to that of Guthrie. "We cannot shut our eyes to the fact that not one of these witnesses reports attenuation. This, taken together with Fergusson's later views. . . . will, I think, be ample justification to relegate the allegations with regard to self-extinction of syphilis in Portugal to the sphere of legendary histories."

Obviously, none of these report attenuation in favour of the "special pleading" of Dr. Ogilvie, but he does not mention Hennen (11), an equally prominent Peninsular surgeon, who, while subscribing to the non-mercurial treatment, thinks it "proper to direct attention to the opinion of those who held," like Fergusson and others previously, that syphilis has "undergone great changes in its nature since the end of the fifteenth century." Moreover, he considered the analogy of leprosy and scurvy was "strongly in favour of such a supposition."

"We have," says he, "also direct testimony which shows that its symptoms have become milder and more tractable. No author is better entitled to speak on the disease than the well-known German, Ulrich de Hutten, if personal suffering can confer such a melancholy distinction. After having suffered for nine years under it (many times salivated and afterwards cured by guaiacum), and we may naturally suppose studied its history minutely, he tells us, in his work published in 1519, that for the first seven years after its appearance in Germany, it raged with the utmost violence, but that when he wrote its virulence had considerably abated. In 1563, upwards of forty years afterwards, Bernardinus Tomitanus, of Padua, after noting some changes of symptoms which had taken place in the disease since its first appearance in Europe, bears strong testimony to its increasing mildness at the time he wrote. . . . The learned and indefatigable Astruc has collected the authorities of various physicians and historians to the same effect, including a period from 1546 to 1711, to which he adds his own testimony, dated 1735. In it he says, 'I have, by careful and repeated observation, found the venereal disease daily to grow milder; it may, perhaps, be more frequently contracted than formerly, yet its rage is less violent, its symptoms are not so many, so painful, nor so difficult to be cured, it yields more readily to remedies properly applied, and in a word seems little and little to approach towards its close.'"

(1) The "British Journal of Dermatology," January, 1897.
(2) Ibid. November.
(3) "Observations on the Venereal Disease in Portugal," &c. (1812).
(4) The "Lancet," January 15th, 1898.
(5) Ibid. January 29th, April 23rd, and June 4th. (6) Ibid. June 4th.
(7) "Notes and Recollections of a Professional Life." (1846).
(8) The "British Journal of Dermatology," July, 1898.
(9) "Med. Chirurg. Trans." Vol. VIII. (1817). (10) Ibid.
(11) "Principles of Military Surgery." (1829).

*(To be concluded in our next.)*

# A FURTHER CONTRIBUTION TO THE PRACTICAL ASPECT OF INFLUENZA.

By Sur.-Gen. CHAS. R. FRANCIS, M B., M.R.C.P.,
H.M. Indian Army (retired).

The retired Indian officer, whose repeated attacks of influenza during the past few years I reported in your journal in 1895, and of whom I predicted that, if he remained where he was—in a house with damp surroundings—other attacks would probably follow, has been twice attacked since I wrote. About the middle of October, 1896, he was taken ill, for the fifth time, with a very severe form of the disorder, confining him to his room for five months. The heart and stomach were involved—the former especially; but the effect upon the nervous system with the weakening, even almost crippling, of some of the limbs, was exceptionally striking. The most remarkable feature in this attack—followed by one very similar the next year—has been the gradual though steady deterioration of the nerves shown by slowness both in walking, and writing, accompanied, when so occupied, by an occasional spasm of the hand. He still works at literary pursuits, which give a certain amount of pleasure, but there is now no *enjoyment* in them Until quite lately, he has remained comparatively well, the several functions being correctly performed; and he has been free from pain. But on the 9th of last month he was attacked with what was, apparently, rheumatism, the limbs being affected alternately with but little power to move them, but with pain when doing so. There was no fever, the urine only being somewhat high-coloured; and the tongue was clean. Influenza was prevalent in the station, assuming, generally, a rheumatic form; so that I am inclined to look upon this attack as a form of this disorder. Althaus, probably our best English authority on the subject, does not indeed give rheumatism as a phase of the disorder, but he describes cases of rachialgia and neuritis as complications or as post grippal; but a case of rheumatism, pure and simple, turning out to be influenza is probably without the pale of medical experience. What favours the theory is the extreme characteristic nerve debility which has accompanied and followed the attack. The patient was well in a fortnight, but the weakness and crippling remain in an increased degree.

The case of this officer seems to afford a good object lesson in teaching, as before observed, that change of air is the best remedy; which is the more especially called for where the original locality is damp. Cases will, of course, occur where this is impracticable; though, whenever possible, it should be adopted. Influenza is usually connected in the public mind with some affection of the respiratory organs. Indeed, till very lately, this was the professional view. The idea of its being essentially a nervous affection is gradually gaining ground with the public, though it is very difficult to convince people of its truth. It was discredited in this case by members of the patient's family, who held to the belief that, being old, he was bound to have *something* the matter! They told him that, at any rate, he had influenza on the brain! I firmly believe that had the change to a more suitable climate been resorted to when I last wrote four years ago, there would have been no more attacks to chronicle, neither of influenza nor of so-called rheumatism. Granted that it *was* a genuine attack of rheumatism, previous visitations of influenza doubtless increased the susceptibility of the patient. It may be mentioned that never before, in a long life of seventy-eight years, had there been a suspicion of a rheumatic tendency.

# VAGINAL CÆSAREAN SECTION. (a)

By A. DUHRSSEN,
Professor of Gynæcology, University of Berlin.

[FROM OUR OWN CORRESPONDENT.]

Thanks to asepsis and Sänger's method of vaginal suture, the old Cæsarean section has lost much of its terrors, so that the indications for it are not confined to absolute obstacles to delivery, but are extended to cases of moderate obstruction. A substitute has been proposed for the operation in perforation and symphyseotomy. I have substituted vaginal Cæsarean section in one case, and I repeated the operation last year. The description and the results of the operation have already been published in a monograph. It consists essentially in a sagittal splitting of the anterior and posterior vaginal culs-de-sac and separation of the bladder from the uterus and splitting of the uterine wall as far as the lower uterine segment, is required. In this way in the first case I was able to extract at term a child weighing 4,700 grm. Puerperium normal. In the monograph I have formulated the three following indications for the operation (1) Abnormalities of the cervix and lower uterine segment, which render dilatation impossible or difficult. (Carcinoma, rigidity, stenosis, sacculation.) (2) A dangerous condition of the mother, that rendering speedy delivery necessary. (3) Dangerous conditions that will lead to speedy death. It was on this account that I operated last year in a case of mitral insufficiency and dilatation of the right ventricle; in which the patient had passed several days and nights sitting upright in a chair. There was still some hope if the uterus could be promptly emptied, otherwise it was evident she would die during the course of the labour. The operation was performed as described. The blood was almost black. Easy turning and extraction of an asphyxiated female child; but immediately afterwards the pulse stopped, and finally, whilst attempts at resuscitation were being performed, sutures were inserted, the placenta was removed and the uterus plugged. The operation lasted at most five minutes before the child was visible. The autopsy showed that the operation had been entirely extra-peritoneal. In case of carcinoma, extirpation of the uterus should follow extraction of the child. That this would be successful was shown by a case of rupture of the uterus, which was followed by successful extirpation. The results of other operators who have adopted this method have been even more favourable than my own, when, as I recommended, the posterior vaginal wall was split up. The mortality was 27 per cent., a favourable result when one remembered that in eight out the eleven cases carcinoma was the complication that called for the operation. Some, such as Olshausen, have a horror of the operation because they believe that speedy delivery at term is incompatible with gentle handling, and that gentleman recommended the classical Cæsarean section with subsequent removal of the organ. But Olshausen's operation is a much longer one, there is more danger of shock and infection, and more manipulation of intestines. As regards hæmorrhage it is free in both forms of operation, but in the vaginal it ceases as soon as the hand is introduced. Drawing down of the uterus and plugging are effective means of arresting hæmorrhage. The operation is also indicated when there is premature separation of the placenta with absence of pains, and when the cervix is not dilatable.

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(a) Abstract of an address delivered before the Berlin Medical Society, January 4th, 1899.

# Clinical Records.

## CASE OF ECTOPIC GESTATION. (a)

By Dr. Macpherson Laurie,
Vice-President of the British Gynæcological Society.

Mrs. W., æt. 35, consulted me on September 16th, 1898, on account of pain in the right ovarian region associated with a swelling which she had recognised herself.

She had been married for nine years and had three children, the youngest 4½ years old.

The periods had been regular since the birth of the last child until six weeks before she came to see me; since then she had suffered from a constant hæmorrhagic discharge. This was moderate in amount, and latterly partly purulent.

On one occasion something came away having the appearance of a large clot of blood, rather dark in colour, and presumably composed of decidual membrane.

On examination the uterus was found somewhat enlarged and pushed over to the left by an irregular swelling of firm consistency, and rather bigger than an orange.

On September 25th, the abdomen was opened. The right side of the pelvis was occupied by a swelling which was intimately adherent to the intestines. In the process of separation the mass ruptured, discharging a great deal of black clot into the peritoneal cavity.

The abdominal viscera were protected with sponges, the patient raised into the Trendelenburg position, and the clot removed. Separation was cautiously carried out, and completed by passing chain sutures through the broad ligament and cutting through the tissues on the distal side. On further examination, a cavity as large as a hen's egg, and containing blood clot was demonstrated in the ovarian portion of the swelling, and the walls of this space were completed by the expanded end of the Fallopian tube and some portions of adjacent bowel.

Patient made a good recovery.

A report from the Clinical Research Association confirmed the diagnosis.

The case seems worthy of record as a possible example of ovarian pregnancy, and I thought it sufficiently interesting to bring before the Society.

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# Transactions of Societies.

## ROYAL ACADEMY OF MEDICINE IN IRELAND.

### Section of Pathology.

Meeting held Friday, January 13th, 1899.

The President, Dr. J. M. Purser, in the Chair.

### PATHOLOGICAL FEMORA AND TIBIÆ.

Dr. Knott exhibited a series of nineteen femora presenting various anatomical, anthropological, and pathological peculiarities of interest, and Dr. Knott then exhibited a series of nineteen tibiæ, also presenting points of interest.

### Specimens Exhibited.

Mr. H Croly: (*a*) Tumour of the Left Ovary; (*b*) Specific Fungus of the Testis; (*c*) Carious Os Calcis; (*d*) Scirrhus of Breast of eighteen years' standing.

### NOTE ON THE AGGLUTINABILITY OF DIFFERENT RACES OF THE TYPHOID BACILLUS.

The Secretary (Dr. McWeeney) read a note on this subject. He described how he had been obliged to suspend temporarily the sero-diagnostic work at the Mater Misericordiæ Hospital, owing to the peculiar behaviour of a strain of typhoid bacilli, called, for brevity's sake, T. A, which he had isolated by the usual methods from the bile of a fatal case of typhoid. Death had occurred in this case from cardiac failure nine days after defervescence, and at the autopsy the ulcers in the small intestine were healed, but there were many open follicular ulcers in the colon. The bacillus T. A. was present in the bile in great numbers and pure culture. It presented the cultural characters of genuine Eberth's bacillus. Distinctive peculiarities were the extreme slowness of its growth on gelatine plates, the fewness, delicacy, and shortness of the flagella, and the fact that although the mobility was extremely active during the first twelve hours of culture, it had died down by the end of twenty-four hours to a waggling movement hardly distinguishable from that of B. coli. Tested against the serum of several typical cases of typhoid side by side with a typical race obtained from Professor Lorrain Smith, of Belfast, it proved markedly resistant against agglutinating influences. The dilutions generally practised were 10 per cent., 1 per cent., ·2 per cent., and 1 per cent. Sera of cases in the third week, which clumped the Belfast bacillus ("L. S.") instantaneously in 10 per cent. dilution, and left the field quite clear of isolated organisms, took an appreciable time to clump T. A., and after the lapse of half an hour the field was not quite free from scattered bacilli. In the 1 in 100 dilution, where L. S. was well clumped at the end of the observation period (two to five hours), T. A. was so imperfectly agglutinated that diagnostic inferences could not be drawn—in fact, with the higher dilutions these two races of undoubted typhoid bacilli gave directly opposite sero-diagnostic results. The speaker referred to the view that the phenomenon was the result of the interaction of two substances, one contained in the serum, the other in (and subsequently outside of) the bacterial bodies, which played a purely passive *rôle;* that the serum need not necessarily be immune, nor was the phenomenon essentially specific; and finally, the interesting work of Bordet was described as showing how, quite apart from bacterial action, the serum of the rabbit agglutinated guinea pig's serum containing red corpuscles, causing these latter to form "clumps;' and how, if the serum of the guinea pig, which exercises but a slight agglutinative action on the corpuscles in rabbit serum, be taken from a guinea pig which has previously had rabbit's blood injected a few times, the agglutinative action of the guinea pig serum is greatly increased. The bearing of these researches on sero-diagnostic work was pointed out. The paper was illustrated with slides showing the relative size, length, and number of the flagella of T. A. and L. S.

Mr. O'Sullivan said that in a case of Dr. Finny's, in Dun's Hospital, of typhoid fever, accompanied by effusion into the knee-joint, he had isolated bacilli from the effusion which gave the culture reactions, as then practised, of typhoid bacilli, and showed stronger agglutination with the serum of typhoid patients than the stock bacilli which he had at the time. He thought then that this might be due to the fact that the bacilli were more virulent, but it appeared that virulence and the faculty of being agglutinated had no relation to one another. He would like to ask Dr. McWeeney whether, in Krau's experiment, the behaviour of the talc had been examined under the microscope and proved to be a true agglutination and what was known as to the nature of the coagulation of which he had spoken?

Dr. E. J. McWeeney, replying, said that the phenomenon which occurred was one of agglutination and not precipitation.

### A CASE OF PERITONEAL TUMOUR.

Dr. Conolly Norman described and exhibited a case of peritoneal tumour. The growth occurred about the junction of the jejunum and ileum, and appeared to spring from the peritoneum covering the anterior wall of the intestine; it was of oval shape, about the size of a goose egg, and in colour and consistence, both externally and on section, strongly resembling an uterine fibroid. The growth had penetrated the intestine, an irregular ulcerated surface, not fungating, and about the size of a sixpence, showing in the gut. The patient died from repeated hæmorrhages from this point. No other new growths were discovered, and the uterus and ovaries appeared perfectly normal. The tumour was described as consisting of an aggregation of ovoid and spindle-shaped cells, the former having large granular bluntly ovate nuclei, the latter passing into fibrous tissue in parts. The vessels were very numerous, so that here and there the structure resembled that of an angioma. The tumour could not be made out to be continuous with the muscular wall of the intestine, which it seemed to have destroyed by mere pressure, and, in the opinion of the exhibitor, was to be regarded as a sarcoma, arising probably from the peritoneal blood-vessels.

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(a) Read before the British Gynæcological Society at meeting held February 9th, 1899.

Dr. **McWeeney** suggested the possibility of the tumour being myomatous.

Dr. R. **Travers Smith** thought the specimen was a spindle-celled sarcoma, though possibly it might be a myoma, and have originally grown in the uterus, and become separated, and become secondarily adherent to the intestine.

Dr. E. J. **McWeeney** pointed to certain appearances suggesting that the growth was a fibro-myoma.

Dr. A. R **Parsons** agreed that the tumour might be a myoma.

Dr. **Conolly Norman**, in reply to the President, said that the tumour was not adherent to the muscular coat of the intestine. In the central portion of the tumour there was a large number of bluntly-pointed ovoid cells such as one sees in an ordinary quick growing sarcoma.

Dr. **Coleman** showed a specimen of (*a*) Glioma of Cerebral Hemisphere; (*b*) Tuberculous Tumour of Cerebellum; (*c*) Abscess of Cerebellum.

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# France.

[FROM OUR OWN CORRESPONDENT.]

Paris, February 19th, 1899.

## THE TREATMENT OF URÆMIA BY INJECTIONS OF SERUM IN THE RENAL VEIN.

At the last meeting of the Lyons Medical Society M. de Lignerolles gave an interesting account of his treatment of uræmia by injections of serum into the renal veins. The kidney, he said, possesses an internal secretion which it pours into the organism by means of its efferent vessel. The importance of the antitoxic *role* of that secretion against hurtful substances that the kidney could not eliminate had been demonstrated by numerous experiments and by clinical facts. To remedy that renal insufficiency Brown-Séquard, Meyer, Ajello, and Parascandalo injected in animals deprived of their renal organs the diluted juice of kidney extract; they obtained in uræmic troubles very favourable results, which confirmed the clinical observations of Dieulafoy, Teissier, Donovan, and others. But "would it not be better," asked Brown-Sequard, "to employ the venous blood of different parts of the organism than the extracted juice of these parts. The venous blood coming from an organ contains, in fact, the principles of the internal secretion special to that organ."

This conception, which had already guided Meyer in his experiments on the periodic respiration of Cheyne-Stokes, had been realised by Prof. Vitzou, of Bucharest. The remarkable cases of prolonging life which he obtained in animals, from which the kidneys had been removed by injections of defibrinated renal venous blood, encouraged Dr. Turbure to treat in the same way patients suffering from uræmia. Under the inspiration of Prof. Teissier, the speaker made a special experimental study of the treatment at the hospital.

The blood of the renal vein of a young and healthy goat was drawn under perfectly aseptic conditions, and its serum decanted into small six drachms bottles. The toxic properties of the serum were insignificant, especially when the liquid was injected into the subcutaneous cellular tissue.

The cases he presented to the Society were not numerous on account of want of time, but such as they were they merited attention, not only on account of the novelty of the method but also, and what was more important, by the constancy of the results obtained. The first case was that of acute nephritis complicated with uræmia. The patient, a boy of 15, entered the hospital suffering from anasarca, the result of scarlatina. The urine contained a large quantity of albumine, leucocytes, and cylinders. Vomiting was persistent. The symptoms became so grave that an injection of six drachms of the serum was made in the right flank. The following morning the improvement was considerable; the violent headache had subsided as well as the vomiting, and four days afterwards the œdema had disappeared, while the urine, rare before the injection, returned with great abundance. All trace of the albumen had disappeared at the end of a fortnight, and the patient rapidly gained strength. Another case was that of a woman, æt. 60, who entered the hospital with signs of chronic nephritis (bruit de galop (heart), a large quantity of albumen in the urine, diminished renal permeability). An injection of the serum of the renal vein produced a very notable improvement in all the symptoms, and in the general condition of the patient. Here also the albumen disappeared.

The details of the following case were furnished to the speaker by Prof. Turbure, of Bucharest.

Nicholas V., æt. 27, entered the hospital with generalised anasarca; the legs were swollen to the abdomen and the patient complained of frequent micturition, thirst, headache, pains in the back, and tingling sensation in the fingers. The lungs, heart, and liver appeared sound. The urine contained albumen, and was very abundant (5 litres). In a few days these symptoms grew much worse, the headache became excessively violent, dyspnœa set in, and finally he was seized with tonic convulsions, in spite of the application of repeated wet cupping. The quantity nor the quality of the urine could not explain these phenomena, what was wanting was the internal secretion of the kidneys, whose office was to neutralise the toxins accumulated in the organism This point was remedied by injecting under the skin of the patient three drachms of defibrinated renal venous blood drawn from a strong and healthy dog. A few hours later the patient became calm, and asserted that he felt much better. Four days afterwards the headache returned, but yielded to another injection, and the urine diminished by a third. A few days afterwards the patient insisted on having another injection, and in all six were given with constantly improving results, so that at the end of six weeks he left the hospital cured.

In summarising the effects of the treatment, M. Lignerolles said that the effects of injections of six drachms showed themselves in general a few hours after the injection. The violent headache was the first to disappear, while the nervous troubles, prostration, weakness, melancholy, delirium, gave place rapidly to gaiety sometimes exuberant the vomiting ceased after one injection, and the oppression or dyspnœa was eased in a very short time while the urine, rare before the injection, became very abundant under its influence, with consequent removal of the œdema.

From all these facts he would conclude that injections of the serum of the renal vein could be employed with success against the uræmic complications of nephritis, and could contribute to the improvement of these maladies, as he had several times observed. They furnished to the organism the internal secretion wanting, and allowed the kidney to recommence its normal function of excretion and its anti-toxic *role.*

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## Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, February 18th, 1899.

At the Society for Innere Medizin Hr. Bendix showed a case of

### Recurring Erysipelas.

Two months before, the patient had been admitted into v. Leyden's klinik for erysipelas of the face, hairy scalp, neck, and upper part of the trunk. This was the tenth attack of erysipelas that the patient had suffered from. After the fifth attack the face, but especially the upper lip and the chin remained swollen. The skin was not affected by inflammatory changes, its colour was normal, was firm to the touch, and left no pitting on pressure. As a result of the erysipelas a pachydermatic process had taken place in the shape of a chronic lymphatic œdema that had become organised. Therapeutically, it was probable that systematic massage would be tried.

Hr. Jastrowitz said it was a curious fact that some people had a tendency to erysipelas, as all recurring cases showed. In earlier cases it was believed that there was a connection between the erysipelas and liver affections.

Hr. Ohrtmann some years ago had seen two cases that were treated with Fowler's solution, and after this they had no return of the disease.

Hr. A. Fraenkel believed that individuals specially disposed to erysipelas harboured virulent streptococci in their nasal cavities for a long time, just as individuals with a tendency to pneumonia harboured virulent pneumococci in the cavity of the mouth.

Hr. Bernhardt had some time before published the history of a similar case. With this lady after any great excitement erysipelas of the face came on, although without any new infection. Thus on one occasion when some curtains took fire at home she was frightened, and in an hour the erysipelas was there. Her case was often demonstrated, and every time she became excited and got erysipelas. In such cases there were exaggerated excitability from vasomotor system without infection.

Hr. Ohrtmann had frequently had to treat a well-known deputy for erysipelas that affected the whole of the head and always lasted some weeks. The attacks always came on when in the course of his public life he underwent any great excitement.

Hr. Gluck believed that in cases of recurring erysipelas depôts of streptococci remained in the lymph track. In cases in which streptococcic collection had been removed after suppuration there had been no recurrence.

At the Society for Psychiatry and Nervous Diseases, Hr. Valentin related a case of

### Pachymeningitis with Tabes on a Syphilitic Base.

The patient was a merchant, æt. 46, who in 1870 had a hard chancre, and was only treated locally. In 1889 he had gastric crises and lost flesh. He underwent various courses of treatment without effect. In 1892 Remak diagnosed incipient tabes; in 1894 the patient got worse. Along with other symptoms there was giddiness and diplopia. In 1897 there was paralysis of all four extremities. There was violent pain in the neck. The patient was admitted into the Nerve Klinik of the Charité. He was a big, strong man. There was pressure pain over the whole length of the spine. The movements in the knees, feet, and toes were only very slight. With the eyes closed there was ataxia. Patellar reflex on one side present, on the other exaggerated. The head only slightly movable. He could swallow, speak, and move the tongue, the sensorium was free. The pupils were unequal, not acting to light; but reacted to accommodation. There were disturbance of feeling and sensibility. Strong Faradic currents were not perceived in the arms. With inunction of potassie iodide the movements improved. Later the patellar reflexes disappeared, and the patient died of decubitus, cystitis, &c. On section macroscopic syphilitic changes were found in the liver and heart. In the upper part of the cord the meninges were adherent, and there was sclerosis of the lateral columns. Below this the changes were not so marked. Both grey and white substance was diseased in the dorsal spine. The syphilitic disease was very evident in the arteries.

At the Medical Society Hr. Plonski showed

### A Case of Change in the Skin Produced by Röntgen Rays.

The case differed from those previously shown by him, inasmuch as the time that had elapsed was longer, Two and a half years ago the patient was a stenographer in a large electro-technical institution, and volunteered to submit to experiment with the radiograph. At first no harm was done, but at last inflammation of the skin took place, partly of a malignant character. After the parts had healed further changes took place in the cicatrices. Innumerable new growths of vessels were seen around the white cicatrices, so that the whole back, for a space of two hand-breadths in width looked like a large red patch not unlike teleangiectasis. There was a similar appearance on the hands. Associated with this were subjective disturbances, intense itching from 1896 increased from year to year, on the hands a feeling of coldness, and they became more easily tired than before. Sensibility was slightly diminished. Therapeutically the speaker would probably reduce the vascularity by electrolysis, and recommend massage and hot bathing. To avoid such changes, the tension of the current should not be too high, the time exposure should not be too great, and the parts should not be brought too close to the Crooke's tubes.

At the Dermatological Society Hr. Joseph read a note on

### Cheloid

Whilst Kaposi made a distinction between true and false cheloid Unna saw in every one a cicatrical cheloid, and in the absence of visible injury, assumed an unimportant one (scratch wound). The speaker extirpated one that had arisen in a cicatrix where union had taken place by first intention. There was no recurrence. On section of the tumour in series there were no foreign bodies. It showed peculiar septs. It appeared as if the cells of the tumour lay around lymph vessels, and the sept formation was caused by their crowding around the lymph tracts. The lymph vessels themselves were often destroyed. It was possible that a portion of the cells had wandered out of the smallest blood-vessels, and by their growth had given origin to the tumours. Plasma cells, and elastic fibres were present in true cheloid, but not in cicatricial cheloid. The elastic fibres of the tissues pressed upon by the cheloid were destroyed, either by pressure or by a chemical process. Elacine was not present; but it appeared as if the collageni basic substance underwent hyaline degeneration. In a case of cicatricial cheloid there were no tumour cells two years after removal. Papillary bodies were absent in all cicatricial cheloids and hyperplastic cicatrices. True cheloid, on the other hand (Joseph's case sprang from the skin over the breastbone), showed a well-developed papillary body. The tumour consisted of spindle-celled fibres. There was no recurrence.

A large number of preparations were shown.

Hr. Lesser had met with a similar condition of things in a case of acne cheloid in a negro. In spite of extirpation through healthy tissues, and covering the defect by a flap, the disease had returned.

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## Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, February 18th, 1899.

### HYDROCELE AND EVERSION OF THE TUNICA VAGINALIS.

IN November of 1895 Prof. Doyen published a paper on the Radical Cure of Hydrocele by Everting the Tunica Vaginalis. This operation, he tells us in that paper, had engaged his close attention since 1890, when he first performed it in a case of obstinate, constantly recurring hydrocele, which proved a success, and induced him to practise it in other cases, which he did for five years. The radical principle of the operation is to destroy the cavity of the tunica vaginalis by removing the posterior sheath of the vaginal covering instead of the outer fold. In order to do this the operation is performed by entering the tunica along the seminal ducts posteriorly, as described by Doyen, as follows:—

First Stage.—An incision about an inch long (3 cm.) in the upper and anterior half of the scrotum. With a blunt sound the edges of the wound are separated, allowing the tunica vaginalis to protrude in the form of a hernia from the wound.

Second Stage.—Puncture and eversion of the tunica vaginalis: With a bistoury the tunica is punctured and the fluid drained off. The puncture is next enlarged with a pair of scissors towards the duct to the extent of an inch, through which opening the testicle is pressed out and with the point of the finger passed along the seminal duct. He separates the tunica and returns the testicle. In some cases Juvara, who has recently performed many of these operations, tells us that the wound of the tunica vaginalis can be too large to allow of return, in which case he applies a stitch.

Third Stage.—The wound is now closed with catgut suture and compression applied, or dressed with iodoform and collodion and enveloped tightly in a cotton wool suspensor. In two or three days the patient may leave bed and in seven or eight the wound is quite healed.

Juvara performs the operation sometimes under general anæsthetic and sometimes with only local anæsthesia.

In cases of very large hydroceles simple eversion and twisting is not enough, as the large tunica is cumbrous and must be resected, leaving the portion around the cord.

This operation has many advantages over the older forms of treatment, and can be easily performed by any surgeon, and may be accomplished in three or five minutes. The simple operation of injecting iodine tincture takes longer time without the security of success.

In the eversion method all those grave complications are avoided which attend the tincture injection, as complications in the former seldom ever arise, even in total resection; in the latter a hæmatoma may take place, but in simple eversion, without resection, no hæmatoma can occur as no vessels are cut.

### HYDDROPS GENUS INTERMITTENS.

At the Medical Club, Bum showed a patient, a merchant, æt. 37, who, seven years ago, suffered from neurasthenia, pains in back, &c. A few months ago a cyclical form of dropsy commenced in the right knee. The swelling has no pain; increases for three days, and then gradually declines in the same time. No other morbid condition can be discovered. No medicaments for neurasthenia have any effect in checking or modifying the repetition. He collated similar cases from the literature of Seeligmuller, who is inclined to classify such cases under the head of Vasomotor Neurosis, although the ætiology of the disease must yet be acknowledged as obscure. Heredity, according to some French authors, is not without its influence.

Schliesinger told the meeting that he had another similar case under observation, who for the last six years has had periods of suffering regularly every two years. Attacks of three days' duration with remissions of ten days occurred during the months of November and March. At the onset of the disease strangury is persistent, causing the patient to urinate every few minutes. The quantity of urine passed in twenty-four hours is great, although very little is passed at a time. During the attacking months, November to March, the upper extremities become astonishingly emaciated, but rapidly recover after the attacks have ceased to recur. This patient is *not neurasthenic*. He says he has been able to keep the attacks off since he has become a vegetarian!

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## Continental Health Resorts.

[FROM OUR SPECIAL CORRESPONDENT]

### MONT-DORE.—(PUY-DE-DOME).

THE number of British invalids seeking the health resorts of Central France has for several years been gradually decreasing; but for Mont-Dore at least (judging from the past autumn) the tide is apparently turning, and this station of ancient celebrity promises to be more than ever popular with our countrymen.

It is easy of access from Paris (by either the Paris, Lyon-Mediteranean, or the Orleans railroads) and now the branch railway from Laqueuille to La Bourboule and Mont-Dore dispenses with the one and a half hours' carriage-drive, often objected to as a tedious termination of a long journey from Calais or Boulogne. Some, however, may be old-fashioned enough to regret the "improvement." For that drive was one of beauty; winding up and down along wooded slopes with glimpses of lovely landscapes, and occasionally, bits of grander scenery.

Nowadays we talk much of altitudes when comparing health stations. Mont-Dore is the most elevated thermal resort in central France, being 3,418 feet above sea level, almost approaching the Alpine zones. Around the narrow valley in which the town lies rise the highest summits of Auvergne—the Puys Gros and Angle, and the Pico Sancy, and Capucin. The Sancy peak has an altitude of 6,190 feet.

A multitude of picturesque spots are in the immediate neighbourhood. The readily accessible Capucin heights, the Gorges d'Enfer, Lake Guery, Chambon, and Pavia, the cascades of the Dore, and the Dogne streams at the foot of Mount Sancy, and those of Queureilh, Rossignolet, Saut-du-Loup, Plat-à-Barbe, Vernière, Serpent, &c There need be no idle days at Mont-Dore for visitors who love Nature in any of "her various moods"; for those who like leaf, flower, or insect-gathering, geological jaunts, archæological trips, sketching, or photographing. And for the less active and more lazy during the months of the "high season" (July to September), are the Casino, theatres, cafés, ball-rooms, reading-rooms, and other town amusements, with abundance of fashionable attire, promenading, seeing and being seen. Pleasure-taking, hobby-riding, and health-seeking can go all summer and autumn hand-in hand continually in "old Auvergne!

Mont-Dore, said one American physician, "is popular with priests, clergymen, actors, and artists." To pass part of an August afternoon in the really artistic halls, galleries, and salons of its Thermal Establishment is to recognise fully that Mont-Dore is then equally thronged with all other "sorts and conditions of men,' and more than equally thronged with the priestesses and devotees of fashion and elegance "flitting gaily around, drinking, gargling, or sipping the waters" in the intervals of healthful strolls and lively gossipings. Those who prefer the greater quietude should come before July 14th, or after August.

The mean average temperature of summer does not exceed 54° Fahr. The average of the barometer (during the Thermal season) is only $26\frac{9}{10}$ ins.; on the coast it is $29\frac{9}{10}$; thus showing considerably less weight of atmosphere at Mont-Dore than at the sea-side.

The average temperature in June, July, and August is 60 Fahr. Evenings and mornings the air is usually fresh; only becoming heated about mid-day, when generally are breezes from the hills and valleys preventing disagreeableness. Occasional storms are of short duration, and cause no inconvenience, simply lowering the temperature for a time. The pointed mountain peaks guard the valley from electrical disturbances.

The winter climate of Mont-Dore is cold; the summer climate temperate and strengthening; the Bath establishment is one of the finest in France; and is completely equipped with all modern appliances for the most efficient uses and applications of the mineral waters. It consists of two separate buildings, connected by a covered bridge. One building is for vapour treatment, with rooms for inhalations and pulverisation for men. The other building (recently rebuilt at a cost of £120,000) contains the baths. It is erected over the springs, and has many galleries for baths, douches, inhalations, pulverisations, nasal-douches, foot-baths, and two hydropathic apartments. Two staircases, on the right and left, ascend to the first storey, leading into a very large hall, with a roof supported by eight great columns of polished Vosges granite; each column, cut from a single block, being 27 feet in height. A main gallery leads from this grand central hall to the various baths and to the celebrated "Cesar Spring." Built into the walls and foundations of the establishment are numerous remains of antique baths, temples, mansions, sepulchral-stones, parts of statues cut from porphyritic lava, and other vestiges proving the great use of these springs in Roman and even pre-historic ages. The primitive piscines of the Gauls are yet visible, and side by side with them portions of the extensive Roman Baths. During the Middle Ages the springs were apparently neglected; to be brought again into popular use in 1605. The prosperity of the present station dates from the days of Dr. Michel Bertrand (1810).

# The Operating Theatres.

## ST. THOMAS'S HOSPITAL

Operation for Elephantiasis of Scrotum and Penis—Mr Battle operated on a man, æt. about 45, a seaman, who had been sent to the hospital from the South Coast suffering from swelling of the penis and scrotum. Although he had been abroad he had never been in the tropics, his longest voyage having been only to Hamburg. He had noticed gradual swelling of the penis and scrotum, which had been coming on painlessly for a period of some months; it had become so large that it interfered considerably with his getting about, and the scrotum and skin of the penis were much enlarged, the skin of the scrotum being such as described in accounts of elephantiasis met with in foreign parts; it was very heavy, and easily indented with the fingers The penis resembled more the condition of the penis as seen in chronic dropsy, the skin being but little affected. There were, however, no signs of dropsy in other parts of the body, nor of any disease to account for it. At the operation a greatly elongated prepuce was slit up along the upper surface and the glans exposed. The skin, which was diseased, and the subcutaneous tissue were then removed. There was not much bleeding An elastic band was then passed round the base of the scrotum. Two flaps were then fashioned, one from each side of the scrotum, from the tissues which had been dragged down by the weight of the part and which as yet presented no change. Numerous vessels required ligature when these incisions were made. The testes were then sought for and isolated from the other tissues after which the remainder of the scrotum was cut off well above the diseased portion. During the operation there was a great escape from the cut tissues of watery fluid, so that the weight of the tumour was much reduced before it was finally removed. The two flaps were then united in the middle line forming abundant covering for the testes; no attempt was made to bring a covering over the denuded penis. The usual dressings were applied. Mr. Battle said that during the patient's stay in the hospital before operation the blood had been frequently examined for the filaria sanguinis, but none were found, and, although the case was evidently one of elephantiasis, there was no excessive enlargement such as might be seen in several recorded cases. The case was interesting from the absence of anything like a chance of catching the filaria by visit to the regions where it is known. The hæmorrhage would have been very severe had it not been for the use of the Esmarch's band.

The patient made a satisfactory recovery, the penis granulating over and becoming covered with soft cicatrix.

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### Vital Statistics.

THE deaths registered last week in thirty-three great towns of England and Wales corresponded to an annual rate of 21·9 per 1,000 of their aggregate population, which is estimated at 11,404,408 persons in the middle of the year 1899.

Birkenhead 21, Birmingham 22, Blackburn 16, Bolton 24, Bradford 17, Brighton 14, Bristol 21, Burnley 11, Cardiff 16, Croydon 15, Derby 20, Dublin 31, Edinburgh 27, Glasgow 35, Gateshead 18, Halifax 20, Huddersfield 16, Hull 16, Leeds 20, Leicester 16, Liverpool 30, London 22, Manchester 25, Newcastle-on-Tyne 19, Norwich 15, Nottingham 24, Oldham 25, Plymouth 20, Portsmouth 20, Preston 32, Salford 22, Sheffield 19, Sunderland 27, Swansea 22, West Ham 16, Wolverhampton 20. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 1·0 in West Ham, 1·6 in Manchester, and 1·9 in Bolton; from scarlet fever 1·1 in Sunderland; from whooping-cough, 1·5 in Bristol, 1·8 in Sunderland, and 2·5 in Cardiff; and from "fever," 2·7 in Preston. In none of the large towns did the death-rate from diarrhœa reach 1·0 per 1,000. The 118 deaths from diphtheria included 49 in London, 10 in Leeds, 8 in West Ham, 7 in Sheffield, 6 in Birmingham, 6 in Liverpool, 4 in Edinburgh, 4 in Leicester, and 3 each in Glasgow, Cardiff, Swansea, and Manchester. No death from small-pox was registered in any part of the United Kingdom.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 22, 1899.

## THE HUNTERIAN ORATION.

FROM the year 1814, almost annually till 1855, and since then biennially, an orator has been appointed by the Council of the Royal College of Surgeons to extol the virtues and maintain the verdure of the memory of John Hunter. Possibly, therefore, no pioneer of medical science, not excepting the immortal Harvey, has been made the object of so much adoration on the part of a grateful posterity. As a matter of fact, an oration upon John Hunter has been delivered upon fifty-nine occasions, and among the orators are included most of those whose names are indissolubly associated with the progress of surgery in this country. But no one can dispute the worthiness of the panegyrics which have been bestowed upon Hunter—for anything Hunterian is naturally endowed with an interest which time can never diminish. Reflect, for a moment, upon his remarkable personality. There was nothing commonplace about him; his habits, modes of thought, enterprises, indomitable energy—everything was original. His life was one unresting, ceaseless exercise of mind and body. The few hours which he is said to have allowed himself for sleep at nights seemed to have been begrudged by him, and at the zenith of his work were probably often interrupted by sudden flashes of thought bringing in their train suggestive and attractive problems. In these days it is almost impossible to conceive of a man of Hunter's energy and indomitableness. The conditions, indeed, of present day life are probably entirely unsuited to the existence which he adopted; moreover, Hunter lived at a time when the field of human knowledge was vastly limited in comparison with that which is now the case. He appeared on the scene when, so to speak, an unexplored country of virgin land lay open before him, and, as a pioneer, imbued with confidence in his own capacity, he set himself the task of tilling it, and of proving the value of the crops which it could produce. It is doubtful whether any man, in the world's history, has, in his lifetime, added so much to the sum of human knowledge as did John Hunter. There is, then, nothing surprising in the fact that successive Hunterian orators should find that the record of his wonderful life will bear the retelling without losing in interest or attractiveness. The oration delivered before the Prince of Wales at the College last week by Sir William MacCormac is an instance in point. A tone of sympathetic admiration pervades it throughout, and mingled with the many instances of stupendous investigations which Hunter undertook are subtle reflections upon his many sided character which throw further light upon the genius which Hunter was. In alluding to the portrait of the great surgeon by Sir Joshua Reynolds, which adorns the theatre of the College, the orator said as follows:—"As we look at the picture, painted in 1785, when Hunter was fifty-seven years old, we perceive him in deep reverie in one of those waking dreams to which he refers in his lectures. He has paused from writing in order to think out some problem, and as he often said, it was a delight to him to think. As we dwell upon his features, we cannot doubt that a sudden inspiration has flashed upon and gradually pervaded his mind, some great scientific truth or generalisation which he has grasped and is pondering with intense satisfaction. Those eyes, full of the keenest intelligence, seem in eager quest of something far beyond the visible tokens of his work. We may imagine Hunter trying, perchance, to solve some hidden mystery of life or seeking to pierce the veil which hides from us the great unknown beyond." This fine tribute to the great surgeon, as well as to the great painter who reproduced his features, will alone make the Hunterian oration of Sir William MacCormac memorable. Last Tuesday week was by no means the first time that the Prince of Wales listened to an Hunterian oration, but we can conceive that His Royal Highness could not fail to have been interested in the record of Hunter's life which Sir William placed before him.

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## THE TUBERCULOSIS CRUSADE

The public interest in the subject of tuberculosis has at last, we are thankful to say, been fully roused, with the gratifying result that endeavours are being made in every quarter to do something to abate this terrible scourge. A few weeks ago the Medical Institution, which fully represents the medical profession in Liverpool, had an interesting discussion on the subject, the result of which was the appointment of a special sub-committee to draw up a report and present it to the Institution. The Committee dealt with the subject in a most exhaustive manner, and the report they have issued is full of useful suggestions for the prevention and treatment of the disease in all its stages. The text of the report consists of four subdivisions, and refers in the first place to the diffusion of information for the general public. There can be little doubt that before much can be expected in a progressive direction the co-operation of the public must be obtained, and as the disease is more prevalent in the poorer quarters of a city, this information must be distributed by handbills or leaflets, in which are set forth the main points regarding the precautions to be taken. The handbill drawn up by this Committee is excellent, containing a lot of useful information in a few well-chosen and easily intelligible sentences, and the Health Committee propose to issue several thousands among the poorer classes of the community. They are printed on stiff cardboard, so that they will not be destroyed readily. The section which deals with the sources of infection lays special stress on the good work which has been done hitherto by the Corporation of Liverpool in destroying and demolishing insanitary property. Perhaps the day may come when it will be found practicable to provide the working classes with houses in the suburbs of large cities, but the problem is a most difficult one, and is not favoured by the industrial classes themselves. The most important part of the report, however, deals with the treatment of tuberculosis in its early stages, and recommends the provision of sanatoria in some healthy and suitable localities. There can be no possible doubt that if early cases of phthisis are placed under proper conditions they will recover, if not, they drift to a certain death, at the same time distributing out the germs of infection to all around who are susceptible to the disease. We are glad to know that the guardians of the poor of Liverpool are to hold a conference with the view to providing such a sanatorium for the tuberculous poor, and this is a decidedly progressive step, and one that can be emulated by every Poor-law authority in the country. The Committee also recommend that wards should be set apart in every hospital for tuberculous cases, thus reducing the risk of infection to other patients to a minimum. With regard to the notification of phthisis, the Committee do not recommend such a step at present, although there are many reasons in favour of such a proceeding. Consumption being an infective disease, clearly ought to be treated as other such diseases, and we have no doubt when the mind of the public is thoroughly educated to the subject notification will follow as a natural sequence. Another important point is the disinfection of houses in which tuberculous patients have lived and died. This is most essential and we are glad to see that the Medical Officer of Health has consented to carry out all such disinfection of clothing and houses free of cost. Altogether the report is carefully drawn and reflects credit on the Medical Institution, who are thoroughly alive to the importance of the subject, and are making an honest endeavour to grapple with a problem which will we have no doubt be satisfactorily solved in due time.

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## HISTORY BASED UPON DIET.—III.

Further consideration of this subject may be directed towards the apparent relationship between the form of food and the disposition of the eaters, regarded in mass, not in particular. All statements on a subject so wide as this is, cribbed and confined within the space available here, must be understood to be only applied in the most general sense. The various and complex circumstances which influence more or less strongly the applicability of general laws to individual cases, though individual here may represent considerable numbers, assuredly merit much additional argument. The disturbing factors are innumerable, but taken all over, they neutralise the deductions derivable from their action in one instance, by altered effect in another. The spirit of cruelty, the love of torture, these are surely not qualities high up among the rungs of the neurotic ladder. The meat-loving nations, however, are no more cruel than the vegetarian peoples. The lack of appreciation of cruelty was no more deeply conspicuous in the brains of the Red Indians of North America than in the ascetic, supposedly half-starved cerebral tissues of the Roman Catholic monk or inquisitor; while the American Indian could give the natives of modern southern Europe points in affection for and kindness for their domestic animals. The Mahomedan, the Chinese, even the mild Hindu are surely not any less callous of causing suffering than the inhabitants of this country; they are probably more cruel, even though the first-named is supposed to abhor the juice of the vine and its protean poisons. The tribes in many parts of Africa and the Esquimaux in Greenland live principally upon flesh. but the first may prove truculent and cruel, the second are mild-mannered men. In neither instance have the higher qualities of the brain benefited from the animal food, in both its procural takes up too much time, while, in the one a more vegetable diet would suit the climatic environment better; in the other the difficulty of obtaining the food is of an extraordinary kind. To take a more modern instance. The statement may be hazarded that the nature of the diet has to do with religion. The more absolute the religious power exercised by the clerical officials over a race or nation, who have themselves appointed their clerics, the less is their food adapted for the higher development of their mental centres, dependent, of course, upon their environment. In Europe and America the Roman Catholic nations are chiefly those which eschew or have to be sparing with flesh. In the United Kingdom the same tendency is apparent. The humbler Irish, fed so largely upon vegetable food, contrast with the Scotch, even if the latter be allowed only porridge. Oatmeal is above potatoes. "Sandy" is no doubt deeply religious, but his religion is personal, independent; "Paddy" trusts and is swayed by one of his fellows initiated into religious mysteries which are withheld from him, and is religious by proxy. "John Bull" follows also an independent line for the greater part. To conclude this series of articles, bearing in mind that every suggestion is only to be regarded as based upon the broadest lines, a study of the history of the nations apparently justifies the dictum that diet rules the world. During mankind's nursery days his greatest advance and power naturally accompanied his opportunities of getting food, of living most easily, and of lack of struggles with the elements. Later on the fact that the food which is most suited to a temperate climate, along, no doubt, with several additional aids, is most fitted to develop the higher cerebral faculties, irresistibly influenced national history, influencing it gradually through many stages, each stage, however, a link in the chain leading to the present balance of racial power. It is never safe to prophesy, but we would venture to doubt the occurrence in the future of any prolonged predominance of a race living in the warmer climates, even after the natural decadence of the present northern Powers, induced by over indulgence or by Malthusianism. Given equal opportunities for the obtaining of food and for the education of her people, a nation living in a temperate climate, and consuming flesh in the proportion permissible while living in it, will infallibly advance beyond nations of warmer countries and sparer flesh-eaters.

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WE regret to hear that Professor William Rutherford, of Edinburgh, is seriously ill, but we are pleased to be able to add, that the latest reports are more reassuring.

# Notes on Current Topics.

## Death in a Padded Room.

LAST week an inquiry was held concerning the death of a patient at the London Hospital under somewhat unusual circumstances. From the evidence of various witnesses it appeared that deceased broke his ankle as the result of an accident, and after admission to the ward he developed *delirium tremens*. He was then transferred to a padded room, and restrained by means of straps or "shackles," and was kept under those conditions until his death, on the third day after admission. An occurrence of this kind in one of our great hospitals is no more creditable to the management than it is in touch with modern scientific principles of medical treatment. First and foremost, the act of transferring a *delirium tremens* patient to a padded room will be regarded by many medical men as well nigh indefensible. Desirable as it undoubtedly is to keep sick wards free of delirious patients, yet it by no means follows that they should be removed to a padded room. The use of such a place for such a patient sounds like an echo of the bad, old hospital days. Surely in a place with the resources of the London Hospital it would be possible to have an isolation ward with an ample staff of nurses for emergencies of the kind, a certain percentage of which must arise from time to time. The house surgeon is reported to have said that he could give the deceased no medical aid in his condition, and that the only thing to do was to keep him quiet. A statement of that sort could hardly come from a medical man about a condition in which active medical treatment is conspicuously successful in saving life.

## Foreign Bodies in the Stomach.

THE newspapers report a curious case in the Peterborough Infirmary. An itinerant juggler is said to have presented himself with the statement that he had swallowed a number of pebbles in the course of his conjuring entertainments. This statement was confirmed by the recovery of some sixty stones, some as large as a pigeon's egg, weighing altogether about a pound and a half. The conjurer is to be congratulated on his escape, for recovery under such circumstances is often doubtful. Not many months ago a famous American juggler found himself unable to empty his stomach of its wonted load of nails, coins, pieces of chain, and other metallic articles, which he had swallowed by way of public entertainment. An X-ray photograph revealed the foreign bodies as a large diffuse mass in the abdomen. The weight of this indigestible load stretched the stomach and pulled it out of position to such an extent that one day he was unable to expel its contents, as he had previously been in the habit of doing. Gastrostomy was promptly performed, but the patient died shortly afterwards, a monument of human folly. The folk who flock to a repulsive exhibition of this kind are to be condemned more severely than the unfortunate victim who has sacrificed his life in pandering to the heedless and morbid curiosity of mankind. Why does not the State control public performances in fact as well as in theory?

### Tuberculous Infection and Second-Hand Clothing.

The bye-ways by which tuberculous infection may be conveyed are being investigated with a keenness in the present day which leaves nothing to be desired. And, after all, the value of the crusade against tuberculosis will almost entirely depend upon the perfection of the methods of prevention which it may bring into vogue. With a perfected, regular, and universal system of prevention, tuberculosis as an infective disease may, in time, be relegated to an obscure position in the list of ills to which human flesh is heir. As showing, however, the activity now prevailing among bacteriologists and others in investigating all possible channels of tuberculous infection, reference may here be made to some interesting observations upon second-hand clothing recently recorded by Dr. W. G. Bissell, Buffalo (U.S.A.). In the health department of the town with which he is connected he noticed that several of the officials had to cease work in consequence of tuberculosis. At that time the uniforms and overcoats, when discarded by an outgoing official, were assigned to the next new candidate. The suggestion, therefore, presented itself that were these uniforms formerly worn by tuberculous men capable of transmitting the disease to the next wearer. The author then: with a view to investigating the possibility of this theory, conducted a series of experiments. Uniforms were secured, their pockets removed and labelled; they were then washed, and the resulting washings were placed in a centrifugal machine until a sediment was obtained; this sediment was diluted and injected into sixteen guinea pigs; seven of these died from acute septic symptoms; while of the remainder, five recovered, but two of these subsequently died of tuberculosis. These facts are decidedly of importance, and the moral to which they point is self-evident. They clearly show that not only the personal clothing, but the bed-clothing of all persons dying of tuberculosis should be either effectually sterilised and washed or destroyed.

### H.R.H. The Prince of Wales.

The Prince of Wales in again honouring a Hunterian Orator by being present at the oration at the Royal College of Surgeons (England) last week, paid a gracious tribute to the surgical profession in this country, which was inspired no doubt by the desire to show some appreciation for the success with which the treatment of his fractured patella was carried out. It is, perhaps, quite true that His Royal Highness owes a good deal to the profession of medicine, but it is also equally true that the Prince, with his unfailing tactfulness, is never backward in making use of a favourable opportunity of showing his indebtedness. In view, however, of the repeated honours which he has conferred upon the Royal College of Surgeons by attending to listen to the Hunterian Orations the idea suggests itself that the College might follow the lead of the Royal College of Physicians and offer for His Royal Highness's acceptance an Honorary Fellowship of the College. The Prince would then possess in keeping with the present requirements of the profession, a double qualification—conferred by the conjoint Colleges. At present he is only qualified to practise medicine as a Fellow of the Royal College of Physicians; surely, therefore, the least that the College of Surgeons can do is to offer to make him an Honorary F.R.C.S., and perhaps, entitle him, should he so wish it, to be placed upon the *Medical Register*. We trust that for the honour of the College of Surgeons, the Council of the College will lose no time in taking the necessary steps to enable them to offer an Honorary Fellowship of the College to His Royal Highness.

### President Kruger as a Patient.

The presence of skilled, accomplished English practitioners in Johannesburg, some of whom are well known in the profession, does not seem to have had much civilising influence upon the President of the South African Republic. This worthy official, it is stated, has a rooted antipathy to medical men, which he is not slow to manifest. He has for some time been suffering from marked eversion of the lower lids and chronic conjunctivitis, but nothing will induce him to submit to the surgical measures necessary for the relief of the defect. Whenever he is prevailed upon to see a surgeon as to his condition, and the latter points out the relief which an operation would afford him, he at once directs the surgeon to leave his presence. The last medical man to give him this advice was a German, so it cannot be said that his refusal to be operated upon is determined by any political sympathies. After all President Kruger is setting a bad example to his own countrymen in the Republic. Moreover, he is probably losing a golden opportunity of acquiring a large measure of popularity and sympathy which the brave submission to a small operation would be likely to achieve for him. Upon the whole, then, on political, social, and personal grounds the President should accept the advice of his surgeons, and be cured of his distressing malady.

### Prison Diet.

At last the powers that be have decided upon the revision of prison dietaries, and we may hope that in future prisoners will be fed on a scale more worthy of a humane and scientific age. Hitherto prisoners have been underfed and overworked in a manner that turns them out after their term of imprisonment, be that short or long, so half-starved and weak that their chance of doing any honest work is reduced to a vanishing point. In this treatment the prison administration of this country is consistent, for the reform or rescue of the criminal appears not to enter into their calculations. Their main object seems to be to render the penal side of incarceration terrible by goading with an iron discipline the prisoner whose moral faculties have shared the degeneration of tissue entailed by what is virtually chronic starvation. We do not advocate rose-water and eider-down for hardened offenders, but for many years we have protested against a system that imposes savage and unmeaning punishments for trifling offences against discipline, and which punishes a man by depriving him of food. The latter proceeding is illogical in the extreme, seeing that the brain is one of the first organs to suffer from damage to general nutrition. We hope to deal at length with this most important matter in an early issue.

### Scarcity of Glycerinated Lymph.

Mr. Chaplin has intimated that the demand for glycerinated calf lymph for vaccination, as supplied by the Local Government Board, is exceeding the supply, and steps have had to be taken in order to increase considerably the facilities for its preparation. It is also stated that, in addition to the public vaccinators, private practitioners are applying to the Board for the lymph, but in the latter case it has not been found possible to satisfy their requirements. Sir William Priestly has since pointed out to Mr. Chaplin that medical men would be glad to pay for the Board's lymph if it could be supplied to them. Hitherto the lymph has been given without any payment being required. But it is clear that it would be an advantage to the Board to accept payment for their commodity, for in such a case they would be enabled to increase the means of its production. Mr. Chaplin has the matter under his consideration.

### The Chloroform Bogey.

Popular ideas concerning the ease and rapidity with which unconsciousness can be induced by means of chloroform are curiously wide of the mark, hence the ludicrous statements that find their way into the press and into novels written by persons who have not taken the trouble to "verify their references." Last week the daily press related in all seriousness the story of an attempt to narcotise a traveller on a French railway by means of chloroform projected into the compartment through an aperture drilled for the purpose. If the anecdote be authentic the attempt merely proves profound ignorance on the part of the would-be miscreant of this particular method of anæsthetisation. Apart from the fact that it would take a prodigious quantity of chloroform to produce any appreciable effect unless held in close proximity to the mouth and nose, it is highly improbable that a sleeping person could be anæsthetised without being awakened, the olfactory nerve remaining active even during sleep. In the drama and in novels the rapidity with which chloroform narcosis is induced is a very conspicuous feature. Authors appear to be under the impression that it is sufficient to wave a handkerchief sprinkled with the drug in front of the victim's face during a brief space of time for the latter to sink, without resistance, into a limp, unconscious mass Considering that in the hands of an expert anæsthetist, justified by the patient's consent, it takes from five to ten minutes to determine loss of consciousness, and that even then there is usually a stage of more or less violent excitement, it is obvious that, short of an overwhelming display of physical force, it would be next to impossible to narcotise an unwilling victim. The odour of chloroform is so pronounced and unusual, and the first effects on the organism are so singular, that its unsuspected inhalation is altogether incredible. In view of the fact that in spite of the precautions with which the law hedges in the sale of this drug, it can be obtained with tolerable facility by the exercise of a little patience and ingenuity, it will comfort the public to learn that its effects are not characterised by the fulminating rapidity with which they are popularly credited.

### Alcohol in the Profession.

It must ever be a matter for painful surprise that medical men, who cannot but be cognisant of the terrible and inevitable effects of excessive indulgence in alcohol, should themselves so often fall victims to this degrading habit. In some, no doubt, the habit is the legacy of irregular student life, but in the majority of cases drink seems to be resorted to for the purpose of combating the monotony and fatigue of daily practice. When to these factors is added the depressing sensation of failure, the temptation to see ephemeral comfort in alcoholic stimulation is too strong to be withstood by men of weak moral fibre. As one might expect it is especially in the lower walks of the profession that this form of indulgence is most prevalent. The habit is sometimes, no doubt, the cause of failure in practice, in others, the result of it, but however this may be, the lamentable fact remains that there is ample scope for medical temperance associations. The evil is unfortunately not confined to the victims whose influence on their patients in regard to the use of alcohol can hardly be other than disastrous. The time may come when notorious addiction to alcohol will be regarded as a sufficient reason for inhibiting the peccant member from the practice of his profession, and no one can deny the grave risks to the public which such a habit must entail. Medical men and ministers of religion occupy positions of great moral responsibility, and they owe it to their patients and flocks to set a good example in this, as in sundry other, respects.

### A Niggardly Board of Guardians.

A point of some importance was recently elicited at the Crediton County Court under rather peculiar circumstances. Dr. Haycroft, a Poor-law medical officer, attended a woman during labour in conformity with an order to that effect served upon him by one of the overseers. The guardians, however, declined to pay his fee of a paltry half-guinea on the ground that, as the woman's husband was not destitute, he, and not they, was liable for the amount. Judge Woodfall appraised the behaviour of these niggardly guardians at its proper estimate, observing that it would be an intolerable burden on the medical officer if he had to ascertain the circumstances of the people he was called upon to attend, adding that the Poor-law did not contemplate the administration of medical relief "in any such grinding spirit." As leave to appeal was asked for and granted, it looks as if these mean-spirited officials intended to challenge his ruling, but if so, we trust that the general body of Poor-law medical officers will rally round Dr. Haycroft, who is fighting their battle.

## The Irish Collegiate Preliminary Examination.

FOR some years past the General Medical Council has sought to crush out of existence the preliminary examination held conjointly by the Royal Colleges of Physicians and Surgeons, Ireland, the obvious purpose being to clear the ground of all competition with the Universities, no reason being assigned for the wished-for extinction. These colleges, while both expressing and demonstrating their willingness to raise the standard as high as the General Medical Council might desire, resisted annihilation on the grounds that no other examination is open, in Ireland, to the average medical student. Inasmuch as (a) The recognisable examinations of Dublin University involve a payment of £15 and are, in some cases, inferior in standard. (b) Those of the Royal University are two in number, and with an interval of a year. Under these circumstances, it was suggested by the Irish Colleges that the examinations of the Intermediate Education Board, now in course of reorganisation by a Commission, might supply the want if three objections to these examinations could be overcome. The objections are these:—1. That they are held in June, which does not suit the students *annus medicus.* 2. That the age for the Junior Grade examination is too early for such student. 3. That the extreme age limit for any of the Grades is only eighteen years, and that a student who had not passed by that time would be excluded for ever. 4. That, in any case, a student would have to lose an entire year if he failed to pass at the first attempt. It was suggested that the Intermediate Board might make special arrangement to overcome these difficulties, and, to that end, the colleges, represented by Dr. Atthill, for the College of Physicians, and Sir William Thomson, for the College of Surgeons, testified before the Commission last week. They placed these points very clearly and, apparently, with considerable effect, and we should hope that a *modus vivendi* may be arrived at.

## The Livingstone College.

THE fifth annual report of this useful Institution was read at a meeting of the subscribers and supporters last week. It appears to be doing an excellent work, and is worthily deserving of the cordial assistance of all the missionary societies. By means of the education supplied by the college, not only are missionaries the better able to look after their own health, but many opportunities are afforded them to using their knowledge to advantage upon others.

## Ancient Burial Vaults.

IN most of our great towns there exist vast collections of coffins piled up in the crypts of churches, a ghastly bequeathal from the times when our forefathers had not realised the elements of wholesome environment. Such burial vaults still abound in the metropolis, where the size of the population and the lack of proper cemeteries made them in former days especially convenient and lucrative. Last week no less than 200 coffins were discovered stowed away beneath a Friends' mission house at Limehouse, the date of the latest burial being 1856. The Home Office has taken the matter in hand, and it is to be hoped that their efforts will be more speedily successful than in a very similar case of the Parish of St. George the Martyr, Southwark. Last summer (as readers may remember) London was startled with the news that some 1,500 to 2,000 coffins were lying in the vaults beneath the church of that ancient parish. After sundry official proceedings an order for removal was sent to the vestry by the Home Office. Six months later no action has been taken by the local authorities, and, if we are to believe the assertion of the newspapers of the district, the official notice actually lay unopened for four out of the six months. There can be little doubt that a systematic search would reveal not a few such undesirable burial places, and we must thank the Church of England Burial Reform Society for persistently having, for years past, drawn attention to this danger to health. In these cases we think the Home Office would do well to cremate the whole of the remains, or if their powers do not extend so far, to apply to Parliament for the necessary authority.

## A Classical Suicide.

A SOMEWHAT curious case of suicide has been recently investigated at Croydon. The man seems from the evidence to have gathered hemlock, wherefrom he distilled the poison that formed his lethal draught. This proceeding was possibly suggested to him by a perusal of ancient history, when poisoning by conium was a recognised means of inflicting death, whether penal or suicidal. The paralytic properties of the plant conium appear to have been recognised at the dawn of civilisation and probably a long time before that epoch, as we find some of the most degraded aboriginal tribes possessed of considerable toxicological lore. The personal account of the symptoms of conium bequeathed to posterity by the dying Socrates stamps him as a master of accurate observation. The "death-cup" of the ancient Greeks, among whom suicide was common, consisted mainly of the juices of a species of hemlock. A similar remark is true of the ancient Romans, with whom, indeed, some authorities maintain the morbid and degenerate fashion originated. It is somewhat noteworthy, by the way, that, notwithstanding the advances of modern chemistry and pharmacy, scientists have not yet discovered a physiological antidote to the poison of hemlock.

### The Spread of Venereal Diseases.

THERE is no greater anomaly in the whole of our curiously mixed social administration than the way in which venereal diseases are allowed to flourish unchecked. From a logical point of view the exact position of that class of maladies is clear enough. They form a well-defined and deadly group of the great family of communicable diseases. As regards many of the specific infectious diseases, as a community we have taken up a stong attitude, and have assumed the right of control over the individual in the interests of the many. The results of that action are recorded in the brilliant annals of preventive medicine. Nevertheless, at the end of the 19th century we leave severely alone the most loathsome and insidious of communicable diseases. Some thirty years ago an attempt was made to deal with the question by the passing of the Contagious Diseases Act. That measure, however, was so imperfect that the repeal that overtook it in 1886 might almost have been foretold.. It applied, for instance, to certain towns only, it controlled one sex alone, and it placed the possibility of terrible abuses in the hands of the police. Yet Great Britain enforces a modified Act in India, and it may well be asked in the name of reason and common sense why the same thing should not be done at home. The sooner the whole question of venereal disease is treated purely and simply as a health matter, and quite apart from its moral aspects, the better for the national welfare.

### The Forthcoming International Gynaecological Congress.

WE are asked by the Honorary Secretary of the International Congress of Gynæcology and Obstetrics, which is to be held at Amsterdam from the 8th to the 12th August, to publish the following latest arrangements:—

The questions for discussion are as follows:—

1. The surgical treatment of fibro myoma.
2. The relative value of antisepsis and improved technique for the actual results in Gynæcological Surgery.
3. The influence of posture on the form and dimensions of the pelvis.
4. The indication for Cæsarian section compared to that for symphyseotomy, craniotomy and premature induction of labour.

Among those who have consented to take part in these discussions are, Messrs. Doyen, Howard, Kelly, and Schauta, who will treat the first question; Messrs. Bumm, Richelot, and Lawson Tait, the second; Messrs. Bonnaire, Pinzani, and Walcher, the third; and Messrs. Leopold, Pinard, and Pestalozza, the fourth. The reports with their translations in the official languages will be sent to all the members a month before the opening of the Congress. As regards private communications, preference will be given to those bearing upon the above-mentioned leading questions. Sufficient time will also be allowed for any demonstrations kindly afforded by the members. The official languages are, English, French, German, and Italian. The subscription for membership is one guinea. Subscription forms and further particulars may be obtained from the Hon. Secretary for Great Britain and Ireland, Dr. Arthur Giles, 37 Queen Anne Street, London.

### Earth-Eating.

THE Société Anthropologique of Vienna reports to us curious information of the geophagic or earth-eating habit. This custom exists in many tropical countries. It is especially practised by negroes and Indians, but exceptionally in Europe. Lasch quotes the case of workmen employed on an English racecourse, who at all times spread clay on their bread and eat it with a relish. In Persia certain earths are considered by *gourmets* a great dainty. In the Archipelago the people buy "ampho" earth in provision shops. In China, New Caledonia, and New Guinea geophagy is much practised. Humboldt observed it in America and Lasch remarked that among savages (especially pregnant women) earth was much used, the latter considered it assisted them in their confinements. In Guatemala it is used in connection with superstition, and in the course of religious ceremonies the faithful may be observed devouring statuettes of clay, with an air of profound devotion. From this barbarous practice results consumption, anæmia, and inflammation of the liver.

### The Epidemic of Influenza.

THE epidemic of influenza is not confined to the metropolis. From various parts of the country we receive reports of its prevalence. Among the men employed at the railway works at Crewe, for example, hundreds are reported to be incapacitated for work, and some difficulty in the traffic department has been experienced from the same cause. A similar state of things prevails in Glasgow, where business is dislocated by the large number of absentees. As we predicted a few days since, the resources of the various provident funds and slate clubs have a heavy strain put upon them by the unforeseen prevalence of sickness.

### A Midwife Censured.

MRS. AVENELL, æt. 71, a Walthamstow midwife, who claimed to possess a "diploma" from the Obstetrical Society, and to have successfully passed the curriculum of the "Ladies' Medical College," whatever that may be, with honours, has been severely censured by a coroner's jury for her conduct in connection with a labour which she had attended, the patient having succumbed to septic complications, the result of want of cleanliness and neglect. The censure will doubtless have the desired effect, in that it will deprive this careless nurse of further opportunities of doing mischief.

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SURGEON A. R. BANKART, H.M.S. 'Surprise,' who was in attendance upon his Royal Highness the late Hereditary Prince of Saxe-Coburg and Gotha during his last illness, had the honour of being received by Her Majesty at Windsor last week.

### The Royal Army Medical Service.

IT must be a source of unmitigated satisfaction to the military authorities to find that the measures of reform so reluctantly conceded by them have had for effect to restore the Army Medical Service to its erstwhile popularity. At the recent examinations there were upwards of seventy candidates for twenty-four vacancies, so that, for the first time for some years they were competitive in fact as well as in name. Unfortunately the evil effects of the last few years will not at once disappear, and it will take a considerable time for this department of the Service to "level up." None the less we congratulate "my military advisers" on having restored order out of chaos, and on having averted what at one time threatened to be a deadlock.

### Food Adulteration in America.

IT has been estimated that food adulteration takes place in America to the extent of £140,000,000 per annum. In other words, the people of the United States are swindled out of this amount by dishonest tradesmen. The sum seems an enormous one, and it is remarkable that such a practical people as the Americans are should allow themselves to be so victimised. The necessity, however, for dealing with the evil has, it appears, at last become palpable, so much so that two Bills for the prevention of the adulteration of food and drugs have just been introduced into Congress. Perhaps Congress might learn something from the laws in force in this country upon the subject of food adulteration. But there is no saying.

THE author so widely known as "Cavendish," in private life Mr. Henry Jones, whose death took place a few days since, was himself a medical man, and the son of Mr. Henry W. Jones, also a medical practitioner, of Soho Square. Mr. Henry Jones took his M.R.C.S. in 1852, and subsequently became a member of the Society of Apothecaries. He ceased to practise in 1869, but had long before achieved the position of an unquestionable authority in all matters appertaining to card-playing. His numerous works, all written under the *nom de plume* "Cavendish," still hold their own in all English-speaking countries. It is a curious fact that his father, who was very fond of a rubber at whist, acquired the habit of settling disputes by referring to "Cavendish," years before he became aware that the author was his own son.

AN Order in Council will shortly be issued for the increase of a number of medical officers for the Royal Navy. The establishment is up to its limits at the present moment, but it is determined that these shall be still further increased in order to provide for eventualities.

COLONEL J. A. CLERY, R.A.M.C., has been selected for the appointment of Principal Medical Officer to the Woolwich and Thames district, in succession to Colonel Ferguson, who retires from the service next month.

## Scotland.

[FROM OUR OWN CORRESPONDENT.]

**Influenza in Edinburgh.**—The citizens of Edinburgh are suffering at present from a wide-spread epidemic of influenza, luckily, as yet, in a not very dangerous form. As far as can be ascertained, both from the cases seen in hospital and outside, no specially marked type, such as that which was characteristic of the much milder epidemic of last spring, viz., the gastro-intestinal type, can be said to be shown in its victims; it chiefly appears in a simple pyrexia, more or less pronounced, with or without arthritic pains, and culminating in exceedingly profuse perspiration. Moderately acute nervous sequelæ, however, are apparently more common than in several of the epidemics of recent years.

**Edinburgh Hospital Reports.**—The members of the medical staffs of the various infirmaries and hospitals in Edinburgh have at length decided to proceed with the publication of the Edinburgh Hospital Reports. Five volumes have been published since 1891, but the existing arrangement having expired at the end of five years, and difficulties having arisen *in re* their continuance, the whole question has been submitted *de novo* to the medical staffs, and reorganised upon a wider basis. The Royal Infirmary, Royal Hospital for Sick Children, the City Fever Hospital, Leith Hospital, Edinburgh Royal Asylum, and the Deaconess, Victoria, and Chalmer's Hospitals have all been invited to collaborate, and all of them, we believe, have promised to do so.

**Glasgow Fog and the Death-rate.**—On account of the dense fog in Glasgow a few days ago the death rate made a leap upwards to 35 per 1,000 of the population, thus placing Glasgow in the unenviable position of having the largest death-rate of any town or city in the United Kingdom. This high mortality has not been reached since the winter of five years ago, when the frost and fog were intense. Even then the same suffocating and throttling effect was not experienced as on the present occasion, when several instances of giddiness and vomiting in the street came under our immediate notice. Whether the smoke and soot-laden atmosphere was charged with a larger quantity of poisonous gases, or that the influenza bacilli were more numerous as well as ponderous, is, perhaps, difficult to decide, yet it is a fact that since the fog passed off influenza has been increasingly prevalent in the city, so much so that in the police force alone there are at least 100 men off duty.

**Principal Story "Means Business."**—The late Professor Coats remarked in a letter which, strange to say, was publicly read on the evening preceding his death "Principal Story means business." It is noticed that the Principal is taking the very sensible step of familiarising himself with all the details of university affairs. More than one classroom having been lately visited by him and, as graphically put, heroically sitting out the lecture; and now, by means of an "At Home," he is about to form the personal acquaintance of the lecturers, assistants, examiners, office staff, and librarians. This evidence of interest displayed by the Principal or Academic head is greatly appreciated by the officials generally.

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## Literature.

### LENNOX BROWNE ON THE THROAT AND NOSE. (a)

MR. LENNOX BROWNE deserves the thanks of the profession for this new edition of his book. It is practically a new work, and some of the very best parts of the book are those that he has now added to it. Both the text and the illustrations are full of interest, and it would be hard to find a more thorough or more instructive account of all the facts of laryngeal surgery. The arrangement of the whole subject is well thought out, and from beginning to end the book is clear, practical, and full of experience. The numerous cases that he quotes are well selected and well described, and the book is enriched with an immense number of admirable coloured plates. His illustrations of the diseases of the larynx are so good that they stand the severe test that should be applied to all such pictures—that one should hold them upside down, and look at them with a laryngeal mirror, and see whether they stand out like the living structures. Altogether, the book is excellent, and forms a most notable addition to the literature of surgery.

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(a) "The Throat and Nose, and their Diseases." By Lennox Browne, F.R.C.S.E. Fifth Edition. Bailliere, Tindall and Cox. London. 1899. Pp. 967. With 550 Illustrations in Colour. Price 31s. 6d.

There is first a very careful and comprehensive account of the anatomy and physiology of the upper air passages, including the microscopic structure of the different tissues. Then comes a well-written set of rules how to use the laryngoscope and examine the nasal passages In all this part of the book, there is hardly a word that can be criticised: unless it be the statement (p. 119) that a wide naso-pharynx is more likely to be diseased than a narrow one: "the wider the distance between soft palate and pharynx, the more surely one may expect, on examination, to find post-nasal trouble." The chapters that come next, on the general signs, treatment and pathology of the diseases of the throat, are very good; and in all of them we find only two points for criticism. One is that Mr. Lennox Browne seems to us to over-rate the importance of the lingual tonsil and its veins; the other is his statement that spasm of the pharyngeal muscles "is liable, if neglected, to lead to true stricture of a practically, if not actually, malignant nature."

His account of the diseases of the tonsils is excellent, especially the rules of treatment. For simple acute tonsillitis, he recommends that the inflamed surface should be painted with equal parts of guaiacol and almond oil. He does not, we think, take such a hopeful view as he might of operative interference in cases of malignant disease of the tonsil. The chapter on adenoids is one of the best parts of the book, and we note with approval that he has given up the use of the artificial nail in favour of the forceps or the curette. We doubt whether he is justified in putting stammering among the defects that may be cured by the removal of adenoids: it does not seem likely that the operation could put an end to any real impediment of speech.

The chapters on laryngitis (pp. 434–609) are of great value, especially for all that he says about the singing voice. The other chapters on the laryngeal diseases raise two questions which Mr. Lennox Browne has already raised in debate—the exact measure of the advantages given by the antitoxin treatment of diphtheria, and his belief that a benign growth in the larynx may be irritated into malignancy by surgical treatment. On the first of these questions he writes with great care and moderation; on the second, we think he ought to give up his position altogether, and certainly he yields most of the ground.

His account of nasal diseases evinces a perfect grasp of the subject, and is by no means the least valuable part of the book. Finally, there is a very good short chapter on those aural troubles that are most associated with naso-pharyngeal disease; and a good list of formulæ.

The whole book is worthy of praise, both the text and the plates, the printers' and publishers' work keeping pace with the author's in point of excellence. The special chapters contributed by Mr. Mayo Collier, Dr. Cagney, and Mr. Wingrave add much to its thoroughness. Here and there a captious critic may find a fault of style—some unnecessary claim of priority in work, or some horrible half-Greek, half-Latin word. But it is, on the whole, a very fine piece of work, careful, complete, and thoroughly practical, and we doubt whether its equal is to be found in the English or any other language.

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## SQUIRE'S COMPANION TO THE BRITISH PHARMACOPŒIA (a).

It is but four short years since the sixteenth edition of this indispensable work of reference was published, but many and important changes have taken place since then. Not only is additional information available respecting drugs with which use has already made us familiar, but various new drugs and compounds have been introduced into therapeutics on approval, and claim our attention. The present edition has been brought well up to date, containing, as it does, references as recent as January of this year. Among the more recent additions to the unofficial repertory of contemporaneous therapeutics, are the following: Heroin, peronine, ephedrines, hydrochloride, mydrin, tartrate of piperidine, &c. How many of these will be retained after being rubbed through the sieve of experience, time alone will show. There are quite a number of products introduced as substitutes for cocaine, and some of them may possibly secure a share of popularity, notably eucaine, the chemical name whereof takes a whole line all to itself. Under the head of silver also we are treated to a large number of new compounds, most of them intended for the treatment of urethral troubles, special advantages being claimed for each. Considerable space is devoted to the pharmaceutical peculiarities of creosote and guaiacol, which, with their compounds, appear to belong to the select group of remedial agents capable of really rendering service in the treatment of tuberculosis.

In order to facilitate reference, the paragraphs dealing with solubility, therapeutical properties, prescribing notes, and list of official preparations have been arranged on a novel plan, so that all the information required under the respective headings can be seen at a glance. In the task of embodying the results of the most recent researches, certain articles have had to be virtually rewritten, as, for example, those on atropine and its salts, digitalis, ipecacuanha, jaborandi, opium, nitrate and hydrochloride of pilocarpine, sulphate of quinine, and last, but not least, the thyroid gland.

The notes, interspersed here and there, on the definitions contained in the new Pharmacopœia afford proof of original observation, and we commend them to the editors of the official compilation. In respect of benzoic acid, for instance, the Pharmacopœia defines the acid as obtained from benzoin by sublimation, which strictly speaking is the "Resin-Sublimed Acid;" it possesses a strong empyreumatic odour. It is stated, moreover, that "benzoic acid is odourless when quite pure, but when obtained from benzoin possesses an aromatic odour," thereby inferring that the acid generally used would not be obtained from benzoin. It would have been more correct to have stated that the acid is obtained from benzoin by precipitation and subsequent sublimation, such an acid although obtained from benzoin does not possess the odour of the drug. Then, again, in regard to bismuth carbonate, this, says the editor of the "Companion" is an instance of the disadvantage attaching to the new method introduced into the B.P. of grouping the characteristic reactions. It has been very pertinently asked whether iron, arsenic, lead, tellurium, selenium, and magnesium are all equally objectionable? Under bismuthi salicylas the editor states "we have not yet seen a sample which would pass the ferric chloride test, also there is a slight discrepancy between the figures given for bismuth sulphide and bismuth oxide. Although Mr. David Howard called attention to the inaccuracy of the formula given for bismuthi subnitras in B.P. 1885, the error is repeated in B.P. 1898. It is also at variance with the official test which requires that it should yield 84 p.c. of bismuth sulphide." *Avis a qui de droit!*

It is comforting to be assured that chloroform sp. gr. 1·497 is not as liable to change on keeping as is generally supposed. We may particularly call the attention of our readers to the radical changes in the formula for the preparation of tinctura chloroformi et morphinæ composita, which is now official in place of the tinctura chloroformi et morphinæ of B.P. 1885.

Another note of special interest bears on the great change with regard to eucalyptus oil. Eucalypti oleum as defined officially is the oil distilled from the fresh leaves of eucalyptus globulus, and other species of eucalyptus, and there is nothing to call attention to the fact that the oil from a particular species (eucalyptus amygdalina), which has been official since 1885, is now excluded by the official tests. This, after all, is of more interest to chemists than to medical men. Respecting hyoscinæ hydrobromidum the editor asks whether the compilers of the test given for this salt have ever met with a salt in commerce of the melting point given (193 to 194 degs.).

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(a) "Companion to the British Pharmacopœia." (Last Edition.) By Peter Squire. 17th Edition. Revised by Peter Wyatt Squire, F.L.S., F.C.S. London: J. and A. Churchill. 1899. Price 12s. 6d.

It is pointed out that the hydrochloride of pilocarpine is official in most other pharmacopœias, probably because it more readily admits of purification than the nitrate, commercial samples of which vary in their melting point.

The Pepsin test, remarks the editor, is a half-hearted copy of the U.S.P., but omits important particulars relating to the stirring, and B.P. directs the almost microscopic quantity, $\frac{1}{15}$th of a grain, to be weighed out for the test, instead of employing a measured quantity of a solution of definite strength. Under lithium carbonate, lysidine, piperazine, and piperadine tartrate, references are given to the latest work (by Luff) as to the action of these substances on sodium biurate. Large numbers of notes occur under menthæ piperitæ oleum, and medicinal properties of menthol enlarged.

In conclusion we may congratulate the editor upon having achieved the task of revision of this impatiently awaited work with so little delay. It is a "Companion" in the best literary sense of the term, and generations of practitioners and pharmacists have learned to appreciate its accuracy, its comprehensiveness, and the admirable arrangement of its heterogeneous contents whereby reference is made easy. The work has now reached a degree of perfection which defies constructive criticism, and the welcome which has been extended to its predecessors will certainly be accorded to the seventeenth of this ilk.

## Literary Notes and Gossip.

DR. F. J. WEBB, a Manchester practitioner, has just published a work which graphically portrays many features of medical student life, and particularly illustrates the trials and disappointments of practice. The novel has been well received. "Harry Ingelby, Surgeon," is the title of the work.

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RUSKIN at eighty has been photographed in his study by the well-known photographer, Frederick Hollyer. A reproduction of this photo is given, by permission, in the "Leisure Hour" for February. Old Alleynians will be pleased to see in the same magazine their popular Latin school-song, written by Dr. Welldon when headmaster of Dulwich College.

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MESSRS. LONGMANS inform us that a considerable portion of the work of revisal necessary in the preparation of a fourth edition of "Coats' Manual of Pathology" had been already accomplished by Professor Coats immediately preceding his death; and in response to the author's expressed wish the editorial duties have now been assumed by Dr. Lewis R. Sutherland, Senior Assistant to the late Professor of Pathology, University of Glasgow. It is expected that the work will be ready for publication in the early autumn.

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THE "Text-Book of Zoology," by Messrs. Wells and Davies forms part of "The University Tutorial Series," and it is in reality a revised and enlarged edition of a work published five years ago, now before us. What with alterations in the schedules of requirements of examining boards, and with the progress of knowledge, this new edition does not come any too soon. The authors' experience of actual teaching has been turned to good account, and all trace of ambiguity has been eliminated from the text, which is copiously illustrated by diagrams specially drawn for the book by Mrs. Davies. What is known as the "type system" of imparting an introductory knowledge of natural history sciences has been adopted, but every endeavour has been made to obviate the drawbacks associated with the too exclusive restriction of the attention to isolated species. Though compact, this work deals very comprehensively with the subject; the text is lucid and is clearly printed, while the diagrams reflect great credit on their delineator.

THE "Handbook of Obstetric Nursing," by Dr. F. W. N. Haultain and Dr. J. Haig-Ferguson (Edinburgh: J. Pentland), primarily destined for the instruction of obstetric nurses, is an admirable compilation. It errs, if anything, in the direction of over-comprehensiveness, for a medical student who had, even approximately, mastered its contents, would probably pass any examination on the subject with flying colours. It is liberally illustrated, and the title page is faced with a full-page coloured diagrammatic drawing of a woman at full-time pregnancy. Apart from the usual chapters on anatomy, pregnancy, and labour, there is an excellent *exposé* of antiseptic principles, and much space is also devoted to eclampsia, and other complications of labour and the puerperium. The chapter on the management of the child is worthy of praise, and the volume closes with an appendix setting forth the duties and responsibilities of the midwife, followed by a glossary of medical terms.

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DR. PORTER MATHEW'S "Clinical Observations on 2,000 Obstetric Cases" abstracted from his thesis for M.D. (Cantab.), is a well-digested synopsis of the results of the careful scrutiny of a large number of obstetrical records justified by an unusually large personal experience The author's remarks are characterised by much sound common sense, and command respect even when they do not conform to accepted views. He points out, for example, that the presenting part is usually much lower in primiparæ than in multiparæ before the onset of labour, owing to the greater abdominal tension in the former. He reminds us too, that the ear is a valuable guide to diagnosis in doubtful vertex presentations, a fact not alluded to in most text-books. We learn that in 1,200 cases, albuminuria was present in 20 per cent., the amount exceeding 1-20 in over 4 per cent., and primiparæ are five times as liable to this complication as multiparæ. There are many other valuable hints which will repay perusal by those interested in obstetric practice, and the work, brief though it may be, stamps the author as an original and painstaking observer "*dignus intrare.*"

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THE "Strange Stories of the Hospitals," by Frank Aubrey, is a book with a purpose. Its kindly object is sufficient to render it worth of consideration. It is dedicated to the Council of the Hospital Saturday Fund, and all profits arising from the sale of it are to be placed at the disposal of the managers. The author's intention is to bring before the public what he terms "The Picturesque and Romantic Side of Hospital Work" in the hope that the interest excited by this novel point of view may be the means of increasing subscriptions to medical charities. Of the stories themselves there is little to say. They are short and simple, and some of them are certainly strange enough to warrant the old proverb with regard to truth and fiction. Such, for instance, is the tale of the "Gold Idol," in which we read of the terrible misfortunes that befell the successive owners of a little golden figure stolen by some South American explorers. If these tales excite an interest in hospitals and their motley inhabitants, the labour of writing them will not have been thrown away.

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THE book by Wirtzung, respecting which a correspondent asks our opinion, is probably the English translation of Jacob Mason, published in London by E. Ballifant, in 1598, of Wirtzung's *Praxis Medicinæ Universalis.* "A generall practise of physicke; wherein are contained all inward and outward parts of the body, with all the accidents and infirmaties that are incident unto them, even from the crowne of the head to the sole of the foote; also by what meanes (with the helpe of God) they may be remedied; very meete and profitable, not only for all phisitions, chirurgeons, apothecaries, and midwives, but for all other estates whatsoever, the like whereof as yet in English hath not been published. Compiled and written in the German tongue, and now transl. into English, in divers places corrected, and with many additions illustrated and augmented, by Jacob Mason" Wirtzung was born in 1500, and died in 1571. His book went through seven German editions. To the medical archæologist it is interesting as showing the accepted theories of medical practice in the sixteenth century. Its market value would be about 10s. 6d.

## NEW BOOKS AND NEW EDITIONS.

The following have been received for review since the publication of our last monthly list: –

Cassell and Co. (London).
- Year-Book of Treatment for 1899. By Various Contributors. Pp. 473. Price 7s. 6d.

J. and A. Churchill (London).
- A Manual of Diseases of the Nervous System. Vol. I. The Nerves and Spinal Cord. By Sir W. R. Gowers, M.D., F.R.S., and James Taylor, M.D., F.R.C.P. Third Edition. Pp. 692. Price 15s.

H. K. Lewis (London).
- The Liverpool Medico-Chirurgical Journal. Vol. XXXVI. Pp. 194. Price 3s. 6d.

Longmans, Green, and Co. (London).
- Elementary Physiology. By Benjamin Moore, M.A. Pp. 295. Price 3s. 6d.

Oliver and Boyd (Edinburgh).
- Notes on Surgery for Nurses. By Joseph Bell, M.D., F.R.C.S.Ed. Pp. 194. Price 2s. 6d.

Patter and Clarke (London).
- King's American Dispensatory. New Edition. Rewritten and enlarged by Drs. Harvey W. Felter and John Uri Lloyd. Two vols., 950 pp. Price 4.50 dols. per vol.

Young J. Pentland (Edinburgh).
- The Edinburgh Medical Journal. New Series. Vol. IV. Edited by G. A. Gibson, M.D., F.R.C.P.Ed. Pp. 600.

The Scientific Press, Limited (London).
- The Nursing Profession: How and Where to Train. By Sir Henry Burdett, K.C.B. Pp. 241. Price 2s.

Smith, Elder and Co. (London).
- St. Bartholomew's Hospital Reports. Vol. XXXIV. Edited by Norman Moore, M.D., and D'Arcy Power, F.R.C.S.

The Union Steamship Company (London).
- South Africa as a Health Resort, especially for Consumptive Invalids. By Arthur Fuller, M.B.,Ed., M.R.C.S.

J. Whitaker and Sons (London).
- The Naval and Military Directory and Indian Army List for 1899. Pp. 656. Price 5s.

## THE DEATH OF PRESIDENT FAURE.

From information which we have been enabled to glean from authorised sources, it appears that the sudden death of M. Felix Faure did not come upon his medical advisers altogether as a surprise. Only last year, in the course of an examination for the purpose of ascertaining the exact nature of a painful affection of the left knee, it was discovered that the heart was notably enlarged, and on consultation, unequivocal evidence was obtained of an atheromatous condition of the aorta, a form of degeneration the importance whereof is too well known to physicians to call for explanation. Some wasting of the muscles of the leg was noticed, but this promptly yielded to a course of massage and electricity and the limb ceased to cause any trouble. The existence of high arterial tension inspired feelings of apprehension in the minds of those upon whom devolved the responsibility of advising the distinguished patient, and these found official utterance on more than one occasion though, for good and obvious reasons, it was not thought desirable or necessary to take the public into their confidence. The first symptoms of the attack which ultimately proved fatal were suggestive rather of an impending attack of angina pectoris, great præcordial distress being complained of, with intense pallor and a tendency to syncope. Drs. Lannelongue and Bergeron, summoned in hot haste, almost at once remarked the gradual supervention of right facial paralysis, leading to distorsion of the features which was painfully evident even when lying in state and this placed the diagnosis on a sure footing. The pulse was 74 per minute and regular, though with occasional intermittences. Respiration was normal and consciousness was retained. Soon, however, the tongue became paralysed in its turn, and after a brief period the paralysis extended down the left side of the body. It was evident in short that a vessel had ruptured in the neighbourhood of the upper part of the medulla, and it was not less evident that a fatal issue was virtually inevitable. This gloomy prognosis was rapidly confirmed by loss of consciousness, which gradually merged into coma, in which condition death supervened, only three hours and a half after the first *malaise*. No autopsy appears to have been made, or if so the details have not been made public.

## THE LONDON UNIVERSITY.

A conference between representatives of the Government, the University, and the Imperial Institute will shortly be held to consider the proposal for a migration of the University to the latter Institute under authority of the Act of last session.

## IDEAL SANITATION.

The aspirations of theoretic sanitarians (at least, those ideas which they are content to put forward for the present) have been formulated in a Bill introduced to the Commons by Sir Alfred Hickman and Sir Walter Foster. It provides that washerwomen shall furnish to the Medical Officer of Health lists of the owners of clothes which may be suspected of infection—that all infected persons shall cease business—and that books in public libraries shall be periodically disinfected. Also that cow-keepers shall notify the sources of supply of their milk, the persons to whom it may have been distributed, and all cases of infective disease in their servants, and, also, of tuberculosis anywhere.

## PROFESSIONAL EXPURGATION OBSTRUCTED.

We learn with regret that, probably, both the London and the Dublin Colleges of Physicians will decide to oppose the very necessary and reasonable proposal of the Medical Council that a misdoer who has been struck off the *Register* for "infamous conduct" shall not be allowed to persist in the use of his diplomas for illicit practice, as many such do. The Medical Council desires that it shall be declared that such use is illegal, and that the public shall be thus protected, but the oppressive dignity of these Colleges will not, it is feared, allow the proposal to be carried out lest some scintilla of their rights might be sacrificed. It would be a great pity that the Pontifical robe should be sullied for the good of the profession or the public.

Mr. William Joseph Myles Starkie, who succeeded Sir Thos. Moffett as President of the Queen's College, Galway, has been appointed Chief Commissioner of Education, and has thus opened the former office to competition.

In response to the Right Hon. Mr. Balfour's appeal for the endowment of Medical Research, Sir Frederick Wills has forwarded a cheque for £5,000 to the Treasurer of Guy's Hospital for work in this direction in the medical school.

## Parliamentary News.

FOREIGN MILK.—In reply to Mr. Warner, Mr. Chaplin, President of the Local Government Board, stated that foreign milk as soon as imported is subject to the same treatment as English milk, but obviously the regulations which apply to dairies and cowsheds in this country, cannot, of course, apply to dairies and cowsheds abroad. The matter is, however, of comparatively small importance, because while the consumption of milk is estimated at 600,000,000 gallons a year, 60,000 gallons only were imported during the ten months ending in January last; and, according to the latest returns, the quantity is decreasing as compared with last year.

THE METROPOLITAN ASYLUMS BOARDS.—Mr. Chaplin, in reply to Mr. H. E. Kearley, said the Metropolitan Asylums Board were taking active steps to find suitable premises for invalid children. For children afflicted with ophthalmia two sites had been purchased, one on either side of the Thames, for buildings intended to accommodate 360 children. For children suffering from ringworm, negotiations were being made for the acquisition of the Sutton Schools For children of defective intellect, managers had provided a home for twenty girls sent by the Guardians. Homes had been provided for convalescents, one at Herne Bay for 134 children, and the other at Margate for 41. 289 children had been admitted to these homes. Another site had been purchased on the south coast on which to erect three houses to accommodate twenty-five children each. These arrangements would provide for all the children requiring seaside air.

THE PLAGUE.—In reply to Dr. Tanner, who asked the Secretary of State for India if there was any foundation for the report from Bombay of a plague panic from the southern Kolar goldfields, and what steps were being taken to prevent further loss of life, Lord G. Hamilton stated that the latest information received was that during the week ending Monday, February 13th, there were 12 plague seizures and 9 plague deaths in the Kolar district of Mysore. Nothing was said in that report as to any plague panic among the gold miners. The Mysore State, supported by the British Resident, and aided by the Government of India, he added, was sparing neither expense nor effort to combat the plague wherever it appears in Mysore territory.

TUBERCULOUS CATTLE.—Mr. Warner asked the First Lord of the Treasury whether he proposed to introduce any Bill for appointing Government inspectors to inspect and condemn cattle afflicted with tuberculosis, as uniform action all over the country was most desirable on this subject, and as one private Bill had been introduced by a corporation to give its own inspectors these powers outside the municipal boundaries. Mr. Long, who answered the question, said it was not the intention of the Government to appoint inspectors for the purpose suggested, and, as far as the legislation to which he referred was concerned, it was impossible to say what powers in this direction Parliament would grant to local authorities.

COMPANY PHARMACY IN IRELAND.—A somewhat sympathetic reply was elicited from the Chief Secretary to the question, by Dr. Tanner, respecting unqualified traders who had been prosecuted for offences under the Irish Pharmacy Act, and, though convicted, were enabled immediately to extricate themselves from the penalties out of the Act, and pursue their illicit trade by turning themselves into a limited company. The Chief Secretary said that "the subject had been brought before him by the society, and would call for consideration whenever a general amendment Act for the whole kingdom is proposed," but he did not say when there was any chance of this.

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## Laboratory Notes.

### "HIPI" MUTTON ESSENCE.

WE have received from Messrs. George Nelson Dale and Co., of 14 Dowgate Hill, E.C., samples of "Pure Mutton Essence (Hipi Brand). The preparation is one which fulfils a distinct want, and as it compares very favourably with similar preparations of beef, it will be the means of introducing a welcome relief to the monotonous dietary of the febrile patient. Our analysis gives the following results:—

| | |
|---|---|
| Moisture ... ... ... ... ... | 42·0 |
| Nitrogenous matter, including gelatine ... | 43·0 |
| Mineral matters ... ... ... ... | 8·4 |
| Non-nitrogenous extractives ... ... | 6·6 |
| | 100·0 |

The mineral matter consists merely of phosphates. The fatty constituents of mutton are eliminated during the process of manufacture, and the composition of the extract justifies its claim to be considered as an article possessing a high dietetic value, especially as the proportion of merely stimulating principles is small compared with that of the really nutritive substances. The flavour is satisfactory, and the product is certainly one which merits a prominant place in invalid dietetics.

### PHENALGIN.

PHENALGIN is an ammoniated, synthetic, coal-tar product, manufactured by the Etna Chemical Company of New York. Technically described as belonging to the amido-benzine series, it presents itself in the form of a fine white powder, with a characteristic ammoniacal odour. Being practically insoluble, it has but a faint taste, and is consequently not disagreeable to take. It differs from most of the analgesics in that it exerts a stimulating effect on the heart. In doses of ten grains and upwards a sedative effect is produced, in addition to its unquestionable analgesic action on the sensory apparatus of the nervous system. These various actions are precisely those which a consideration of the chemical constitution of Phenalgin would lead one to expect, and this is a striking confirmation of the truth of the thesis promulgated some years since by Dr. Lauder Brunton in respect of the inter-dependence of chemical constitution and physiological action. The stimulating effect of the ammonia constituent is first perceived, and this is soon followed by a soothing sensation due to the gradual subsidence of the painful manifestations. Phenalgin appears to be an ideal agent for the relief of insomnia associated with neuralgic or rheumatic distress. Similarly, in dysmenorrhœa, not dependent upon obvious organic lesions, Phenalgin procures prompt disappearance of the pelvic misery. Like most drugs belonging to this series it is possessed of anti-pyretic properties and, as already stated, it has hypnotic as well as anodyne properties which enable it, in certain cases, to take the place of opiates, the use of which is attended by such marked gastro-intestinal disturbance. Its value in the treatment of acute rheumatism has not as yet been established on as firm a clinical basis as in the case of neuralgic and so-called functional affections accompanied by pain, but there is no obvious reason why it should not prove of service in combination with other anti-rheumatic remedies

Phenalgin is sold in powder, and in 2½ grain tablets for convenience of administration. As it is insoluble, the drug is best given in the form of tablets, or, if it be desired to associate it with other remedies, in the form of cachets.

The sole agent for the sale of Phenalgin in England is Mr. E. J. Reid, 11, Dunedin House, Basinghall Street, London, who we understand, will send free samples to any medical practitioner, on application.

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## Medical News.

### Milk in Relation to Tuberculosis.

THE Aylesbury Dairy Company, which is one of the largest purveyors of milk in the country, has adopted a very wise attitude in the now popular crusade against tuberculosis, and its action should remove any anxiety in the public mind regarding the purity of the milk supplied from its farms. We have previously referred to the precautions originated by the directors in 1868, but these have been developed from time to time as science and experience have suggested, and the farms and distributing branches are now under the inspection of no less than fifteen medical officers, six veterinary surgeons, and four public analysts. Each farm from which the company draws its supplies is visited frequently and regularly by the Medical Officer of Health for the District; the sanitation, health of the farm labourers and their families, &c., all being carefully investigated by him, and the water used periodically analysed, both chemically and bacteriologically, in the company's laboratory. In case of anything being found unsatisfactory, the milk is at once stopped, but the farmer is paid for it in full; this guarantees him against loss, and makes it his interest to give immediate information. Further, a sample from every churn of milk received is taken and tested before the milk is sent out to the consumer, further samples are taken from the carriers in the streets and on their return to the depôts. In addition to the foregoing very stringent measures, the directors have, in view of the question of tuberculosis now so prominently before the public, taken the further precaution of having the whole of the cows from which their supply is derived individually examined by the Principal of the Royal Veterinary College. These precautions go even beyond the action recommended by the Royal Commission on Tuberculosis, and it affords us much pleasure to chronicle these important precautions, *pour encourager les autres*.

### niversity College Hospital.

Sir John Stirling Maxwell, Bart., M P, has consented to preside at a Festival Dinner in aid of the funds of University College Hospital, at the Whitehall Rooms, Hotel Metropole, on Thursday, June 15th, next.

### Dublin Hospital Sunday.

The meeting of the Council of the Fund, preparatory for the annual public meeting, was held last Thursday, the meeting not being open to the Press The total amount received (£4,285) was £71 worse than last year, and would have been worse still but for a donation of £100 by a baronet in the north of County Dublin. The distributable amount is £4,020.

### A Victim of Alcohol.

An inquest was held at Liverpool last week on the body of Mr. Albert Ryan, a medical practitioner in charge of a dispensary. The evidence showed that death was attributable to an epileptic seizure, the result of chronic alcoholism, and a verdict to that effect was returned.

### Congress of Medical Life Examiners.

The first international congress of medical examiners for life assurance is announced to take place at Brussels on September 25th. In view of the interest of many of the problems to be discussed, the meeting is likely to be largely attended, and it cannot be gainsaid that there is ample material for very useful discussions

### Diphtheria at Aldershot.

An inspector has been dispatched by the Local Government Board to Aldershot to inquire into the causes of the prevalence of diphtheria in that district. For some time past the comparatively large number of deaths from this disease in both the camp and the town has given rise to anxiety.

### Poisoning by Atropine.

A strange case of poisoning, placing the lives of a whole family in jeopardy, is reported from Watford. The symptoms were those of belladonna poisoning, and the servant has since been charged with maliciously mixing with the pudding the contents of a bottle of "eye water" belonging to her master. Thanks to prompt antidotal measures four of the six victims are out of danger, but two still remain in a precarious condition.

### The Scientific Value of Alcohol.

A meeting of the British Medical Temperance Association was held on the 17th inst. at the Conjoint Examination Hall, Victoria Embankment, London, when Capt. P.W. O'Gorman, D.P.H., Indian Medical Service, read a paper on "The Scientific Valuation of Alcohol in Health." Dr. Morton presided in the absence of the president, Professor Sims Woodhead, through illness. The paper gave an excellent summary of facts and experiments with respect to alcohol. The conclusions of the lecturer were that alcohol did not act as a food, that it did not retard waste but was a protoplasmic or tissue poison, that it did not impart energy, but was essentially a nerve paralyser, that it was dangerous both in hot and cold climates, and that it did not conduce to longevity. He pointed out that it reduced vascular tension, and that Prof. Martin had shown that the strength of the heart contraction is diminished by alcohol. Dr. Ridge, in moving a vote of thanks to the lecturer, said he hoped the paper would be published, as he had found many medical men entirely ignorant of the immense number of facts which had accumulated proving the harm done by alcohol even in moderate doses, and the advantages of total abstinence; these things were not taught in the usual way, but there was some hope for the future, as there were between 300 and 400 medical students who were abstainers and belonged to the Association. The vote was seconded by Dr. Claude Taylor, and carried unanimously.

### The Reid Trust for the Education of Women.

The Trustees of this Fund have decided to offer a Scholarship at the London (Royal Free Hospital) School of Medicine for Women in memory of their valued co-trustee, Miss Bostock, of Penmaen, Glamorganshire, lately deceased. The value of the Scholarship will be £60 a year, tenable for two or four years, and awarded on the result of the Preliminary Scientific Examination of the University of London. The Bostock Scholar must read for the London Medical Degree. Further particulars may be obtained from the Hon. Secretary of the Reid Trust, Bedford College, York Place, London, W.

### An Unqualified Apothecary.

Thomas Allen, of Commercial Road, E., an unqualified practitioner, whose name cropped up a year or two since in connection with a charge of covering against one Costelloe, has been fined £20 and costs for having acted as an apothecary without authority. The defendant had previously been cautioned by the coroner in respect of his conduct.

### The Mortality of Foreign Cities.

The following are the latest official returns, and represent the last weekly death-rate per 1,000 of the several populations:—Bombay 89, Madras 44, Paris 20, Brussels 20, Amsterdam 14, Rotterdam 15, The Hague 14, Copenhagen 17, Stockholm 27, Christiania 34, St. Petersburg 28, Moscow 25, Berlin 17, Hamburg 14, Dresden 16, Breslau 21, Munich ,—, Vienna 21, Prague 26, Buda Pesth 22, Trieste 33, Rome 18, Venice 24, New York (including Brooklyn), —, Philadelphia —.

## PASS LISTS.

### Army Medical Service.

The following is an official list of successful candidates for Commissions in the Royal Army Medical Corps, at the recent examination in London, arranged in order of merit:—

| | Marks. | | Marks. |
|---|---|---|---|
| Delap, G. G. | 2,393 | Murison, C. C. | 2,052 |
| Warren, F. | 2,388 | Onrael, H. B. | 2,047 |
| Cunningham, R. A. | 2,385 | Falkner, F. H. | 2,043 |
| Crawford, V. J. | 2,384 | Hart, H. F. | 2,025 |
| Palmer, F. J. | 2,375 | Winslow, L. F. F. | 2,016 |
| Challis, O. | 2,360 | Norman, H. H. | 1,971 |
| Simson, H. | 2,316 | Chopping, A. | 1,935 |
| Stokes, T. G. N. | 2,282 | Prescott J. J. W. | 1,930 |
| Butler, S. G. | 2,151 | Elsner, O. W. A. | 1,925 |
| Irvine, G. H. | 2,140 | Webb, A. L. A. | 1,914 |
| Woodside, W. A. | 2,133 | Ellery, E. E. | 1,899 |
| Blackwell, W. B. | 2,109 | Nicholls, H. M. | 1,846 |

### Indian Medical Service.

The following is an official list of candidates for her Majesty's Indial Medical Service who were successful at the competitive examination held in London during the present month, arranged in order of merit:—

| | Marks. | | Marks. |
|---|---|---|---|
| C. Dykes | 3,457 | A. B. Fry | 2,708 |
| W. E. Mckechnie | 3,276 | E. C. G. Maddock | 2,685 |
| E. D. W. Greig | 3,275 | A. W. Tuke | 2,682 |
| D. McCay | 3,119 | F. C. Lewis | 2,574 |
| J. J. Urwin | 3,069 | M. W. Manuk | 2,552 |
| W. F. Harvey | 3,037 | W. H. Tucker | 2,432 |
| H. D. Peile | 2,990 | C. S. Lowson | 2,390 |
| W. C. H. Forster | 2,949 | J. H. L. Beaman | 2,369 |
| D. H. F. Cowin | 2,927 | W. H. Dickinson | 2,295 |

# Notices to Correspondents, Short Letters, &c.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

Mr. Albert E. Morison (Hartlepool).—Your paper on "Four Cases of Intussusception," is marked for early insertion A note has been made of the other request.

The *Medical Directory* for 1899 gives the number of practitioners of all categories as close upon 35,000. This represents an increase of ninety-over over the figures of the previous year—an extremely small excess. London alone accounts for 6,117 medical men of this total, the rest of England absorbing between fifteen and sixteen thousand practitioners. In the naval, military, and Indian services there are 2,528 doctors.

Professor Gaillard's Clinical Lecture on "Pyo-pneumothorax from Necessity," received from our Paris correspondent with thanks.

D. H. G.—Great improvement has already been effected in the direction you advocate, only twenty-eight out of 7,428 inquests having been held in public-houses.

### THERMOMETRIC CALCULATIONS.

From Centigrade to Fahrenheit,
'Tis easy to divine—
You first must use arithmetic
And multiply by nine.

The answer now divide by five,
And then you have in view
The very number that you seek
By adding thirty-two.

From Fahrenheit to Centigrade,
However, it is plain—
You first must take the thirty-two
And multiply again;

But this time only by the five
And then you draw a line
Straight up and down, in order that
You may divide by nine.

(*The Corpuscle.*)

Dr. Wm. Ewart's paper on "The Relation of Gout to Rheumatoid Arthritis" received.

Dr. J. R. Wolfe (Melbourne).—Paper on "Serum Inoculation" received.

# Meetings of the Societies and Lectures.

### Wednesday, February 22nd.

Royal College of Surgeons of England.—5 p.m. Dr. T. G. Brodie: Erasmus Wilson Lecture on "The Chemical Pathology of Some Infective Diseases."

Dermatological Society of Great Britain and Ireland (20, Hanover Square, W.)—4.30 p.m. Informal Exhibition of Cases. 5 p.m. Ordinary Meeting.

Hunterian Society.—8.30 p.m. Mr. C. J. Symonds: The Value of Individual Symptoms in Perforative Peritonitis, more especially in regard to operation.

### Thursday, February 23rd.

Royal Institution of Great Britain.—3 p.m. Professor McFadyen on Toxins and Antitoxins.

### Friday, February 24th.

Royal College of Surgeons of England.—5 p.m. Dr. T. G. Brodie: Erasmus Wilson Lecture on "The Chemical Pathology of Some Infective Diseases."

West Kent Medico-Chirurgical Society (Royal Kent Dispensary, Greenwich Road, S.E.).—8.45 p.m. Special General Meeting.

Clinical Society of London (20 Hanover Square, W.).—8.30 p.m. Clinical Evening. The following cases will be shown:—Dr. Rolleston: Multiple Periarticular Bursæ.—Dr. F. P. Weber: Recommencement of Muscular Atrophy long after Infantile Paralysis.—Dr. Cahill: Unilateral Hypertrophy of the Female Breast resulting from Pressure.—Dr. Caley: A Case of Tabes Dorsalis with Arthropathy and Pulmonary Fibrosis.—Mr. G. B. Hunt: Rheumatoid Arthritis with enlarged Spleen and Glands in an Infant.—Dr. Washbourn and Mr. W. Arbuthnot Lane: A Patient from whom a Cerebral Tumour was removed seventeen months ago.—Dr. Mouat-Biggs: Extreme Case of Factitious Urticaria.—Dr. R. Crawfurd: Myositis Ossificans Progressiva.—Dr. L. Guthrie: A Case of Congenital Paralysis.—Dr. StClair Thomson: A Man aged 36 years complaining of Dysphagia found to be affected with Unilateral Paralysis of the Eighth and Bulbar Nerves.—Dr. L. Guthrie: Acute Atrophic Paralysis affecting both Upper Extremities.—Mr. E. W. Roughton: Tumour of Maxilla of Doubtful Nature. Patients will be in attendance at 8 p.m.

Royal Academy of Medicine in Ireland.—Pathological Section.—The Sec. (Dr. E. J. McWeeney): Case of Septico-Pyæmia, with Ulcerative Endocarditis, secondary to Croupous Pneumonia and due to the Diplococcus of Fraenkel.—Dr. J. B. Coleman: Case of Hodgkin's Disease.—Mr. G. Jameson Johnston: (1) Epithelioma of lip, removed from youth, 18 years old; (2) Tumour of Breast (? Scirrhosis), from youth, aged 17 years.—Drs J. Magee Finny and A. C. O'Sullivan: Sarcoma of the Suprarenals and secondarily of the Lung.—The Secretary (for Dr Cole-Baker): Melanotic Sarcoma of the Choroid.—Dr. Knott: Pathological Fibulæ and Patellæ.—Mr. W. I. Wheeler: Specimen showing situation of Retro-Uterine Abscess.—Mr. Henry Gray Croly: Brodie's Abscess.

# Vacancies.

Dalrymple Home for Inebriates, Rickmansworth.—Resident Medical Superintendent, married. Salary £200 per annum, unfurnished house, food, coals gas, &c., provided. (See advt.)

Essex County Asylum, Brentwood.—Junior Medical Assistant Officer, unmarried Salary, £120 per annum, with board, residence, and washing. Applications to the Medical Superintendent.

Halifax Union Workhouse.—St. Luke's Hospital.—Assistant Medical Officer, unmarried. Salary, £160 per annum. Applications to the Clerk to the Guardians, Union Offices, Halifax.

Hereford General Infirmary.—Senior House Surgeon; unmarried. Salary £90 per annum, with furnished rooms, board, washing gas, coals, and attendance.

Hertfordshire County Asylum, Hill End, St. Albans.—Assistant Medical Officer, unmarried. Salary commencing at £130 per annum, with furnished quarters, board, washing, and attendance.

Leeds Union.—Assistant Medical Officer for the Workhouse, Schools, and Infirmary; unmarried. Salary, £100 per annum, with board, washing, apartments, and attendance. Applications to the Clerk, Poor-law Offices, East Parade, Leeds.

Manchester Royal Infirmary and Dispensary.—An Aural Surgeon and an Assistant Surgeon on the honorary staff. The former must be a graduate of a University of the British Isles; the latter must be a F.R.C.S. (See advt.)

Norfolk and Norwich Hospital, Norwich.—House Surgeon for two years; unmarried. Salary £80 per annum, with board, lodging, and washing.

University of Glasgow.—Chair of Pathology. The normal salary of the Chair is fixed by Ordinance at £1,100 For particulars as to applications, see advertisement in another column.

Windsor Royal Infirmary.—House Surgeon; unmarried. Salary commencing at £100 per annum, with residence, board, and attendance.

# Appointments.

Arnold, E. G. E., M.B., B.S.Durh., M.R.C.P.Lond., M.R.C.S., Senior Medical Officer to the Toxteth Workhouse.

Booth, J., M.B., B.Ch.Irel., House Surgeon to the South Charitable Infirmary and County Hospital, Cork.

Cowell, A. R., M.B.Camb., L.R.C.P.Lond., M.R.C.S., Medical Officer *pro tem.* to the Eastern portion of the Parish of Hampstead.

Glasson, C. J., M.D.Brux., L.R.C.P.Lond., M.R.C.S., Medical Officer to the Third Sanitary District of the Romford Union.

Knox, J. E., M.B. C.M.Edin., Medical Officer of Health to the East and West Molesey Urban District.

Marshall, C. Devereux, F.R.C.S.Eng., Ophthalmic Surgeon to the Victoria Hospital for Sick Children, Chelsea.

Murray, John, M.B., F.R.C.S., Surgeon to Out-patients to the Paddington Green Children's Hospital, London.

Nariman, B. K., M.B., B.Sc. (Public Health), E.M.Edin., Assistant Surgeon to the South Dispensary, Liverpool.

Ogilvy, Alec, M.D., F.R.C.S.I., Surgeon to the Bristol Eye Dispensary.

Stone, Frederick W. S., L.R.C.P. & S.Irel., Public Vaccinator to the Bitton District, Warmley.

Taylor, James, M.A., M.D., F.R.C.P., Physician to the Royal London Ophthalmic Hospital, Moorfields.

Turner, C. E., L.R.C.P.Lond., M.R.C.S., House Surgeon to the Royal Bucks Hospital, Aylesbury.

# Births.

Haldane.—On Feb. 13th at Viewforth, Bridge of Allan, N.B., the wife of William Haldane, M.D., F.R.C.P., of a son.

# Marriages.

Woods—Chaloner-Smith.—On Feb. 11th, at St. Bartholomew's Church, Dublin, Hugh Woods, M.D., of Highgate, to Tempe, elder surviving daughter of the late John Chaloner-Smith, C.E., of St. Helen's, Bray, co. Wicklow.

# Deaths.

Monckton.—On Feb. 16th, at Wimbledon, Mina, widow of the late Stephen Monckton, M.D., F.R.C.P., of Maidstone.

Ransford.—On Feb. 12th, Gifford Ransford, M.D.Durh., of Sussex Square, London, W., aged 56.

Roe.—On Feb. 16th, in London, Edward Roe, M.A.Cantab., L.R.C.P., M.R.C.S.Eng., of Lyndhurst, Hants, aged 53.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXVIII. WEDNESDAY, MARCH 1, 1899. No. 9.

## Original Communications.

### ON THE RELATION OF GOUT TO RHEUMATOID ARTHRITIS.

OPENING REMARKS TO A DISCUSSION BEFORE THE NORTH-WEST LONDON CLINICAL SOCIETY, FEBRUARY 15TH, 1899.

By WM. EWART, M.D., F.R.C.P.,

Senior Physician to St. George's Hospital and to the Belgrave Hospital for Children; Joint Lecturer on Medicine in the Medical School of St. George's Hospital.

IN opening a discussion in which so many are invited and ready to take part my most important duty is to be brief; and a further duty is to submit for your consideration some of those points which seem to be most in need of elucidation.

The leading note in my few remarks will be that the relation between gout and rheumatoid arthritis is rather accidental than essential, and that when the two affections happen to combine, this conjunction is but one of many varieties included under the broad heading to rheumatoid arthritis.

The relationship between gout and rheumatoid arthritis may be profitably considered from two points of view —the purely theoretical or pathological aspect, including their ætiology and their morbid anatomy, and the practical or clinical aspect, which is concerned with the natural history of the diseases, with their diagnosis and with the results of their treatment; and it is only from a joint study of all those aspects that we can hope to derive any true insight into the relation which may exist between them.

Within this hour it would be impossible to deal systematically with so large a subject, but out of it arise a few definite questions, to which I may at once call your attention. I venture to submit to you the following:—

1. Are gout and rheumatoid arthritis directly antagonistic, so as to exclude each other; or are they capable of affecting the same subject?

2. If not mutually exclusive, are they capable of actually coexisting, or can they only occur at an interval of time in the same individual?

3. If the relation is one of sequence rather than of coexistence, does rheumatoid arthritis pass into gout, or is it gout which may lapse into rheumatoid arthritis?

4. The remaining questions are those of diagnosis and of treatment, a discussion of which cannot fail to be of practical use.

#### *The Pathological Uncertainty as to Rheumatoid Arthritis.*

At the outset I encounter a difficulty which others may also realise. Whilst gout, in spite of the obscurity of its ætiology, is probably, for all of us, a sufficiently definite clinical unit, and whilst we are all probably agreed as to its material basis, I am not confident that under the name of rheumatoid arthritis we all recognize a thoroughly well defined and uniform disease. Yet some general agreement as to the meaning of the term is essential to the success of the discussion.

Most of us have probably been struck with the variety of conditions included under that name, and with the number of theories which have been put forward, and this must incline us to suspect that we may have to deal not so much with different phases and with different presentments of a single disease, as with different affections among which at least two and probably three or more separate diseases will ultimately be isolated.

Looking specially at the clinical aspects, I have long been impressed with an apparent distinction between two sets of cases. the group of "gouty" rheumatoid arthritis and that of "rheumatic" rheumatoid arthritis; but I am willing to admit that this is too superficial and perhaps too exclusively clinical a division which, moreover, deals only with a limited section. There is a larger section comprising various types which are neither gouty nor rheumatic.

The futility of former endeavours to explain all cases by any one theory has led to an attempt to split up the group, and to contract the boundaries of rheumatoid arthritis by excluding the chronic senile monarthritic variety. And recently part of the group has been reconstructed on a bacteriological basis. You are probably all acquainted with the bacteriological work of Bannatyne, Wohlmann, and Blaxall. Max Schüller, (*a*) to whom we owe the earliest bacteriological observations, now goes so far as to separate as the strictly infectious form of rheumatoid arthritis, the villous affection of the synovial membrane, *Arthritis chronica villosa*, which he has been able to produce experimentally in animals, and which he has treated successfully in man, both surgically and by intra articular medication.

I need not point out that the infectious group can present but little affinity with gout, and that further evidence must be forthcoming before we can admit that a bacterial origin has been proved in all the varieties. This would still leave upon our hands the monarthritic varieties which are not senile, and two or three different types of the polyarthritic affection, besides the affections following upon traumatism, and upon septic, gonorrhœal, tuberculous, and syphilitic lesions. And we may, therefore, still ask, What is Rheumaotid Arthritis?

#### *The Characteristics of Rheumatoid Arthritis.*

The definition of rheumatoid arthritis would have to be reduced to a very simple expression to fit all cases— that of the pale child with symmetrically swollen and shapeless joints, and, perhaps, as in the cases recently described by Dr. G. F. Still, with swollen glands; of the young adult with stiffened articulations and unbending spine, of the woman of mature years with Heberden's nodules and easily excited articular pains, and of the veteran whose longevity declares his original soundness, but who has long been crippled with a wasted and eburnated hip-joint.

In this long gallery of deformities, of which I have only mentioned a few, the chief common features are constitutional and local. Constitutionally the affection is chronic and progressive when left to itself; it is a disease of depressed nutrition and of debility. Locally it is also chronic and progressive if allowed to advance. Its lesions are not metastatic but permanently localised. They are essentially degenerative, with marked tendency to overgrowth In varying degrees according to cases, it affects each of the constituents of the joint, but more markedly perhaps the cartilage. But the cause of the degeneracy is not obvious, though its results are considerable. In this it differs from gout. And from the common form of rheumatism it differs in all cases by the extent of the destruction and by the permanence of the lesions; in the monarthritic varieties by the strict limitation, and in the polyarthritic varieties, by the symmetry as well as by the number of the joints affected, and there is also a greater tendency to an implication

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(*a*) Cf. Verhhandl. des xv. Congress für Inn. Medicin.

of the small joints as well as of the larger ones; whilst in acute cases the acuteness is less than in rheumatism, and there is less profuseness and acridity of perspiration. The constitutional influence of the disease is not marked by visceral degeneracies as that of the kidney in gout, nor so frequently by complications such as those of the serous membranes and of the heart, as in rheumatism.

Thus, with the exception of the marked peculiarity of the degeneration, those pathological features which are common to all cases are to a great extent negative, and consist of nothing more definite than the permanent localisation and the dystrophic character of the lesions. They point in other words to perverted local nutrition combined with constitutional debility and mal-nutrition as to the essentially rheumatoid characteristics.

### *The Theories.*

Owing to this comprehensive broadness of type, considerable scope is given to our speculations as to the latent cause, and theories have been freely supplied. To call the affection gout is, pathologically speaking, out of date, though not always out of fashion. To regard it as rheumatism is a large postulate in face of many pathological and clinical discrepancies; and we cannot forget that the ætiology of rheumatism itself is a mystery. Some regard rheumatoid arthritis as a form of senile decay, and others as the outcome of some traumatic lesion which has failed to recover, an explanation which is plausible only in the monarthritic cases. But these views hardly explain the early adult and especially the juvenile cases, and those cases in which no lesion can be found. Lastly, we have the more ambitious theories which seek an adequate explanation in some disordered state of the great agents of nutrition, the blood on the one hand, and the nerves on the other; these are the neural and the humoral or toxic theories.

It is obvious that these theories cannot all be right—yet they represent the conclusions of thoughtful observers, and. perhaps, none of them may be absolutely wrong, but they may be partially, if not absolutely applicable in different cases. The fact of the discrepancies between them is a strong argument as to the want of unity in the group of rheumatoid arthritis, and also as to a possible co-operation of many factors in individual cases.

*Rheumatoid Arthritis viewed as a Morbid Result rather than as a Disease.*—The variety almost amounting to opposition in the theories as to the nature of rheumatoid arthritis suggests strongly that an attempt may have been made to describe as a disease that which may be essentially a result. If the familiar changes might be regarded as the progressive stages, varying freely in their individual developments, but agreeing in their terminal condition, of the non-suppurative variety of degeneration of joints it would be conceivable that various diseases, gout, rheumatism, tabes, gonorrheal infection, as well as simple injury, might lay the foundation of the mal-nutrition in question.

There might still be room for the recognition of hitherto imperfectly proved agencies, for instance, for the subtle influences of bacillary infection, or of peripheral nerve affections whether of a structural or of a functional kind, as direct causes for those varieties which are not manifestly connected with any constitutional disease or local factor, and are therefore classed as "spontaneous" or "pure" cases of rheumatoid arthritis. We might then more easily reconcile divergent theories, because no longer claiming a pathological unity for the clinical types. It might be possible to regard the trouble sometimes as essentially a tissue degeneration, and to this view correspond the suggestions of traumatism, senility, and disease as possible causes, and sometimes as a definite disease.

In dealing with rheumatoid arthritis *as a disease* we should have to leave aside as incapable of any general application the theories of traumatism, of senile decay, and of pure gout, and to choose between three hypotheses: (1) the neural theory, (2) the infective theory, and (3) the rheumatic theory with its two chief modifications—the one being (a) that rheumatoid arthritis is a hybrid between gout and rheumatism, the other (b) that it is a systemic disease distinct from gout and from rheumatism, yet possessing analogies with both. Or, if it had to be viewed as a specific disease entirely distinct from gout and from rheumatism, then only two adequate theories as to its production would remain—the neural and the toxic. In favour of both, weighty arguments have been brought forward. On the one hand, a strong point has been made by Dr. Ord of the frequent coincidence of the affection with uterine and ovarian troubles, and with catamenial irregularity, amenorrhœa, and the menopause. This, he believes, indicates a reflex nervous mechanism of production. Arguments are also derived from the considerable wasting of the muscles, from the occurrence of peripheral neuritis, from the alterations in the myotatic reflexes, and from the close analogy of the articular lesions of tabes with the rheumatoid lesions. On the other hand, a bacillus has been described by Schuller, Bannatyne, and others, by which a destructive toxin might be elaborated.

Considerable importance also attaches to the view put forward prominently by Mr. Macnamara (*a*) and according to him originally suggested by Todd, who ascribed certain joint affections to putrid discharges from the vagina, that the intoxication may be of a non-specific nature, viz., such as may arise from disordered metabolism or impeded excretion, or be due to poisons manufactured within the organism (such as ptomaines produced by suppuration), rather than to germs imported from without. Arthritis may be caused by "the passage into the blood of the chemical products of inflammation rather than to the direct entrance of the microbes into the affected joints." Mr. Macnamara has made the further suggestion that decayed teeth may be in many cases the source of an infection to which the joints may react in a manner analogous to that which we observe in arthritis due to gonorrhœa, pyæmia, scarlet fever, and various other infections. These suggestions possess much weight and deserve our close attention.

It is noteworthy that one of the affections so well described by Dr. Still (cf Clifford Allbutt's System of Medicine, vol. III.) as apt to occur in a somewhat acute form in children, is stated by him not to develop usually before the period of the second dentition. This would coincide with the time of decay and absorption of the temporary teeth.

*The Clinical Basis of the Theories.—The neural* theory and *the humoral* or *toxic* theory have both appealed to the same clinical facts.

Thus the high tension and increased pulse rate, insisted upon by Kent Spender, and the liability to palpitation noted by Duckworth might equally be regarded as vasomotor agencies, or as due to the action of irritating principles in the blood.

Catamenial irregularities, amenorrhœa, and the menopause, ovarian and uterine affections, mental shock, have all their neural and their humoral aspect.

The pigmentary changes pointed out by Kent Spender and the increased myotatic irritability, are not constant phenomena, but they belong decidedly to the province of the nervous system.

*General Ætiology.*—In dealing with the general ætiology, *predisposition* cannot be entirely disregarded. Rheumatoid arthritis does not present that directness of transmission which is a feature of gout. Indeed, we look in vain for that something which could be transmitted, unless it be a general liability to articular disease. An element of truth is probably contained in the popular view which credits certain individuals with a definite structural weakness of some one or other of their organs, be it weak lungs or weak kidneys, or a weak heart. Morbid functional peculiarities may run along given lines of structural weakness, and whether we shift this supposed imperfection from the joints to a cerebro-spinal joint-centre, or localise it in the articulations themselves, there is some reason for admitting that a delicacy of the joints may be inherited. Gout and its associate diabetes, rheumatism, and phthisis are among the most prevalent of our diseases, and we must be prepared to find them largely represented in the family histories of the rheumatoids; but there is significance in the fact made out by Sir A. Garrod

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(*a*) Proceedings of the Royal Medico-Chirurgical Society. Third Series. Vol. XI, p. 48, 1899.

that of these three influences that of gout is the progenitor is by far the most frequent.

*Vulnerability.*—Without attempting to discuss the well-known but unexplained susceptibility of joints to the action of various morbific agencies, as, for instance, of gonorrhœa and other infective poisons, we are almost led to assume a relatively increased vulnerability of the joints in the subjects of rheumatoid arthritis as an explanation for their unhappy reaction to influences of climate, soil, atmosphere, and occupation which leave stronger subjects unaffected. Other causes sometimes alleged, traumatism, disturbed internal mechanism of the joint or dislocation, paralysis or prolonged disuse will not of themselves produce the disease. Undue vulnerability must be called to aid before we can account for these alleged causations.

The vulnerability referred to is closely connected with the question under discussion, inasmuch as it might explain the late development of rheumatoid changes in joints as a result of previous gouty lesions, without the intervention of any fresh and additional disease.

### THE RELATION BETWEEN GOUT AND RHEUMATOID ARTHRITIS VIEWED FROM A BROAD STANDPOINT.

Enough has been said to justify a suspicion that the rheumatoid conditions do not form a homogeneous unit but they may result from various influences and assume different types of development. Since they have always been described under one heading the assumption is that they are kept together by a central well-defined type which has served as the backbone of the entire group, and that it is to that type that the term rheumatoid arthritis properly belongs. This is the type more specially considered in my present remarks.

*Gout and Rheumatoid Arthritis contrasted.*—Had we been asked to discuss the relationship between rheumatoid arthritis and rheumatism, there would have been no difficulty in tracing many points of contact between them, and no lack of variety in the opinions which would have been elicited, for the question which this relationship involves remains to the present day one of the fundamental and most debatable questions in the pathology of arthritis deformans.

Between it and gout there is much less obvious affinity and at first sight little to debate upon. Yet we are invited to take the matter under consideration; and since we must discuss it, we shall probably discover sufficient material. If I were asked to broadly define the relationship between gout and rheumatoid arthritis I would state it to be one of contrast, not of resemblance. There is no relation between them. They differ from each other all along the line of clinical symptoms and of pathological changes, with the exception that they are both in their later developments deforming and crippling affections, and that some minor characteristics are common to both.

Constitutionally they are most unlike. Rheumatoid arthritis, as its name implies, is nothing if it is not a local joint affection. It is apt to shorten life, but this is chiefly due to the deleterious results upon the general health of the antecedent crippling. Gout is not confined to the joints. Its most fatal results are largely independent of the local articular trouble and are exerted directly upon the kidney, the heart, and the blood vessels, and sometimes also upon the visceral functions, independently of any coarse structural changes.

It would be rash to assert that there is not a constitutional *ens morbi* in rheumatoid arthritis; some peculiarities rather suggest that there is. But we are agreed that this *ens morbi*, if it exists, is much less prominent. And although future investigations may perhaps reveal its power of damaging the vital organs and functions, this power has hitherto been much less obvious, nay, even latent, and the field of its workings totally different from that occupied by gout. For instance granular kidney and albuminuria, and atheroma of the blood-vessels, which are the chief dangers of gout, do not form an essential part of the natural history of rheumatoid arthritis.

Moreover, we notice at first sight that the constitutional types attacked by the two diseases are in obvious contrast. The gouty, in general, are apt to be full-blooded; those who develop rheumatoid arthritis weakly and anæmic.

Clinically the line of distinction is no less sharply drawn. Rheumatoid arthritis selects some of its victims at a relatively early age; with gout, pre-eminently a disease of middle age, this is exceptional. The female sex, which suffers much less often and much less severely from gout, contributes a large majority of the cases of rheumatoid arthritis.

The march of the two diseases is also singularly different The onset of gout is commonly much more abrupt and acute, and confined to a single joint. That of rheumatoid arthritis, in perhaps its most common form, is relatively gradual and often insidious, and in the typical cases many joints suffer and symmetrical joints are affected.

Pathologically, what do we find? In gout sodium biurate is traceable in the joints and in their coverings, as well as in the tophi. Nothing of that kind is to be discovered in the straightforward cases of rheumatoid arthritis, and an excess of uric acid in the blood has also been looked for in vain. Locally the pitting and superficial ulceration of cartilages may be a relatively early event in gout. In rheumatoid arthritis the early event is swelling and overgrowth of cartilage, destined in typical cases to be a permanent feature, but accompanied later by an extensive destruction of the hypertrophied cartilage and by a varying amount of ossification.

In the later stages some of the local results are analogous. Lipping of the cartilage is seen in some of the chronic cases of gout, and it is the rule in arthritis. Distortions occur in both which, though essentially different, may sometimes present a rough resemblance. In gout they are due most often to the peri-articular thickenings which are apt to supervene.

Looking at the therapeutical side of the question, we discover no less marked a contrast. To climate, atmosphere, and soil the reaction is almost identical, but in every other respect there is an opposition in the effects produced by medicines and other measures of treatment, and by diet.

(*To be concluded in our next.*)

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# COMPLETE REMOVAL OF FŒTUS AND SAC IN A CASE OF ADVANCED EXTRA-UTERINE PREGNANCY.

By MAYO ROBSON, F.R.C.S.,

Professor of Surgery in the Victoria University; Senior Surgeon, General Infirmary of Leeds; Honorary President International Gynæcological Congress.

IT is not my intention to invite a discussion on the pathology and classification of extra-uterine gestation, as the subject has been recently considered by a Fellow of the Society, Mr. Taylor, in his very instructive Ingleby Lectures for 1898, and by myself in my Valedictory Presidential Address before this Society; nor do I propose to consider the treatment of the early stages of the disease, but to limit my remarks, first, to the report of a case in which I removed the entire fœtal sac, together with the fœtus, two months after the full term of pregnancy, and, secondly, to the treatment of advanced extra-uterine gestation generally.

Mrs. R—, æt. 29, was seen by me with her own medical attendant, Dr. W—, on September 29th, 1898, when she gave the following history:—She had had two children, the last five years ago. Since the birth of the last child she had been quite well, and had menstruated regularly until September 20th, 1897, when she was unwell for three days, the loss being somewhat excessive. The next period was due on October 18th, but nothing showed until three days later, after which metrorrhagia continued to January 15th. On November 29th she received a terrible mental shock from suddenly finding her father dead. Almost immediately the metrorrhagia changed into profuse bleeding, and several clots were passed. As the bleeding continued Dr. W— was asked to see her for the first time on December 6th, and it was then thought that she had had a miscarriage. No tumour could be detected on palpation of the abdomen, and the sound passed 2½ inches. On December 13th there was still no evidence of tumour, though the bleeding was continuing. At Christmas a tumour could be detected bi-manually, and this had increased so rapidly that, when on January 15th she was seen by a specialist in consultation with Dr. W——, the tumour was palpable above the pubes on the left of the middle line. The sound then passed to the right of the tumour, and Dr. —— thought it a case of myoma; but when he saw the patient again on February 7th, the tumour reached to the umbilicus, and the sound still passed to the right; the diagnosis being then altered to one of pregnancy in the left horn of a bicornuate uterus, as the fœtal heart sounds could be distinctly heard.

After January, there was no uterine discharge until June, when there was a slight "show," which soon ceased. In July, just a month later, a coloured uterine discharge again appeared, and from that time up to being seen by me in September there had been more or less metrorrhagia, and during the past four weeks this had been excessive and bright in colour. In January, the tumour steadily increased in size, and at the end of July she was again seen by Dr. ——, the specialist, who then thought her seven months advanced in pregnancy, but on the same evening the fœtal movements, which had at first been observed in February, became more excessive and energetic, and labour-like pains came on so severely that morphia had to be given hypodermically.

From that time all fœtal movements ceased. There were then milk in the breasts, and all the other signs of pregnancy. When seen by me on September 29th I found the abdomen occupied by a large tumour (as shown in the diagram), and a bi-manual examination revealed the uterus pushed to the right, the fundus being easily made out separate and distinct from the tumour itself, and the uterine sound could be passed for a little over the normal distance. The roof of the vagina on the left was somewhat pushed down by the tumour so that the cervix was placed more to the right than to the left. Ballottement could not be obtained either from side to side or *per vaginam*. Auscultation failed to reveal either the sound of the fœtal heart or the placental bruit. A diagnosis of extra-uterine gestation was made, and early operation was advised, since the fœtus was manifestly dead, and the patient's health was becoming seriously deteriorated as the pulse was persistently rapid, from 110 to 120, and there were considerable loss of flesh, a hectic flush on the cheeks, and a temperature each evening.

On October 4th, Dr. W—— giving the anæsthetic, and Dr. Macrae assisting at the operation, I opened the abdomen in the middle line and found the fœtal sac on the left of the uterus, from which it was separate and distinct. The sigmoid flexure of the colon was crossing its upper part, and the omentum was adherent to the front of the sac. After packing sponges around, I opened the thin part of the sac in front and removed a quantity of dark, inodorous, grumous fluid, afterwards extracting the child. After a careful examination I found it would be possible to completely remove the sac. I therefore ligatured off the ovarian vessels externally, and made a pedicle between the uterus and the sac internally. I then detached the omentum ligaturing several adherent portions, and dividing between ligatures. I then separated the anterior layer of the meso-sigmoid which was expanded over the sac and found that I could easily shell the tumour from its bed, the only difficulty occurring in one or two places where the posterior layer of the meso-sigmoid carried the large intestinal vessels and was rather adherent to the sac. After the separation of these adhesions I had a few vessels to ligature. The detached part of the sac enucleated without difficulty. Although the peritoneum appeared to be perfectly dry I thought it wise to nsert a glass drainage tube for 24 hours. The next morning there was so little discharge that it was felt safe to remove the drainage tube.

The wound healed by first intention and the sutures were removed on the seventh day. After the first day the temperature and pulse were perfectly normal, and recovery was uninterrupted. The patient is now in good health. Specimen shown.

A quotation, Sir, from your own text-book (Macnaughton Jones' "Diseases of Women," p. 595), would seem to show that removal of the entire sac is not worth considering after the fourth month.

"When the gestation has not advanced beyond the fourth month, it is sometimes possible to remove embryo, tube, ovary, and sac by transfixing the broad ligament as in a simple ovariotomy. When the pregnancy has advanced beyond the fourth month, the placenta has become too large to be thus dealt with. The sac is then exposed, through an abdominal incision, the fœtus, placenta, and clot evacuated, the bleeding checked with sponges, the edges of the sac are then stitched to the abdominal incision and its cavity drained After the fifth month operation must be considered under two headings :—

"1. The Treatment of the Sac.

"2. The Treatment of the Placenta."

Mr. Taylor, in his Ingleby Lectures, recommends removal of the placenta in tubo-abdominal pregnancy, and drainage of the sac in tubo-ligamentary pregnancy, but does not advocate removal of the sac, which he describes as unnecessary and dangerous.

In Dr. Kelly's work, "Operative Gynæcology." vol. 2, p. 457, complete removal of the sac is advocated wherever it is practicable on account of the danger to life from the possible infection of the large placental mass, and from the danger of secondary hæmorrhage due to the breaking down of recent thrombi when the placenta is separating piecemeal at a later date.

From the description I have given of the removal of the specimen on the table it will be recognised that the operation presented no extraordinary difficulty beyond what would have occurred in removing a large multilocular or dermoid ovarian cyst that had invaded the meso-sigmoid; in fact, I have performed many ovariotomies that have presented much greater difficulties and which have recovered without unusual complications as in the case under discussion.

I would offer for discussion the following points in the treatment of advanced extra-uterine pregnancy.

On opening the abdomen, if the fœtus be found among the intestines, the cord should be divided and the fœtus removed; if the placenta be attached to the expanded tube it can probably be removed, as suggested by Mr. Taylor, but if spread over the intestines or large pelvic vessels its removal will be unsafe, and gauze packing of the placental area and drainage will be the safer method, the placenta having been cleared of blood and cleansed as much as possible.

If the fœtus is enclosed in a sac this should be opened at its thinnest part and the fœtus extracted; the sac should then be carefully examined to ascertain if its removal is feasible. If thought practicable. the preliminary ligature or clamping of the uterine and ovarian arteries will simplify the subsequent procedures. All intestinal and omental adhesions must be dealt with by peeling them off where feasible and ligaturing where necessary. The deeper parts of the sac will be easily dealt with, if, as is usual, the attachment of the placenta is at the upper part. It will do no harm if very adherent portions of the sac be left, should their detachment present unusual difficulties. Subsequent drainage for twenty-four hours with a glass tube is, to my mind, both safe and useful in these and similar cases, and with proper antiseptic precautions is not, in my experience, attended with risk of infection.

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## SYPHILIS IN THE ARMY, 1812-1896.

### BEING A REPLY TO

## MITIGATION AND AGGRAVATION OF SYPHILIS.

By JOHN A. SHAW-MACKENZIE, M.D.LOND.

(*Concluded from page* 186.)

(*d*) "Mitigation," "Self-exhaustion," "Self-extinction."

These terms are by no means synonymous, as possibly might, at first sight, be inferred. Very numerous are the adduced causes of mitigation or modification in syphilis, and Fergusson himself when he adduced the attenuation theory directed attention to the mitigating effect of climate, which has received the support of numerous observers in various places other than Portugal.

For instance, Acton, in 1860 refers to Wilde's observations on mitigation of syphilis in Austria assisted by temperance, hygiene, and non-mercurial treatment. The hard sore was practically unknown, but various intensities of syphilis were noted in different countries, Lisbon being mentioned. Acton, in referring to the later work of Fergusson, and supporting the aggravating effect of climate, campaigning, and abuse of mercury, enjoys with Dr. Ogilvie the melancholy distinction, in my opinion, of regarding Fergusson's admissions in respect of the abuse of mercury in the light of "confessions."

Dr. Ogilvie explains attentuation by self-exhaustion in reference to the analogy of the natural small-pox by "acquired immunity hereditarily transmitted." Fergusson's original conclusion was "that the virulence of the disease has become so much mitigated by reason of general and inadequately resisted diffusion or other causes that, after running a certain (commonly a mild) course according to the known laws of its progress, it exhausts itself and ceases spontaneously."

Obviously Fergusson applies the term "self-exhaustion" to cases among the bulk of the Portuguese which got well without mercurial or very little mercury, irrespective of cause. "Diffusion" in syphilis is not restricted to "acquired immunity hereditarily transmitted," either generally or by Fergusson. He mentions hereditary syphilis it is true, but was unable to follow the cases up on account of the jealousies of the native faculty. He thinks such may continue from infancy to puberty, but was not yet disposed to believe that it could appear at puberty for the first time. Struma was, he thought, explainable by other causes than the venereal, but he in no way mentions immunity conferred by hereditary transmission.

Indeed, among "other causes," he thinks mitigation was occasioned by diffusion unresisted by mercurial treatment. The term "self-extinction" can only be employed in the same sense as "self-exhaustion," that is, to the spontaneous cure of a mild disease in the individual. Fergusson does, however, state that "by the resistance we have opposed to syphilis and variola (by mercury, vaccination, and inoculation), we have retarded their natural decay among us. That we have made both more rare I believe, and that we may finally succeed in extinguishing both I devoutly hope, but whenever we are revisited by either the one or the other, I fear they will not come to us disarmed of their terrors. The Portuguese, through apathy, and at a dreadful price levied on the generations that are passed and never in all probability to be redeemed by their descendants, appear to have gained a great exemption from their immediate effects." It is only these latter paragraphs which can justify any idea of complete immunity in the individual or extinction in the nation. The latter is opposed to his portrayal of revisitation, as also to his view of the *de novo* origin of syphilis, which his "friend Guthrie" also believed to be the case, "whenever prostitution is foul and unclean, restricted to few women amidst crowds of men, which afterwards spreads through society at large."

(*e*) Much importance is attached by Dr. Ogilvie to Fergusson's later paper which I have readily admitted in the first instant I was not aware of. "Written in the year 1843," says Dr Ogilvie, "it bears witness to a total change of his (Fergusson's) views regarding it (mitigation by self-exhaustion), and which seems to have escaped the notice of nearly all those who have written on the subject. My attention has been drawn to it by the first edition of Drysdale's work (12). The only other author who refers to it as far as I have been able to ascertain, is the learned historiographer of venereal disease, T. K. Proksch."

In this paper Fergusson fully testifies to the aggravation of syphilis among the British troops in Portugal by the abuse of mercury, and makes no mention of attenuation.

This paper, Fergusson tells us, was "but a fragment intended to fill up a gap in the systematic treatment and history of syphilitic diseases. Let it be taken for what it is worth, a military sketch of a period when a discovery of much importance in regard to the treatment was made, and a mighty error was exposed and corrected."

In his introductory remarks he states: "I have now arrived at that period of life when its game has been nearly played out. . . . I shall therefore, using another privilege of my age, venture upon the task without fear or favour to any authority, or school or party, but taking what I believe to be the spirit of truth for my guide, fearlessly tell it in every part of my subject, always, however, eschewing personal offence and needless injury to the feelings of the living or memory of the dead. For nearly fifty years I have been an indefatigable scribbler. . . . but the health of armies was, above all, the shrine at which I worshipped. . . . I have not unfrequently found parts and parcels in the pages of my contemporaries without at all recognising them as my own. . . . For candid criticism I shall ever feel most grateful, but I shall not reply to it otherwise than by correcting the errors and mistakes I may have fallen into in a second edition should this work ever be permitted to arrive at that distinction. I feel that I am past the age of controversy. Its triumphs would bring me little satisfaction, because I know they would stain my pages if achieved even temporarily at the expense of truth. I write not for the drawing-room, or the schools, or the circulating libraries, or for any time-serving purpose, but I write more especially and in the first instance to illustrate if I better can the British military character."

Fergusson never lived to complete his work Shortly after the completion of the chapter on syphilis he was attacked by his last illness (hemiplegia), and from that time till his death in 1846, his editor—son—tells us "it remained sealed up in my hands. I am perfectly aware of many defects the work unfortunately possesses and . . . . in the first place it is manifestly imperfect, ending abruptly with the article on syphilis without any peroration or *resumé*, and I know it was my father's intention to have added considerably to it, besides correcting many minor defects in its passage through the press. But even had this been completed, it then would have been only half the intended work which was to have had a second volume comprehending his opinions and experience of the civil branch of his profession." Would further opinions have shed any light on the question of mitigation? I think not. He had substituted "idiosyncrasy" for attenuation in explanation of "the incontrovertible fact that the British Army at this moment contains thousands in perfect health, and has contained many thousands more who have been perfectly cured of every stage and state of syphilitic diseases without ever having taken a particle of mercury, although amidst the infinite variety of idiosyncrasies which the human race presents there can be no doubt that particular cases have occurred, and always will occur, in which the use of that remedy has been and will be found absolutely necessary." It is the explanation of "idiosyncrasy" which is now the point at issue. With "the greatest admiration and respect" for Fergusson it seems to me in this paper he was overwhelmed with the "mighty error" of the abuse of mercury (which he had done so much to expose) at the expense of explanation of those facts, Dr. Ogilvie omits to credit him with. And he was unmindful of Colles' (and Wallace's views) that "this disease appears to become less virulent as it becomes further removed from the fountain head." (13)

Six years later, even had he lived, Fergusson again might have had reason to revert to his original opinion. "We can scarcely understand how an impartial inquirer not led away by the necessity of upholding a theory, or not puffed up by an inordinate estimate of the transcendental value of everything modern, and a thorough contempt of everything old, can doubt that syphilis has undergone many and important changes in its external manifestations—now presenting itself in the most inveterate and intractable forms—then again within a single generation, and under the observations of men with as much brains in their head and as good eyes in their orbits as any modern syphilographer (to use the cant phrase) appearing in a milder and more manageable shape, so much as to induce more than once an almost universal hope in physicians throughout Europe that the malady might possibly wear itself out. When a malady then can alter its aspect, we cannot venture to dogmatically deny that it may manifest itself in forms which we never expected it could assume" (14).

In 1854, not in 1863, nor "resuscitated from oblivion," as Dr. Ogilvie states, the late Mr. Henry Lee first fully testified to Fergusson's theory of attenuation (15). He at the same time pointed out that "the modification of the action of the syphilitic poison in consequence of repeated inoculation, although it has of late years assumed a new name, is not, as we have seen, a new subject," and that Fergusson pointed out, "the disease had become so much mitigated in Portugal by reason of general diffusion that after running a mild course it exhausted itself, and ceased spontaneously" in the bulk of cases. "It must be remembered," says Mr. Lee, in referring to the non-mercurial successful method of treatment adopted by Mr. "Rose and many other Army surgeons, that the cases which they have to do with occur in those who are often in some measure syphilised . . . their systems have in some measure become accustomed to the influence of the poison, and the forms both of primary and secondary disease in them are most materially modified thereby . . . It is well-known that individuals exposing themselves to the same source of disease will often be very differently affected."

He clearly pointed out three types of sores:—(a) The primary indurated and limited ulcer, followed by chronic enlargement of the inguinal glands and constitutional manifestations. (b) The sore presenting the characters of acute ulceration, the glands in the groin becoming inflamed and suppurating with no constitutional symptoms; and (c) the sloughing sore, with neither inflamed inguinal glands or constitutional symptoms. With respect to the first two, says he, "Anyone carefully considering these differences for the first time might surely say, Why! these are two different diseases. They cannot depend upon the same morbid poison. And this view has actually been entertained by surgeons of very great eminence, and is regarded by some surgeons even of the present day as the only way of accounting for the difference observable in different cases of syphilitic infection. The difference, however, consists not in the kind of poison, but in the kind of morbid processes to which that poison gives rise in different instances. . . . One of the causes which determines an inoculated part at once to pass into suppuration appears to be the fact of the system being already under the influence of the syphilitic poison."

Not long before the lamented decease of Mr. Lee, I drew his attention to the apparent discrepancy between his earlier demonstration of the unity of the syphilitic virus, and his later dualistic theories. He gave me permission to make use of, or even alter, any of his writings, and I think it is of interest at the present time, when constitutional symptoms are reported as following suppurative primary disease, to remind observers there are two forms of primary suppurative venereal disease, one of syphilitic inoculation upon infection previously acquired, or inherited which may, or may not be followed by constitutional symptoms and the other having nothing to do with syphilis, and not usually followed by constitutional disease. Recently, however, even this form of sore has been credited with toxic consecutive manifestations, and the initial differentiation of primary lesions becomes even more complicated, in the absence of precise bacteriological demonstration, and history in patient or parents.

In 1862 Mr. Hutchinson adduced three cases of acquired venereal disease in patients the subjects of heredito-syphilis. "In none of these cases did the patients suffer from constitutional symptoms. In none is there any proof that the sores were of the indurated type, and in the first two it is certain they were not. As far as they go they favour the belief that hereditary syphilis, if severe, is protective against subsequent contagion, and that its subjects are not liable to contract the indurated form of chancre." (abstr.) Subsequently, in his work on Syphilis, he reports a case under similar circumstances which developed severe consecutive symptoms, and concludes that more well observed facts are requisite for determination. In 1863 Mr. Lee testified to the same immunity hereditarily acquired, which he had in 1854 alluded to as "natural immunity" in individuals or in nations (16).

In 1864 Drysdale's work, in support of the non-mercurial treatment, was the subject of review, debate, and correspondence (17), and in many places Fergusson's later publication of 1846 is mentioned. In face of Drysdale's quotations from both works, the authoritative opinions expressed in that year regarding mitigation of syphilis (per soil or virus) were, modification by previous infection, hereditary influence, by the length of time it has existed in a people, transmission from one patient to another, repressive and preventive regulations in the Services, climate, treatment, age, sex, coexistence of other diseases, temperament, hygiene, and moral influence, both of which latter value Fergusson himself was alive to, as evident in his chapter on "Fever as an Army Disease."

Among "the well-known facts of Fergusson," his notice of the "very severe" disease in Lisbon among the Portuguese is referred to. Professor Neumann's later opposition to the "malignancy (?) of syphilis in Portugal" is, probably, not "evidently a slip of the memory excusable in so bulky a work," as Dr. Ogilvie thinks, but founded on the statements of Fergusson, corroborated by Guthrie.

"One side of the case only is argued. And however this may be calculated to influence those who, with Dr. Drysdale, see only a part of the question, we cannot think that he has advanced any evidence upon which he can claim a verdict from those members of the profession who have studied the whole subject, or from those who have read the book of Nature as it lies open for their inspection. . . .

Now, in many parts of the world it has long been ascertained that these men (rank and file) get well of their venereal complaints without mercury, and the reason is probably the same in all countries. . . . He is one who has not improbably been subject to syphilis before joining the Army, or who is not unlikely to have inherited the disease from his parents. Such persons are very much in the same condition as the Portuguese to whom Dr. Fergusson so pointedly refers."

It should be noted, however, that the long-service system in those days permitted such observations and explanations. At the present day it is the youth who acquires syphilis probably for the first time, and though the same condition of hereditary influence may obtain, the difference between his acquired disease in India and at home must be noted, and aggravation accounted for.

In the recently published "Transactions" of the Third International Congress of Dermatology held in London, 1896, the theory of immunity hereditarily conferred, receives considerable support from Prof. Haslund, confirming Lesser and Kopp (as we have seen only qualified support from Prof. Neisser), and from Prof. Tarnowsky, of St. Petersburg, whose views form the subject of Prof. Neumann's paper in The Medical Press and Circular of January 4th last on the "Etiology of Syphilis Maligna." Tarnowsky states that "in syphilis which never enters the gummatous period, and which is even exclusively limited to the initial symptoms, abortive syphilis so to say," parental syphilis has "transmitted a lesser receptivity to the syphilitic diathesis." He refers to thirty observed cases, in the majority of which one of the parents had suffered.

(2) With regard to aggravation of syphilis among the British troops in Portugal Fergusson did not admit mercury was the only cause in either paper. He advanced the hot climate and intemperance and transplantation of virus from the mitigated disease of the native to the foreigner. Dr. Ogilvie mentions these, but he does not mention the "febrile affections" incidental to the climate, nor does he mention that Guthrie fully agrees with Fergusson in respect of the aggravating effect of "the change from the climate of Great Britain to that of Portugal in the summer with the different mode of life" which "does act most powerfully on our northern constitutions and disposes strongly to inflammatory affections."

In proof of the truth of Fergusson's views the similarity of the aggravated form of disease among British troops invalided home from India was originally adduced by myself.

(3) In Professor Neumann's paper above mentioned, malaria is stated among other co-existing diseases as an aggravating factor. It is also adduced and confirmed in the recent correspondence (18), and long previously was noted by Mr. Lee.

J. Marston (Royal Artillery) especially noted in 1863 the aggravation of syphilis in the Mediterranean, especially at Malta and Gibraltar, in the summer months (19).

It has also been authoritatively noted that syphilis does exist on the Continent in certain places, for instance, cold regions and seaport towns, in fifteenth century intensity. With regard to seaport towns in general, *e.g.*, Lisbon, so often quoted, hygienic defects—overcrowding, have been given as explanation, while another, confirming therefore Fergusson's earlier view, has been the importation or exportation of syphilis into or from different races at such places.

Another factor in aggravation, confirmed in the recent correspondence, is "youth." Also the absence of repressive and preventive or sanitary regulations, not only with regard to prevalence but virulence (20).

Epidemic intensity is another noteworthy explanation. The prevalence and virulence of syphilis in 1860 in the Services was noted over the type of disease in the preceding year, as well as over that twenty years previously, in the Pacific station. The authoritative opinions in favour of this and other factors as opposed to mercury expressed then are confirmatory of the independent views recently expressed, that the influence of mercury cannot be mainly responsible for the present aggravated form of disease among British troops invalided home from India.

No one, I suppose, at the present day doubts the mitigating effects of improved treatment in its broad application, but other factors converting mitigation into aggravation, or aggravation into mitigation, must receive due consideration in explanation of the various degrees of intensity met with in individuals, in the Services, and in a people. Nor should it be forgotten that in the past it is to the "meritorious labours of the Army Surgeons" that the most important advance in the therapeutic treatment of syphilis is mainly due, and that their "opportunities of investigation were" and are "better on several accounts than those of private practitioners, who generally soon lose sight of their patients, and never have them sufficiently under their control and observation to render a full perseverance in any method, a matter of certainty."

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# The Lettsomian Lecture

ON

# SOME OF THE CLINICAL ASPECTS OF GRANULAR KIDNEY. (*a*)

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Albuminuria in granular kidney is an inconstant symptom, but possesses special interest in its bearings on so-called physiological or functional albuminuria.

After eliminating the various recognised causes of

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(*a*) Abstract of lecture delivered at the Medical Society of London on Monday, February 20th 1899.

the presence of albumen in the urine there remains a group of cases in which albuminuria is present with apparently nothing whatever in the previous history or the actual condition of the patient to explain it. It would perhaps be better to describe this as latent, other than physiological, albuminuria, though it is often not so much latent as overlooked. On the whole, I prefer to speak of "albuminuria in the apparently healthy."

In respect of the frequency of this condition the figures given by the different authors vary in their wide limits, but one notes:—1. That the majority of observations upon which the statements are based have been made upon children and adolescents. 2. And those almost entirely of the male sex. 3. That the higher percentages have been obtained by including cases in which very minute traces of albumen were found by the most delicate tests. To commence we may group the cases into two periods, according as they occur before or after 25. We need only consider two forms—(1) serum albumen, which for our purpose, will also include serum globulin; and (2) nucleo-albumen, a mucin-like body which has been till lately confused with mucin. It is by reckoning nucleo-albumen in with serum-albumen that the high percentages of albuminuria have been obtained. There is no single test upon which reliance can be placed to distinguish absolutely between nucleo-albumen and serum-albumen, but the series of tests systematically used in order will suffice to make the distinction quite clearly in most cases.

Mr. Levison undertook some observations for me on 336 healthy persons, of whom 108 were young soldiers; the rest were hospital convalescents. A proteid reaction of some kind was obtained in 136, or 40·47 per cent., and of this serum-albumen occurred in 22·02 per cent., and nucleo-albumen in 18·05 per cent. The amount of albumen in all cases was extremely small, and probably in half the cases would have been overlooked in the ordinary methods of examination. The largest amount in these series was not more than would give a ring of one to two millimetres in thickness with nitric acid. Nucleo-albumen was found alone in nearly one-half of the cases, 18·44 per cent., and this was the same in both the groups, *i.e.*, before twenty-five as well as after twenty-five. No clinical difference could be detected between the cases with serum-albumen and those with nucleo-albumen.

Speaking generally, the significance of this form of albuminuria is entirely different before twenty-five and after twenty-five. What is required is a systematic series of observations in which the same carefully selected tests have been employed, and a sufficient number of cases of the one sex and of the other examined at the different age-periods, because we have not much information of albuminuria in infancy and early childhood.

Statistics show the extraordinary frequency of albuminuria between 10 and 18 years, usually small, but sometimes considerable. There is no proof that masturbation is a predisposing cause; indeed, what evidence there is, is against it.

It is upon cases of adolescents between 18 to 25 that most of the statements as to physiological albuminuria in adults are based, and most of the observations have been made upon young soldiers. The 108 young soldiers whom Levison examined ranged from 17 to 27 years of age, but of these only eight were above 25. A proteid reaction of some kind was found in 51 cases—47·25 per cent. This was due to serum-albumen in 30 cases—27·75 per cent; to nucleo-albumen in 21 cases—19·50 per cent. The effect of exercise is well shown. Thus, morning drill considerably increased the total frequency of albuminuria, but made no difference in the relative frequency of the two kinds of albumen

If we take young adults between 25 to 30, we find that at the Provident Clerks' Life Assurance Association, in the course of the five years 1893 to 1898, 25 cases out of 7,950 were found to have albumen in the urine. This was a percentage well under 1, actually of 0·55. At another office, for a period of ten years, the number of applicants below 30 years of age was, roughly speaking, about 750, and out of these seven only were deferred or rejected on the ground of albuminuria. This gives a percentage of nearly 1. These facts are sufficient to show that at this age-period albuminuria is very unfrequent, and probably stands at its lowest point in life.

After 30, Levison's figures yield an average percentage of 40, and the difference in results is evidently due to the different tests employed. It would greatly simplify matters if we could agree upon a standard test, and the best in my opinion would be Helleos. An amount of albumen, which cannot be shown by Helleos test may, *qua* albumen, be diagnosed clinically.

In considering the significance of albuminuria it will be well to retain the division into two groups, before and after twenty-five, as we have hitherto done.

Albuminuria is common during the period of growth and immaturity, and becomes less frequent when development is approaching completion. Assuming that during the period of growth all the tissues of the body are in a condition of instability and immaturity, it is easy to suppose that very slight causes might disturb their balance, and thus, in the case of the kidneys, albumen might appear in the urine, as the result of causes which would have no effect upon the fully developed or adult organism, or organ.

Now, as regards the boys in whom albuminuria is found, they appear to fall into at least two groups. In one the child appears to be robust and healthy, has a rigid artery, and a high tension; these are the cases which Clement Dukes has recorded as met with so frequently in schoolboys. In the other the children are not robust and healthy, but feeble and pale, and in them the tension is low and the artery not thickened. These two groups probably indicate not only different conditions but different prognosis. In no case is the albuminuria, strictly speaking, physiological; it is always pathological, though not necessarily renal. What we require to know is the course which these cases run in after life. Granting that many, perhaps the majority, ultimately recover, there remains another group to which the patients continue to pass albumen for many years and yet remain in good health, and a third in which signs of renal disease ultimately develop. Making all allowance for exceptional cases such as these, the significance of albuminuria in early life must for the present *still* remain doubtful.

Before 25 many cases may be curable; after 25 the chances of renal disease increase rapidly. Conclusions drawn from cases under 25 cannot be applied without consideration to cases over 25.

If we follow out the history of these cases we find, for example, that in Washbourn's series, out of 1,070 cases 38 had albuminuria, that is to say 3·55 per cent. Of these 38 cases 18 were traced. Thus, out of 18 cases 6 had renal disease for certain and 5 more probably, giving a percentage of not less than 33 and possibly of 60. Washbourn calculated that the mortality-rate among these cases for the age was 17·54 per cent., that is to say was nearly double the normal average.

Munn found that out of 25 cases 1 died within the year following the examination, and 4 more died during the subsequent 3 years, while in all the rest the health had obviously deteriorated. In another series of 6,400 adults examined between the years 1877 and 1893, 454 cases of albuminuria were found. Of 137 cases among these in which the urine was examined microscopically casts were found in 31, *i.e.*, in about 23 per cent. Thus in round numbers albumen occurred in about 7 per cent. of all apparently healthy adults, the probability of finding casts in the urine associated with albumen was about 1 in 4. For the first 8 years or so nearly all the cases were traced and the record is remarkably complete; after this many apparently were lost sight of. During those 8 years the total mortality in cases under 40, was 17 per cent., and in cases above 40 30 per cent, a very considerable death-rate for presumably healthy lives. Evidently therefore the albuminuria largely increased the risk

In this class, taking 8 years also, the mortality was higher—viz., 20 per cent. and 50 per cent. respectively.

The following table has been calculated out for me by an actuary friend, to show approximately, as far as the figures permit, the difference in mortality compared with healthy males, and to make the results more obvious they have been taken for difference of two years in age :—

| Ages attained. (a) | Rate of following year. | | Ages attained. | Rate of following year. | |
|---|---|---|---|---|---|
| 30 | — | — | 50½ | 3 70 | 1 97 |
| 32 | 1 56 | 1·06 | 52½ | 2·64 | 2·20 |
| 34 | 3 27 | 1·11 | 54½ | 3·74 | 2·43 |
| 36 | 3·33 | 1·16 | 26½ | 7·13 | 2·69 |

Without laying any stress upon the actual figures these calculations show how largely the presence of albuminuria raises the mortality as well in those below forty as in those above. We must conclude therefore that for the ages at which Life Insurances are generally effected, *i.e.*, from twenty-five years upwards, the presence of even a trace of albumen in the urine is of considerable significance.

Rabagliati concludes :—

(1) Over 40 reject; (2) under 40 load heavily; (3) in young adults rate up moderately. With the first recommendation I entirely concur. The second is necessary, but the loading might be prohibitive and tantamount to rejection for any age over 30. In respect of the third between 25 and 30 there would have to be a fairly heavy loading, but between 18 and 25 many cases could be safely accepted without any great risk. Each case of this kind, however, must be considered on its merits

The general conclusions to which these consideration lead are these; that the so-called physiological albuminuria is always pathological even if not always renal when the amount of albumen is more than the merest trace, and probably pathological even in these cases when there is but a trace and no good cause obvious.

If renal derivatives are found as well as albumen it must be almost necessarily due to renal disease, and this is in all probability also the case even if no renal derivatives are found in patients in whom the arteries are thickened and the pulse-tension high.

### ALBUMINURIC RETINITIS.

In its early stage and typical form albuminuric retinitis is characteristic and pathognomonic.

The question arises whether albuminuric retinitis occurs in any other form of chronic renal disease than granular kidney. In acute parenchymatous nephritis and amyloid diseases it is never seen, but it is stated to occur occasionally in chronic parenchymatous nephritis. The changes are usually found in both eyes and are remarkably symmetrical in position.

### HÆMORRHAGES.

These generally occur at a later period. There is nothing characteristic about them, for similar hæmorrhages may be seen in grave anæmia and in optic neuritis of other origin. When exudations occur the appearances present a close resemblance to other forms of optic neuritis, thus the vessels may be covered with effusion and the discs be swollen, the edges indistinct and frayed out; yet even in the most extreme cases there is generally something in the appearance of the fundus to suggest the cause of the trouble.

Early as the white patches are, they are preceded and result from still earlier changes in the vessels. The lesions in the vessels have been carefully studied by Brailey and Edmunds, and are briefly described by them as obliterative arteritis leading to inflammatory degeneration of the structures supplied. These changes, Gunn states, begin to be seen usually, between the ages of 40 and 50, but they are not due to old age, *i.e.*, to atheroma, for this does not produce them, but they may occur much earlier in life than this. These changes are really the early changes of granular kidney.

The vascular changes of granular kidney are of great importance in relation to various hæmorrhagic affections of the eye, *e.g.*, hæmorrhagic retinitis and hæmorrhagic glaucoma. Hæmorrhage occasionally occurs behind the eyeball in the orbital chamber, Spontaneous hæmorrhage under the conjunctiva, just as occurs in aged people as the result of atheroma, is not at all uncommon.

Detached retina is an interesting, but not altogether rare phenomenon in granular kidney. It is in most cases due to an effusion of serum beneath the retina, and not, as might be expected, of blood. Hæmorrhagic detachment of the retina indeed is a rare affection. The early lesions of albuminuric retinitis produce no defect of vision, and even in the later stages it is very remarkable how extreme the eye changes may be without a complaint being made of impairment of sight. Routine examination with the ophthalmoscope will often discover albuminuric retinitis when it is not expected, and will make a diagnosis clear which may till then have been obscure.

When the vision once begins to fail it fails rapidly.

Amblyopia is often said to be a common symptom of uræmia. Of toxic retinal amblyopia we know little or nothing, for most of the cases are associated with definite lesions in the retina visible with the ophthalmoscope. Amblyopia of central origin—*i.e.*, non-retinal, is often associated with other symptoms, *e.g*, hemiplegia. In such cases the amblyopia is also due to lesions of an organic kind. It is not rare when a patient dies of uræmia to find the symptoms which appeared to be merely toxic or functional explained by an organic lesion in the brain, viz., small hæmorrhages. In cases of amblyopia in which the defect of sight persists after the uræmic attack is past we must presume there has been an organic lesion. In cases of toxic amblyopia recovery ought to take place in the course of a few hours or less, though instances are recorded in which recovery has been sudden and complete even after four days.

Some clue as to place of origin of the amblyopia may be given by the condition of the pupil. It would be an interesting question to ascertain in what proportion of grandular kidney cases albuminuric retinitis occurs, but that is impossible, for we have not yet the figures upon which a conclusion could be based. I should say that in most cases of granular kidney, if they live long enough, albuminuric retinitis does ultimately develop, but a large number of patients with granular kidney die from other causes, *e.g.* from hæmorrhage in the brain, and so do not reach the state in which albuminuric retinitis develops.

Albuminuric retinitis is said sometimes to recover. On this point, I think, some caution must be exercised. Hæmorrhage of course may be absorbed and disappear, whether due to granular kidney or not, but I have never seen the glistening white patches of granular kidney disappear, though instances are recorded by good observers. It is of course possible where eye changes occur in the course of chronic parenchymatous nephritis that if the primary disease gets well the eye changes also may disappear, but this is not so in granular kidney.

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(a) Starting with average of those given and assuming uniform increase for eight years.

The significance of albuminuric retinitis is always grave, not only in respect of sight but also of life. The duration of albuminuric retinitis, or of life after its appearance, it is not possible to determine accurately. Speaking generally, the duration of life after albuminuric retinitis has been discovered is short.

Where the patients are in a condition to take the best care of themselves life may be prolonged for some time, but such cases as these are quite exceptional, and speaking generally when albuminuric retinitis is found the patients have not many months to live.

# Clinical Records.

## CASE OF CHRONIC INTESTINAL OBSTRUCTION, RESULTING FROM STRICTURE. (a)

### *Operative Removal of Cæcum and Portion of Ileum.*

By John Lentaigne, B A, T.C.D., F.R.C S.I,

Surgeon to the Mater Misericordiæ Hospital, and to the Children's Hospital.

The patient, a girl, æt. 12, came under my care on April 16th, 1898. She was then in a very miserable condition, vomiting frequently and rejecting almost all food, and complaining of constantly recurring attacks of severe pain in the abdomen; the abdomen was greatly distended, and the attacks of pain were usually accompanied by visible peristaltic movements of the intestines, which formed large tumours under the parietes moving slowly in various directions. These attacks would last for one or two minutes after which the patient would be free from pain. The bowels were very constipated, no motion ever coming except after the administration of purgatives followed by enemata. The illness had commenced two years before, and from then the girl had been steadily getting worse up to the date of the first operation.

On April 22nd I opened the abdomen in the median line. Huge coils of intestine, which proved to be the ileum enormously distended and with greatly thickened wall, came out at once. On passing the hand along this enlarged intestine it was found to end in a large mass firmly bound down by adhesions in the right iliac fossa. Owing to the adhesions it was impossible to bring this mass into view, and as the patient was almost moribund before the operation, I decided to give temporary relief by forming an intestinal fistula in two stages, after first emptying the distended bowel by enterotomy. On incising the gut two large basinsful of pea-soup like fæces flowed out, and the intestinal cavity was irrigated and washed out with a stream of warm water; the opening was then closed by silk sutures, and the gut was returned to the abdominal cavity. When emptied and flattened out the intestine seemed to be about four inches across from lower margin to mesentery. My left hand was introduced into the cavity and directed well over to left side; it was then cut down upon and the bowel securely fastened to the opening by a few sutures passing through the parietal peritoneum, muscle and skin. The incision in the median line was closed with three layers of sutures, the two deeper of silk for peritoneum and muscle, and the superficial of catgut for the skin, covered by a layer of celloidin. The small opening on the left side of the abdomen was kept open by a plug of iodoform gauze, and on the third day after operation the fistula was made complete by an incision into the bowel. There was an immediate improvement in the patient's condition. The bowels emptied themselves continuously through the fistula, and the vomiting and attacks of pain ceased almost at once. On June 27th, as the patient had got into a good condition, and was naturally anxious to be relieved of the annoyance of the fistulous opening, excision of the cæcum was performed, with end to end suture of intestine by Kocher's method. The bowels acted naturally four times on June 29th, and almost every day after. There was considerable delay in the healing of this wound, as infection of the silk used in suturing the parieties seemed to have occurred, the silk slowly coming away through a small sinus at the upper end of the wound, and it was not completely healed until October, 1898. The intestinal fistula closed of itself as soon as the bowels acted normally, and on July 12th it had practically closed, neither fæces nor flatus coming through it. It was now represented by a firm, clean scar, no trace of the opening existing. The patient was shown to be in excellent health and condition, the bowels acting regularly every day.

# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

Meeting held Friday, February 24th, 1899.

The President, Mr. Langton, in the Chair.

### Exhibition of Cases.

Dr. **Parkes Weber** showed a case of recent muscular atrophy supervening long after infantile paralysis. The patient was a boy, æt. 17, who suffered from severe infantile palsy at the age of two. About four or five months ago he noticed loss of power in the right hand and wasting in the right thenar muscles. The original disease in infancy affected both right limbs, the right side of the face, and probably also the left lower limb. As a result the whole right lower extremity is wasted and almost completely useless. It was possible that the paralysis of the right arm and right half of the face, from which the patient recovered, were due to a temporary affection of the cerebral cortex (polioencephalitis of Strümpell) occurring simultaneously with the acute anterior poliomyelitis.

Dr. **Cahill** showed a woman, æt. 27, with hypertrophy of the right breast due to pressure of a paralysed and contracted right arm. At the age of nine she had right hemiplegia after diphtheria, and the right arm became spastic and contracted, being firmly flexed and adducted so that the hand pressed on the thorax just above the mamma, and this breast had always been larger than the other. That this was due to the pressure was confirmed by the fact that diminution had taken place since the arm had been kept extended at night by a splint.

The **President** thought that the breast was not so much hypertrophied as displaced downwards by the arm.

Dr. **Caley** showed a woman, æt. about 40, suffering from pulmonary fibrosis associated with tabes dorsalis and arthropathy. The patient first came to St. Mary's Hospital in October, 1896, with characteristic symptoms of tabes. As there was some cyanosis of her lips he examined her chest and found signs of pulmonary fibrosis, most marked on the right side, a cavity at the right posterior apex and bronchiectasis at the right base. She had no cough or other pulmonary symptoms. There was a history of her having attended a hospital for chest trouble at the age of thirteen, and Dr. Caley thought that the chest trouble dated from then. In 1897 she developed painless effusion in both knees of the type described by Charcot in tabes. Dr. Caley regarded the association of the pulmonary and nervous diseases as purely accidental.

Mr. **Bertram Hunt** showed a boy, æt. 6, suffering from rheumatoid arthritis, with enlargement of the spleen and lymphatic glands. While in hospital suffering from tonsillitis and broncho-pneumonia, the knees and elbows became painful and then swelled. The effusion was not great, and skiagrams showed that the bones were normal. There had been irregular pyrexia, the temperature sometimes reaching 104° F, progressive anæmia, enlargement of the lymphatic glands in the axilla and groins, and considerable enlargement of the spleen. Bacteriological examination of the synovial fluid gave negative results. Mr. Hunt thought that the joint disease had been secondary to tonsillitis.

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(a) Patient shown at the meeting of the Royal Academy of Medicine, January 20th, 1899. See page 220.

Dr. **Washbourn** and Mr. **Arbuthnot Lane** showed a woman from whom Mr. Lane removed a tumour growing from the pia mater over the arm area two years ago. The case was recorded in the Clin Soc. "Trans.," Vol. XXX., p. 154. Permanent paralysis of the right arm had followed the operation, but she was otherwise in good health, and there had been no recurrence of the fits from which she previously suffered.

Dr. **Mowat Biggs** showed a young man suffering from factitious urticaria. The patient was a healthy athlete, who had never suffered from urticaria from any of the usual causes, but remarkable urticarial wheals could be induced anywhere on his skin by drawing lines on it with any blunt instrument A white wheal rose on a scarlet back ground, forming an elevation of quite an eighth of an inch. This reached its maximum in five minutes, and faded in the course of an hour. There was not the least itching or discomfort. Pressure alone brought them about. Some cases had been described in which similar wheals were produced by local cold such as that by ether spray, several of them having also paroxysmal hæmoglobinuria, but these were not present in this case.

### MYOSITIS OSSIFICANS PROGRESSIVA.

Dr. **Raymond Crawfurd** (with Mr. **Lockwood**, of Sheffield) showed a well marked example of this condition in a boy, æt. 6½. There were no traceable evidences of rheumatism in the family, though the child himself had disease of the mitral valve, which presumably was rheumatic. Injury, as in so many cases, appeared to have been the direct exciting cause at 2½ years old. The bony growths for the most part seemed to have originated from the spinous processes of the vertebræ, and to have spread into the retro-vertebral muscles, more particularly the latissimus dorsi and trapezius; the child's back was traversed in several directions by elevated ridges of bone. The fixed curvature of the spine and the rigidity of the cervical muscles gave the child a very characteristic attitude. The upper arms were glued to the sides by ossification of the humeral attachments of the latissimus dorsi on either side. Skiagrams were handed round to show the actual condition of the thumbs and great toes. The shortness of the thumbs was chiefly due to shortness of the metacarpal bones, and their rigidity to synostosis of the first and second phalanges. In the great toes the metacarpal bone was completely united by bone to the first phalanx, and the effort of nature to compensate this condition had resulted in a throwing outward of the ungual phalanx beneath the second toes.

Dr. **Leonard Guthrie** showed a case of myopathy in a child of 4. The disease appeared to have been congenital. The child had never been able to walk or stand. He could sit up, but easily fell backwards and was unable to rise. All the muscles were extremely weak, but in the arms he could perform most movements, although feebly. In the legs there was almost complete loss of power. There was diminution of both faradic and galvanic irritability, but no definite reaction of degeneration.

Dr. **Guthrie** also showed a boy of 6 with infantile paralysis affecting both arms, and also the intercostal muscles, so that the breathing was purely diaphragmatic. The legs were unaffected.

Dr. **St. Clair Thomson** showed a man, æt. 36, complaining of dysphagia, and found to be affected with unilateral paralysis of the eighth and bulbar nerves. He had complained of giddiness and deafness for three years, and a year ago he became hoarse and had difficulty in swallowing. On examination his left vocal cord was found to be paralysed. There was no œsophageal obstruction. Six months ago his palate became paralysed on the left side, and taste is lost on the back of the tongue on that side. The pulse has been rapid throughout. There was no specific history, but considerable improvement followed a course of mercury and iodide of potassium.

Sir **Hugh Beevor** showed a case of chronic rheumatic arthritis in a man, æt. 60. It was almost confined to the metacarpo-phalangeal joints in either hand. The fingers were flexed to the ulnar side. This was attributed to the use of his hands in working the large "sweeps" of a barge.

Dr. **Harry Campbell** showed a case of asthenic bulbar paralysis in a woman, æt. 29, which he believed to be the fourth reported in this country. The paralysis was incomplete, but became much aggravated if the muscles were used. Symptoms showed themselves fifteen months ago when she noticed that she had difficulty of utterance if she sang for a short time. At the present time all the muscles ordinarily concerned in bulbar paralysis were affected by this curious weakness and also the anterior part of the occipito-frontalis, and occasionally there had been loss of power in the arms when they had been raised for a time. The symptoms were always better in the morning after a night's rest. No lesion had been found in the brain in any of the recorded cases. There was no sensory change and the electrical reactions were normal.

Dr. **Ormerod** said that he had seen an exactly similar condition affecting the upper muscles of the thigh in a man.

Mr. **A. H. Tubby** showed a man, æt. 65, suffering from multiple sarcomatous tumours of the skin. The primary tumour was in the upper part of the right side of the scrotum, and was noticed six months before. A second tumour appeared on the left side, and then one under the jaw. Now there were hundreds, some of them of considerable size, all over the surface of the body. The liver was enlarged, and there was some jaundice.

The **President** referred to a similar case, and commented on the small disturbance of the general health which they presented.

Mr. **Tubby** also showed a child with anterior congenital dislocation of the hip. He remarked that this form was more common than usually described, being present in one third of the cases. It was uncertain whether they were intra-uterine dislocations or birth dislocations. In this case he had tried to replace the bone, but had failed, as there was no definite acetabulum.

## BRITISH GYNÆCOLOGICAL SOCIETY.

Meeting held Thursday, February 9th, 1899.

The President, Dr. **Macnaughton Jones**, in the Chair.

### Specimens.

Dr. **Bantock** exhibited two specimens of fibroid tumour, weighing respectively 6½ lbs. and 8 lbs. The first was obtained from a married lady, æt. 49, sterile. The case had been under his observation for four years. When first seen, the tumour was about the size of a small fœtal head, on the left side of the uterus, with a good cervix slightly to right of middle line. There were no symptoms demanding interference, and the tumour had been known for eight years. Two years later there were still no symptoms, but about the beginning of 1898 it began to grow, and the menses became more abundant, and irregularly protracted to as much as two to three weeks. The tumour had increased very much, and while it had descended into the left side of the pelvis the cervix had risen until the os could only be reached by the tip of the finger. After securing the ovaries on each side, the broad ligaments were divided and an elastic ligature put round the tumour as low as possible. The peritoneum was then divided all round, and as the tumour was shelled out and raised out of the pelvis, the ligature slipped below the tumour and the slack was taken up. The posterior *cul de sac* was now opened, the uterine arteries were secured and the whole of the uterus removed. After turning the ligatures into the vagina the peritoneum was closed over, and the abdominal wound closed in two stages. There was very little blood lost, towards which the elastic ligature helped materially. In spite of the great amount of fat in the parietes, and a very troublesome cough the wound healed well, except just at the umbilicus where it was difficult to keep the edges of the skin together

No. 2 This was a rapidly-growing pedunculated fibroid springing from the fundus of the uterus by a pedicle from three and a half to four inches in circumference removed from a single lady, æt. 49. There was an enormous plexus of veins in the left side. Having failed to secure the pedicle by ligatures after forcible compression, he was obliged to use the serrenœud after removal of the appendages. The patient was doing well.

Dr. **Herbert Snow.**

Case I. *Vaginal Hysterectomy for Epithelioma of Cervix.*—A single woman, æt. 28. Five months previously fell over edge of bath with legs separated. Hæmorrhage three weeks afterwards, followed by the usual symptoms. "Scraping" in a provincial hospital a month before admission. A soft, flattened, pulpy, broad mushroom-like mass of cervix; bled profusely when touched; marked anæmia,

At the operation most of this had to be torn off with fingers before any hold for the volsella could be gained. This on November 25th last. Entirely cicatrised on December 19th. Remains well up to date. By the microscope, epithelioma

Case II. *Abdominal Hysterectomy for Myoma.*—Tumour noticed three months in a rather spare married woman, æt. 37. Growing rapidly and causing frequent and scanty micturition.

At the operation a departure was made from usua methods, by dissecting off a thin layer of the uterine tissue, as well as peritoneum The advantages claimed for this are smaller risk of wounding ureters. Also preferable when many pelvic adhesions. The plan has the disadvantage of greater liability to hæmorrhage from the uterine veins. This readily controlled, however, by dragging well on the tumour with the volsella. Martin's catgut used for the lower ligatures. Abdominal wall sutured in two layers, catgut and silk. The process of recovery shown by temperature chart.

Case III. *Small Myoma removed from Portio-vaginalis, Posterior Lip, of Woman, æt.* 47.—Formed a most pedunculated mass, causing much lumbar pain, and profuse vaginal discharge; so simulating malignancy. Only myoma detected. The operation in November, 1897. Now exhibited as showing the fresh appearance of the tissues, as preserved by the formaline process, after the lapse of time.

### REMARKS ON DRS. BANTOCK AND SNOW'S SPECIMENS.

Mr. F. **Bowreman Jessett** said he was pleased to find that Dr. Bantock was becoming a convert to the subperitoneal method of dealing with these myomatous growths. He could not quite understand why he used the elastic ligature, as, even in the very largest cases of myoma, he had never seen any hæmorrhage which could not be controlled by pressure process. Moreover, in his opinion, the very presence of the elastic ligature must interfere materially with the later steps of the operation, whether for complete removal of the uterus or the subperitoneal method of dealing with the stump. Mr. Jessett always found it easy to ligature the uterine artery after the broad ligament had been secured and divided. Mr. Jessett regretted that Dr. Bantock had in his second case resorted to the serrenœud, as on examining the specimen he could not see that there would be any difficulty in ligaturing the uterine arteries and treating the stump subperitoneally.

Referring to Dr. Snow's case, Mr. Jessett had always been able to peel off the peritoneum from the growth and uterus in the front very easily; posteriorly occasionally there was greater difficulty. He could not agree with Dr. Snow that securing some of the uterine tissue was good practice, and he feared the patient would be much more liable to sepsis from the possible sloughing of the tissues. Moreover there must be much more bleeding from the cut surface than would arise from peeling off the peritoneum.

Dr. F. **Edge** agreed with the views and remarks of Mr. Jessett. His experience, although short, had proved to him the inadvisability of leaving the cervix or any uterine tissue, as was the case with the extra-peritoneal clamp operation, and as Dr. Snow had advised in his case since it was at present not in their power to decide with certainty whether the growth was malignant or benign. He had had two cases of malignant growth, whether recurrent or arising *de novo* was not known, in portions of uterus left within twelve months.

Dr. **Walter** (Manchester) referred to some of the inconveniences and dangers of using the clamp; since he had discarded it he found the mortality of abdominal hysterectomy was greatly reduced. He did not see any necessity for including muscular tissue in the flaps as advocated by Dr. Snow, unless in those cases where the myoma was intra-ligamentous, and in direct contact with the ureter.

The **President** asked Dr. Snow if he understood him to say that the operation he referred to was myo-hysterectomy, If so, he demurred altogether to the leaving of any muscular tissue to cover the stump, and he could see no possible object with regard to the ureters. Often as Howard Kelly's operation had been performed, it was still on its trial as a perfect method as compared with complete removal of the uterus, or pan-hysterectomy. The leaving of the cervical stump was a most important consideration. It involved the possibility of infection from the cervical canal and sloughing of the stump, as well as return or recurrence of disease in the latter. If myo-hysterectomy be performed, he preferred to leave as little muscular tissue as possible, covering the stump carefully with peritoneum alone, and hollowing out as far as possible the subjacent tissue of the cervix. He quite agreed with all that had been said of the now discarded elastic ligature, and believed that Dr. Bantock would before long, with his usual operative skill, bring as large tumours for exhibition removed by the subperitoneal method without ligature.

Dr. **Bantock**, in his reply, expressed his astonishment that he could have been so misunderstood as he had been by Mr. Jessett, Mr. Edge, and Dr. Walter. The greater part of their criticism was absolutely irrelevant to his remarks. With regard to Mr. Jessett's objection to the elastic ligature he had to say that in the first case it was of the greatest service to him and would always prove to be so when properly used. As to that barbarous instrument—the serrenœud—which was objected to, on the ground—among others—that it caused so much pain, his answer was the words of his patient that very morning - viz . that she had no idea that the operation could be attended with so little pain. He could not accept the opinion that the sub-peritoneal or intra-peritoneal method was likely to yield the best results as experience had proved the contrary, and it lay between the clamp or elastic ligature with the stump fixed in the parietal wound and total hysterectomy, both of which were extra-peritoneal methods.

Dr. **Snow**, in reply, had omitted to mention a third advantage, which had originally suggested the procedure: he had seen the peritoneum torn so that the flaps could hardly be brought together. This could not happen when muscle was included. He could not possibly see how Mr. Jessett could fear subsequent sepsis, if sufficient precaution were taken to asepticise the cervical canal; nor what objection there was to leaving behind a small portion of uterine tissue, as stated by Mr. Edge. Pan hysterectomy should, he thought, be reserved for malignant cases, on account of the much greater risks. The case had done so well, that he should certainly be disposed to repeat the method.

### COMPLETE REMOVAL OF FŒTUS AND SAC IN A CASE OF ADVANCED EXTRA-UTERINE PREGNANCY.

Mr. **Mayo Robson**, of Leeds, gave an account of an interesting case of advanced extra-uterine pregnancy, in which he had successfully removed the fœtus and sac complete. It is published in full on page 209.

In the discussion that followed:—

The **President** said that the two important points dealt with in Mr. Mayo Robson's paper were those of the propriety or feasibility of the removal of the sac, and the management of the placenta. With regard to the opinion quoted by Mr. Mayo Robson out of his—the President's—work, the view there expressed was not his own, but that of Mr. Bland Sutton, whom he was happy to see present. On both points, as regards placenta and sac, in these advanced stages of the pregnancy, authorities were divided, and such a case as Mr. Mayo Robson's was valuable, as showing the advantage of removal of the sac.

Mr. T Bland Sutton asked Mr. Mayo Robson how many cases of advanced extra-uterine pregnancy he had seen. [Mr. Mayo Robson: About three.] He thought that three were too small a number to generalise upon. There were two quite distinct kinds of sac to be considered; firstly, the sac formed in part out of the broad ligament when the pregnancy was intra-ligamentous; secondly, that formed by the fœtal membranes when the tube had ruptured in such a fashion that the fœtus passed into the general peritoneal cavity. The latter kind of sac could be removed as a rule, but these cases were very rare; he had seen only one out of sixteen cases of advanced extra-uterine gestation. The fœtus might pass out of this sac also; not very long ago he had operated on such a case. Dr. Giles, who assisted him, could corroborate his statement. The fœtus was lying quite free among the mother's viscera, and clutched at its mother's omentum during extraction. But when a sac was formed by broad ligament and the child was alive the removal of sac and placenta was one of the most formidable operations in surgery.

Dr Bantock expressed his concurrence with Mr. Bland Sutton's views. The first case he saw was at St. Thomas's Hospital, in which it appeared that the fœtus escaped with its amniotic sac into the general peritoneal cavity, and then went on to full time, being alive at the time of operation. The placenta covered in the pelvis on the left side, attached to the left side of uterus, broad ligament and intestines, and any attempt to remove it must have proved disastrous, as an accidental disturbance of a very small portion of its edge caused very troublesome bleeding. He had seen only one case of rupture into the broad ligament, and the case showed that the proper treatment was opening the sac, emptying it of its contents, stitching it to the parietes, and draining. He had described one case before the Society, in which he removed the whole sac, containing a large child, as easily as if it had been an ovarian tumour with a broad pedicle. He had brought forward this case to support his view that when the pregnancy occurred in the uterine end of the tube rupture usually took place about or within the thirteenth week, that when it occupied the outer end of the tube it escaped through the mouth of the tube, but that when the middle portion was the seat of the pregnancy it might go on to full time without rupture.

Dr. Walter pointed out the great difference there was in operating on advanced cases of ectopic pregnancy after the fœtus was dead. To remove the sac under those circumstances was not attended by the same danger as when the fœtus was still living.

Dr. F. Edge said he had had the pleasure of hearing Mr. Taylor deliver the Ingleby Lectures, which marked a step in our knowledge of the subject. In tubo-abdominal cases it was pointed out that the sac and placenta were almost entirely tubal, and that the blood-vessels were ovarian and uterine, and if these supplies were controlled the case was in the surgeon's command.

Dr. Arthur Giles thought the discussion would be of permanent value, and it would impress on all present the distinction, hinted at by Mr. Mayo Robson, and unfolded with singular clearness by Mr. Bland Sutton, between the different kinds of sac met with in ectopic pregnancy at term, namely, the fœtal sac in the rare cases of abdominal pregnancy, and the sac formed by expanded broad ligament occurring in intra-ligamentous pregnancy. He had a vivid recollection of the case mentioned by Mr. Sutton. He had himself operated in a case of intra-ligamentous pregnancy at the fifth month, and had removed the entire sac. In that case the fœtus had evidently been dead about a fortnight; but even with this favourable circumstance, the removal of the sac was not an easy matter, and left a bare space, which could not be covered by peritoneum, on the side and floor of the pelvis. He would ask Mr. Sutton whether such cases, when the fœtus was dead, formed a general exception to his rule that no attempt should be made to remove the sac in cases of intra-ligamentous pregnancy.

The President asked Mr. Bland Sutton what, in his experience, was the relative frequency with which intra-ligamentary ectopic gestation occurred as compared with the other forms, tubal, ovarian, or interstitial. He believed that true intra ligamentary gestation was very rare. He took it that Mr. Bland Sutton referred in his remarks to such intra-ligamentary gestation, and of the sixteen cases he had seen did he mean that twelve (?) of these had begun as intra-ligamentary, and was he perfectly satisfied of this fact when he operated? The President cordially thanked Mr. Mayo Robson for his paper, and conveyed to him the indebtedness of the Society for the discussion it had given rise to.

## ROYAL ACADEMY OF MEDICINE IN IRELAND.

### Section of Surgery.

Meeting held January 20th, 1899.

The President, Mr. R. L. Swan, in the Chair.

### ON DISLOCATIONS AND FRACTURES OF THE ASTRAGALUS.

Mr. H. Gray Croly read a paper on astragalus dislocations and fractures, and gave a history of several very important cases which occurred in his hospital and private practice One case of fracture of the body of the astragalus was caused by a horse falling on the man's foot, which was caught in the stirrup. Amputation was proposed, but refused by the patient, who subsequently sought admission into the City of Dublin Hospital. Mr. Croly excised the bone, and the man was enabled to resume his work as a groom. In the case of compound luxation of the astragalus forwards and outwards, the bone was completely displaced from all its attachments; the head and neck of the bone protruded. Mr. Croly excised the astragalus immediately. The accident was caused by the man jumping from a trap to save himself, the backband having broken; the man landed on his heel; the foot was forcibly inverted; the internal malleolus was completely buried. The patient made an excellent recovery, and can walk as well as ever. The third case was one of complete simple luxation of the astragalus forwards and outwards. The gentleman, who is in his 69th year, was walking along the street, and slipped off the kerbstone into the gutter, violently twisting his foot inwards, from which he suffered intense pain. This patient was treated for eleven days before Mr. Croly was sent for. On examination, as shown by the cast, the right foot was forcibly inverted, the head and body of the astragalus resting on the dorsum of the foot externally; the skin over the head of the astragalus was red and shining; the internal malleolus was completely buried, a deep groove taking its place; there were two sloughs on the outer side of the foot (ashy grey) and a large deep slough on the inner side of the foot; *there was no movement at* the ankle. The patient's health was much impaired, and Mr. Croly decided to put off operating until the health had improved and the sloughs separated. On March 5th, and about two months after the injury, as the patient's health was much improved, Mr. Croly, assisted by his son, Mr. Henry Croly, excised the astragalus by making an incision over the protruded bone; the superior articulating surface was directed outwards and had completely left its box. The bone was seized in a lion forceps; it had contracted adhesions and required some dissection for its removal. Immediately on the enucleation of the bone the muscles drew the foot into its normal position, and a suitable splint, with footboard, was applied. The patient made an excellent but somewhat slow recovery, and he now can walk without the aid of a stick; ¼ extra thickness on the heel and sole of his boot makes up for the slight shortening; he has a movable ankle but perfectly firm.

Professor E. H. Bennett expressed the thanks of the Academy to Mr. Croly for his most practical and complete communication on the subject.

Mr. Lentaigne exhibited a cast of fracture of the astragalus, This particular injury was exceedingly rare. It was a fracture of anterior portion of astragalus, with displacement forwards and outwards of the fractured head of the bone, and was caused by jumping off a car.

After an interval operation was allowed. The loose head of the astragalus was found to be completely detached from all structures except by a few threads of fibrous tissue. The head of the astragalus was reduced and the wound closed. The case was still in hospital, and would be exhibited, he hoped, later on.

Mr. W. I. **Wheeler** mentioned a case of dislocation of astragalus backwards, the result of a blow by a cricket ball on the front of foot when in a flexed position. Efforts to reduce the dislocation were unsuccessful; although it was never reduced the patient to this day has a most useful foot. The question of waiting until a slough occurs, or removing the bone, or touching it at all, was very important. It depended on the circumstances. He had seen cases of slight partial displacement which were left alone and the patients had very useful limbs afterwards. If the astragalus were displaced so much as to act as a foreign body he would advise immediate removal.

The **President** had seen one case of dislocation which was remarkable inasmuch as it bore out what Mr. Croly had said—the apparent facility with which the astragalus could be dislocated by accident. He had made several endeavours to imitate that force on the dead subject, because he had often had occasion to remove the astragulus for aggravated equino-varus in the adult. It is a very successful operation. In this operation he always had to remove the astragalus piecemeal. He had never succeeded in getting the hammer and anvil described by Dr. Hadden. The result obtained by Mr. Croly seemed to show that the foot was almost as good without the astragalus as with it.

Mr. **Croly**, in reply, expressed as his strong opinion that immediate removal of the bone with careful dressing of the wound was the proper treatment.

### CASE OF CHRONIC INTESTINAL OBSTRUCTION.

Mr. **John Lentaigne** exhibited a patient from whom he had removed the cæcum and a small portion of the ileum for chronic intestinal obstruction, resulting from stricture at the junction of the ileum and cæcum.

This case will be found fully reported in another column under the heading of "Clinical Records."

## Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, February 25th, 1899.

### The Mechanical Treatment of Œdema of the Skin.

**Prof. Fuerbringer** has an article on this subject in the *D. Med. Wochensch.*, 1/99. The treatment mainly consists in subcutaneous drainage by means of soft rubber tubes. The trocar, 5 to 6 mm. is passed through as nearly as possible parallel to the skin surface, and brought out again, so that the space is tunnelled. India rubber tubing about two mm. in length, but not too loosely fitting into the metal trocar is then passed through. In the middle of the tube three holes are punched a few centimetres apart. The tubing is passed until the holes in it are in the punctured canal, when the trocar is withdrawn. The ends of the tube are now placed in a vessel containing fluid. A lightly placed antiseptic bandage keeps it in position. The tubing is soon so firmly gripped by its vital surroundings that scarcely any fluid escapes from the wound opening. Even when in susceptible people the puncture is painful, the pain soon passes off. Two such tubes may, if necessary, be placed near each other, in order to further facilitate the escape of fluid, but more than these are not required. If the patient requires to leave the bed, for a time, the ends of the tube can be clamped. When the time comes to remove the tubing, this can easily be done by cutting it through close to the wound Upon the whole the plan appears to be in some respects an advance on drainage by Southey's tubes.

At the Medical Society Hr. Benda showed preparations from a case of

### Syphilis of the Liver.

The patient had been a woman, æt. 54, who had died in the 2nd internal klinik in the Urban Hospital. She had also had nephritis, ascites, and general œdema. Section showed nephritis on an amyloid base. There was also general syphilis which had led to great changes in the liver. Numerous cicatrices gave an appearance of nessar lobatum thickly strewn with gummatous nodules. There were in addition broken down gummatous nodules on the skull, and several cicatrices on the bones; deep cicatrices at the base of the tongue, no general smooth atrophy, but retraction of the frinulum glottidis; a cicatrix on the external genitals, possibly the remains of the primary sore and smaller cicatrices from a previous papulous syphilide.

Hr. Hausemann showed the skeletons from two cases of

### Rachitic Microcephaly.

The patients were sisters, who were admitted into hospital on September 22nd, 1897. Both had necrotic sores on the external genitals resembling noma. They died of sepsis after a short stay in the hospital, the younger, eighteen months old, on September 23rd, the elder, two-and-a-half years old, on September 27th. The father showed some possible remnants of rickets. The mother was quite healthy. One child, aged five, has a head like the father, but no rickets, and a later born child was quite healthy. The intellectual development of the children that died was said to be normal, but the speech of the elder one was imperfect. There were abnormalities in the kidneys of both children. The changes in the skeleton were so evident that the children were looked upon as microcephalic, both before and after death. The development of the skull was backward, and showed a resemblance to the birdlike aspect of the Aztec's type. Proportion of the head to the remaining parts as in the dwarf skeleton. The brain very backward in development. The signs of rachitis were very general in both skeletons. The disturbances in the brain corresponded to those of microcephaly; the cerebellum was not covered by the cerebrum, so the sulci and gyri were not sufficiently developed, as, for instance, the frontal gyrus This was present, but not separated from the second sulcus. The temporal lobes were the best developed. The præcuneus and cuneus very defective. He could not determine any connection between the microcephaly and synostosis of the cranial vault. The development of the microcephaly must begin in an earlier embryonic stage, before that of rickets comes into the question. Fœtal rickets, according to recent investigations, were not properly rickets. Hyperæmia and slight thickening of the bones were not rickets. Cystowicz had examined 100 fœtuses and newly-born children, and had never found rickets; neither had the speaker, and even if fœtal rickets could be assumed, it could not reach a high development during fœtal life, and as the brain developed during that early period there could be no connection between the two. It should rather be assumed that with congenital microcephaly rachitis had developed that had led to the synostosis.

He then showed the skull of a 9-year old child with a premature synostosis that had led to idiocy; but in spite of this there was no microcephaly, there was no limitation of the development of the gyri by compression.

At the meeting of the Society for Psychiatry, Prof. Westphal gave a note on

### An as yet Undescribed Pupil Phenomenon.

He showed in a number of patients from the Charité partly with rigid pupils, partly with slowly acting pupils, the following phenomena:—If the eyelids are strongly closed and then opened the bulb rotates upwards and outwards, more rarely downwards and inwards. At the same moment narrowing of the pupil is distinctly seen. The process is best seen when the rigid pupil is widely dilated, when the pupil is already contracted it cannot be seen. In health he had only seen the phenomenon in once instance. The speaker described the phenomenon as a co-ordinate movement from the region of the facial upon that of the oculomotor. In a patient with traumatic neurosis the bulbi on closure of the eyes rotated to the side of the wound.

Hr. König asked if the narrowing of the pupil during sleep was produced in the same way?

Hr. Westphal said that in sleep the eyelids were very lightly closed, but here the contraction was only seen when they were energetically closed.

Hr. Jolly said it was a surprising phenomenon that could easily be verified.

At the Society of Innere Medizin, Hr. M. W. Wassermann spoke on

### Immunity against Pneumococci.

He said there were many questions still undecided, such as how the anti-bodies get into the blood, and whether at certain times there were more anti-bodies in certain organs than in the blood. He had endeavoured to solve these questions by animal experiment. As a result of his researches he concluded that a special irritation was set up in the medulla of bones by pneumococcus infection, and that there the anti-bodies were specially to be met with. After the fifth day they passed into the blood, where they remained in the serum a long time. The medulla of bones was, therefore, to be looked upon as the place of formation of the anti-bodies in pneumonia. These experimental results he was able to verify in the case of a man who died on the fifth or sixth day of the disease; the anti-bodies were found in the medulla of the ribs. Parallel with the passage of the anti-bodies into the blood a leucocytosis developed, but he could not determine experimentally if the leucocytes, the place of development of which was also the medulla of bones, transported the anti-bodies out of the marrow into the blood, and by their destruction set them free in it.

## Austria.

[From our own Correspondent.]

Vienna, February 25th, 1899.

### Chronic Lead Poisoning.

**Hlava** records a case of some interest from Eiselt's clinic, a few specimens from which were exhibited at the last medical meeting. The patient was a house painter, æt. 38, suffering from "chronic lead intoxication," according to the clinical records, whose symptoms were described as severe painful attacks of colic as in nephrolithiasis; albumen and granular cylinders in urine; hypertrophy of the left ventricle, &c.

The post-mortem revealed large coagula in the abdomen. Behind and below the right lobe of the liver the serous covering of the organ was torn, and from it protruded a nodulated tumour. On cutting into the parenchyma of the liver a large number of hæmorrhagic centres were discovered, while the peripheral surface was white or anæmic; this condition was most marekd in the right lobe, the external surface having a compressed or crushed appearance. The kidneys appeared quite healthy. In the right ureter not far from the pelvis was found a longitudinal hæmatoma. The mucous membrane of the ureters was thickened, and at various spots raised. The left ventricle was concentrically hypertrophied. The large vessels and vena porta were carefully examined for the cause of this bursting of the smaller vessels, but nothing could be found. On closer examination of the parenchyma of the liver white fibrous bands were discovered around the smaller vessels of the organ itself, causing the vessels of the interior to bulge and become varicose. In one place this aneurysmal condition was beautifully demonstrated by a section. The disease was therefore a multiple aneurysm of the arteria hepatica which explains the serous rupture and clots found in the abdomen.

Eppinger, in tracing this morbid condition to its source, attributed it to mycotic emboli; while Kussmaul and Mayer are inclined to believe in a periarteritis nodosa extending over the entire arterial system; yet strange to say, after careful examination, the aneurysmal condition could not be found in any other vessels of the body outside the liver, though the walls were much thickened.

Alava was inclined to believe in "lues" localised to the vascular system as the remote primary cause of the morbid transformation.

This opinion is sustained by the microscopic appearances as endarteritis obliterans, in the centre of which are to be met with small miliary tubercles resembling the centre of a gumma.

### Acoine.

Acoine is a substitute for cocain, and it is said to be safer, and to give rise to more lasting effects than the latter as an anæsthetic. By the makers it is known as "alkyloxyphenylguanidine." A dose of 0·5 gramme can be borne without any apparent inconvenience, but larger doses are found to produce an escharotic effect on the stomach and bowel, resulting in death.

When applied to the eye of a dog, anæsthesia may be observed for a few days after its application, there being at the same time considerable irritation of the cornea and conjunctiva.

Experiments have been made with another congener, "Acoin C" (or "Diparaanissyl-mono-paraphenetyeguanidin-chlorhydrat") in different grades of dilution which will produce anæsthesia from two minutes' duration to many days. From these results it is found that

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | in a | 1,000 | will | last | 15 | minutes |
| 1 | „ | 400 | „ | „ | 30 | „ |
| 1 | „ | 200 | „ | „ | 60 | „ |
| 1 | „ | 100 | „ | „ | 40 to 80 | „ |
| 1 | „ | 40 | „ | „ | over a day | |

The latter solution irritated the eye, but did not injure it in any way. The other solutions were quite free from irritation, while the eye was perfectly anæsthetic for the operator.

In the form of subcutaneous injections, it was used in the following form:—

℞ Acoin, 0·1;
Sodi, Chloratis. 0·8;
Aq. Distill, 100·0.

This solution was used without any bad effects being observed, while the anæsthesia would last for forty or fifty minutes, after which sensation returned gradually from the periphery to the centre of injection.

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# The Operating Theatres.

## WEST LONDON HOSPITAL.

**Two Cases of Appendicitis.**—Mr. **Bidwell** operated on a boy, æt. 18, who had been admitted with symptoms of acute appendicitis. Seven days before admission he had an attack of pain in the right iliac fossa, which was accompanied by diarrhœa and some abdominal distension. The diarrhœa continued, and a hard swelling formed at the seat of pain. The temperature was 102, and the tongue dry and coated. As pus was evidently present it was decided to operate at once. An incision was made along the outer edge of the right rectus muscle, the sheath was opened, and the outer fibres of the muscle separated with the handle of the scalpel; the posterior layer of the rectus sheath was then divided, and the peritoneum opened; a few recent and very slight adhesions were found between the abdominal wall and the cæcum. On passing the finger on the outer side of the cæcum a quantity of very offensive pus welled up; this was washed away with a 1 in 2,000 perchloride solution, and the appendix searched for; it was easily found, and brought up into the wound; it was removed after a ligature had been applied close to the cæcum. The appendix showed a large perforating ulcer in one wall, and inside was a concretion about the size of an almond. A largest size rubber drainage-tube was passed to the bottom of the sac and a gauze drain by its side. Another strand of gauze was placed inside the drainage tube to act as a wick, and the rest of the abdominal incision was closed.

The second case was that of a girl, æt 16, who had been seized with a pain in the right iliac fossa six days before admission. The symptoms had been similar to those in the former case, with the exception that she had suffered from retention of urine for the last four days, which had necessitated the employment of a catheter. In this case an incision was made with its centre two fingers breadth's internal to the anterior superior spine of the ilium on the right side. After dividing the aponeurosis of the external oblique, the fibres of the internal oblique were separated without division; the transversalis muscle being then cut through; adhesions were found between the abdominal wall and a structure which resembled the cæcum, they were, therefore separated towards the outer side with the finger, and the posterior part of the swelling explored, but without finding pus; a needle was then inserted in the centre of the swelling and pus escaped; a free opening was therefore made evacuating about two ounces of offensive pus and two small concretions about the size of grape stones. The cavity was thoroughly flushed with 1 in 2,000 perchloride lotion. The appendix was found at the back of the sac, and was removed after ligature of its base and of its mesentery. It contained a concretion the size of a cherry stone, and its wall had perforated by ulceration. A large tube was placed down to the bottom of the sac, a gauze wick inserted and the rest of the wound closed with silkworm gut sutures. Mr. Bidwell remarked that both of these cases were unusual by the fact of their having been accompanied by diarrhœa instead of constipation; the presence of retention of urine, too, in the second case was also unusual, and might be explained by reflex irritation of the right ureter from its proximity to the inflamed appendix. With regard to the incision employed in the first case he said the object of separating the fibres of the rectus instead of going through the linea semilunaris was to avoid the chance of subsequent hernia, and this was the incision he had always practised in these cases, and although answering admirably either in cases of large abscesses or in cases of removal of the appendix between the attacks of inflammation it does not appear, he considered, to be suitable to a small collection of pus such as was present in this case because direct drainage is not afforded. The incision practised in the second case answers this requirement. He said there was considerable difficulty in distinguishing the sac of the abscess from the cæcum in the second case, because the size and appearance of the abscess sac was precisely similar to the viscus when distended. He thought it wiser to explore the posterior surface of the swelling than to risk opening what might have been intestine; the diagnosis by inserting an ordinary surgical needle could have done no damage even to the gut, and at once demonstrated the pus. He said he strongly recommended the removal of the appendix in these cases unless it should be so placed that its removal might risk disturbing the adhesions shutting off the general peritoneal cavity. Leaving a perforated appendix, he thought, caused the period of convalescence to be much delayed as a sinus persisted for months, and, moreover, had in some cases been followed by second perityphlitic abscess.

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### Vital Statistics.

The deaths registered last week in thirty-three great towns of England and Wales corresponded to an annual rate of 19·5 per 1,000 of their aggregate population, which is estimated at 11,404,408 persons in the middle of this year.

Birkenhead 25, Birmingham 17, Blackburn 16, Bolton 17, Bradford 17, Brighton 16, Bristol 17, Burnley 16, Cardiff 14, Croydon 15, Derby 20, Dublin 27, Edinburgh 26, Glasgow 32, Gateshead 21, Halifax 20, Huddersfield 12, Hull 14, Leeds 18, Leicester 10, Liverpool 27, London 19, Manchester 23, Newcastle-on-Tyne 21, Norwich 15, Nottingham 17, Oldham 20, Plymouth 20, Portsmouth 14, Preston 28, Salford 27, Sheffield 20, Sunderland 23, Swansea 19, West Ham 16, Wolverhampton 20. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 1·3 in Manchester; from whooping-cough, 1·4 in Sunderland, 1·6 in Halifax, and 2·3 in Birkenhead; from "fever," 1·0 in Gateshead; and from diarrhœa, 1·0 in Gateshead. In none of the large towns did the death-rate from scarlet fever reach 1·0 per 1,000. The 92 deaths from diphtheria included 40 in London, 8 in Sheffield, 5 in West Ham, 5 in Swansea, 4 in Birmingham, 4 in Liverpool, 3 in Birkenhead, and 3 in Leeds No death from small-pox was registered in any part of the United Kingdom.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 1, 1899.

## THE ANTI-TUBERCULOSIS CRUSADE.

We have already expressed the opinion that the movement which has recently been started for the education of the public and the promotion of legislation for the extinction of tuberculosis, may, if energetically worked, prove to be the central epoch in the history of preventive medicine. The scourge of consumption among Caucasian races transcends that of even small-pox in its prevalence and its fatal results, and presents greater difficulties in finding and applying remedies. Nevertheless, there is every encouragement to press forward the movement with enthusiasm and energy because the means suggested are quite within reach if the public can be once thoroughly aroused to the necessity for self protection and persuaded that strict, but not unreasonable, precaution will afford that protection. The first step will be to clear away the ingrained belief that consumption is necessarily hereditary and almost necessarily incurable, and the second step, to establish the belief that it is a purely contagious disease, and that those who are not exposed to the contagium need not and will not suffer from it. The third step, to make it well understood that, if taken in the early stage, consumption is by no meany incurable under proper management. The next duty of the crusaders will be to persuade the authorities, by persistent agitation, of the urgent necessity for segregation of tuberculous subjects in workhouses, asylums, hospitals and orphanages, on board the Queen's ships, and in other places where people congregate under official discipline, and also to promote, by persistent clamour, legislation for this object. Next comes the peremptory interdiction of the sale of the milk or the meat of tuberculous cattle, and it may be assumed that any attempt to do this will be met by strenuous opposition by dairymen, farmers, and meat dealers, and that considerable expense must be incurred for supervision of these trades, and for bacteriological examinations, reports, and prosecutions. However, the ground has been already prepared for this sort of legislation by the existing safeguards against cattle disease and milk adulteration, and we trust that the extension of the existing system would not be found very difficult.

The crux of the whole problem is the means to be taken to isolate the free population who may be suffering from the disease, and for this purpose the establishment of Consumption Homes on a lavish scale, and the enactment of a variety of coercive regulations have been already advocated.

To every movement for the protection of the community, obstructions are inevitable. There are, first, the Christian Scientists, Peculiar People, Anti-Vivisectionists, Anti-Vaccinationists, and suchlike, who yearn for advertisement, and usually for the more material benefits which accrue therefrom. Next, there is the enormous multitude who know or care nothing about anything save the earning and outlay of a daily maintenance pittance, and every one of whom will need education, persuasion and strong pressure before they submit to precautionary measures. Then there are the intelligent working classes who may resist because their breadwinning is endangered by restrictive measures—by the boycotting of their little shops, or their possible discharge from work by reason of supposed delicacy. These are really the only persons to be pitied in this connection, and to whom it is essential to make the burthen of sanitation as light as possible. We may hope that, as regards the prophylaxis of consumption all these obstructions can be got over by patient persistance in persuasion. It is necessary, however, to count among the hindrances to reform, another class whose firm repression is essential at the beginning of every sanitary crusade—*i.e.*, the Ultra-Sanitarians. We do not wish to cloud the initial difficulties of this movement by entering into details of these propositions. Perhaps the time may come when the nation is willing to pay the enormous tax required for sufficiently accommodative Consumption Homes, and to face the interference with personal liberty which has been suggested. Certain it is that years must elapse before the public mind is prepared for such a change, and for those who desire, as we do to stimulate immediate action, "the least said the sooner mended" on these subjects. But it is necessary to speak now because in this particular instance a number of these gentlemen are already on the war path, frightening off the public from consumption prophylaxis. *More suo* they want, as soon as possible, a corps of Inspectors to watch every individual who coughs, to interview him, collect his sputum, and submit it to microscopic examination. Then they want a law to expatriate such individual, if found infected, to a Consumption Home (provided by Heaven knows whom at Heaven knows what cost); and a further law to compel each one to carry a spit-cup in his pocket and expectorate into it at every public place—at church, in the theatre, or in the omnibus. Lastly, they insist in the immediate provision of Homes at the public expense, forgetful of the fact that there are at least 380,000 persons in the United Kingdom now suffering from tuberculosis, and that each one of these, on the ultra-sanitarian plan, must cost someone at least £20 per annum for maintenance, irrespective of the vast original outlay for the sites and buildings for these homes. If the taxpayer were required to pay the whole maintenance charge, it would cost £7,600,000 a year, with a proportionately larger sum if it were found necessary to retain the patient for a longer period than one year. We entreat our ultra-sanitarian friends to "moderate their transports" for a few years, and not subject this great movement to their freezing douche, even, as one of our correspondents suggests, that they may "advocate the ideal in order to arrive at the practical."

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## FACTS AND FALLACIES ABOUT INSANITY.

THE course of Monday free lectures at Glasgow University this winter is being taken advantage of and is much appreciated. The University is, as all universities ought to be, modernising so as to bring within the limits of its use not only students within its walls, but the intelligent populace outside. One of the latest free lectures has been that of Dr. Yellowlees, of Gartnavel, on "Facts and Fallacies about Insanity." We are not surprised that this lecture was attended by a great number of people, nor that it was received with rapt attention, for as a popular lecturer Dr. Yellowlees is sure to inspire and interest his hearers. With some of his ideas regarded from a critical, and from a strictly scientific point of view, we cannot agree, but with the general principle of his teaching, and the great purpose involved, viz., the education of the general public on the principles which underlie mental health and the conditions which involve mental disease, we have nothing but good to say. It is quite true that, as Dr. Yelowlees observed, the subject of mental disease is now regarded with an interest and intelligence very different from the superstition and prejudice entertained by the public twenty or thirty years ago, but to go further back and to study the subject as it was regarded in Biblical times the solution of all insanities was at once referred to the unseen and the infinite, afflicted ones were regarded as possessed by a demon or spirit. Even in Palestine to-day a friend of the lecturer informed him that he had seen a lunatic covered with bruises and wounds. When remonstrated with, his keeper said "It is not the man we are punishing, it is the demon, it is that evil spirit that dwells in him." The conviction that insanity is not a disease is a fearful fallacy. We can endorse this statement. The more insanity is recognised as a disease by all intelligent, right-thinking men and women, by those who exercise ordinary common sense the more will the prejudice against its early treatment break down, and the sooner may we expect to see a serious attempt made to grapple with it in its early stages. On this is based our real foundation of the hope we entertain that by-and-bye the preventive treatment of insanity will take a hold of the public mind as a serious and immediate question of practical politics. The next fallacy Dr. Yellowlees pointed out was the fallacy that insanity was a disease of the mind, of the immaterial part of the man, and through this the natural conclusion arose that he was no longer a human being but was on a level with the brutes, and so he was treated accordingly. That this natural conclusion does arise from symptoms in some mental cases is true, but it does not follow as a necessary corollary that these should be deemed brutes. The next point to which attention was drawn in this lecture was that the disorder of the mind was really due to the disorder of the body. As a general statement this will pass, but undoubtedly these are cases of so-called mental disease which some would call mental idiosyncrasy, and which as age advances develops and becomes more pronounced, individualistic and erratic. In such it may be simply impossible to demonstrate any disease of the body associated with it whatever, and up till now impossible even to demonstrate any microscopic brain condition to account for it. Certain statements made by Dr. Yellowlees to his audience might be disputed by medical men, but we are by no means desirous to be critical, having regard to the fact that in lecturing to a popular audience too fine a point would preclude their conception of the real *crux* of the question, at the same time, we should not like it to go undisputed that, if the blood which the brain receives is thin and poor, melancholy ensues. This, for example, as in Dr. Yellowlees' illustration of brain starvation caused by the over-nursing of women, is not borne out by the actual clinical experience of mental disease. Melancholy is certainly prevalent in these cases, but it is not a necessary sequel to brain starvation, or thin and poor blood. It is a curious fact that the same individual, twice or thrice insane, will exhibit the mental symptoms of opposite poles in two different attacks, melancholia in the one case, mania in the other. A different physical condition may not be discovered to account for the contrast, for all our knowledge of the explanation of different mental states as regards blood supply and the cerebral structure is still in the midst of futurity. With what Dr. Yellowlees has to say of sleep as a most blessed thing for brain health, we cordially agree, and it is very likely, taking his statements not exactly in a literal sense that the man who lays his head on the pillow by 11 o'clock at night does the best brain work. Undoubtedly, late hours, irregular habits, excitement, irregular, deficient sleep, accounts for much of our indifferent brain work, and, in susceptible cases accounts for much of our mental disease, it may not be in the present generation, but in generations to come.

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## IS IT DESIRABLE TO BOIL MILK?

An esteemed correspondent, commenting upon the campaign in favour of boiling all milk before consuming it, ventures to call in question "the enormous benefits conferred on the community by the invariable sterilisation of milk before use," and he openly scoffs at "the appalling results which accompany or follow the drinking of that most pernicious and wicked of fluids, raw milk," a statement which he believes has unnecessarily created a widespread feeling of insecurity among members of the public. We must disclaim any sympathy with his views, but it is always well to hear the other side. Alluding to the fact that deaths from abdominal tuberculosis in children are becoming more numerous, he points out that the total mortality among children is decreasing. Scarlet fever, typhoid, and a host of infectious diseases are often ascribed to infection through milk. But the mortality from these diseases is less than formerly. Raw milk from tuberculous cows is said to induce tuberculosis in those partaking of it. Can it do this he asks, unless there is a predisposition to tuberculous disease? Sterilised or boiled milk, he admits, is free from this danger, but, he asks, can it nourish the child as well as the raw milk? He goes on to assert that the impoverishment of the body-soil, induced by complete abstention from milk in a raw state, and by the administration of only the more indigestible and considerably less nutritious boiled article, increases the possible danger of subsequent infection with tubercle in other organs; that it lowers all the bodily powers and faculties out of proportion to the original reason for its boiling. Let those responsible for the supply, he suggests, go to the fountain-head of the evil, test the cows and reject the tuberculous. But, he urges, even if the milk be tainted, in the long run as much harm as good is brought about by feeding children who are beyond the bottle or breast stage principally upon boiled milk. It not only conduces to the survival of the unfittest, but tends to cause serious deterioration in the persons of the fit. He declares that there is a very marked difference in looks between children given milk only after boiling, and those who are allowed to consume it raw. The first are anæmic, white-faced, and, although perhaps of good size, flabby; the second rosy-cheeked, full-blooded, and full of animal spirits. Nature, he asserts, never intended children to consume her ideal food solely in a cooked state. Its proteids are altered in character, its phosphates are rendered less available for absorption, while modifications of smell and taste indicate the occurrence of other intimate chemical changes. Nature, no doubt, did not surmise that milk would prove an ideal medicine for the growth of tubercle bacilli; but she provided mankind with defences in the stomach, bowel, and blood, quite adequate in healthy children for a successful resistance against the assaults of the ubiquitous, obstinate, but fragile, bacillus, the *causa causans* of tuberculous inflammation and degeneration. If the milk is to be boiled, so must the cream be sterilised; and so should butter be only partaken of soon after melting it at or near its boiling point. Hot buttered toast is generally regarded as heavy and indigestible, but, he asks, may not hot buttered toast, sterilised milk, boiled cream, and hot "Welsh rabbit" represent the most innocuous forms in which to consume milk and its products for infants, youths, and adults of our very delicate population? He concludes his criticism by calling attention to the fact (?) that all products made from milk are rendered more indigestible by heat.

If the sole object and aim of medical humanity were to aid and abet the survival of the fittest no doubt one means at our disposal would be to abrogate all sanitary and prophylactic precautions, and to leave the human race to fight it out with the microbes on the principle that the weaker must go to the wall. Rightly or wrongly public opinion favours an exactly opposite course, and the aim of those who practise medicine is to thwart pathogenic influences by every means in their power, regardless of the ultimate effect of this system of "bolstering up the unfit" on the race at large. Unless we are to reverse the humanitarian levers we must continue to advocate the exclusive use of boiled milk and boiled or carefully filtered water. We may, in conclusion, express a doubt, based on extensive experience, as to the alleged indigestibility of boiled milk. Are roast beef and plum pudding rendered less digestible by the process of cooking? Moreover, laboratory experiments do not show any such difference in the action of ferments on boiled and raw milk respectively as our correspondent's statement would lead us to believe, and we are at a loss to know on what ground, chemical, physiological, or clinical, such statements are founded.

## Notes on Current Topics.

### The Possibility of Rejuvenescence.

The maintenance or the recovery of youth has, ever since the dawn of history, been the aim and object of countless generations of thinkers and hopers, probably as a pendant to the philosopher's stone which if discovered would make persistent youth worth having. It would have been more to the point perhaps if these dreamers had included the maintenance of health among the things wished because no one we imagine would wish to prolong indefinitely an existence associated with the pangs of chronic dyspepsia or the depression begotten of confirmed melancholia. With the advance of scientific knowledge, it is true, human hopes have taken a somewhat different direction, time has discredited the mysterious jumblings of the old alchemists, and experience has discredited the efficacy of baths of blood, and the at-one-time common belief that sleeping with the young had a beneficial effect on the senile, witness the treatment of King David in his old age, and, much more recently, of Catherine II. of Russia

Even nowadays there is a general, and probably not altogether unfounded, belief that it is injurious for the young to sleep with persons much older than themselves, though this thesis, even if proved, would not, of course, prove the converse. However this may be, there still lurks in the recesses of the human mind a secret aspiration for perpetual youth of which no better evidence is necessary than is afforded by the popularity which for a brief period hallows every new suggestion holding out the promise in however small a degree, of "repairing the irreparable." Mephistopheles having dishonoured the drafts on his bank of youth men now look to science for a solution of the eternal problem, resolutely refusing to admit that science also is bankrupt. Science has done, and is still doing, so much to render life agreeable that one is loth to believe it cannot prolong the life thus rendered the more desirable. The last craze of the kind was one of which the recollection will, let us hope, sooner or later sink into oblivion with the mortal remains of its author, the late Brown-Séquard, who mistook his senile dreams for realities and his aspirations for accomplished facts. His arguments were preposterous, and his methods revolting, but his object was one that secured for him and his measures an outburst of popularity which caused the wise to blush, and over which the frivolous made merry. Such popularity is of its nature ephemeral and the Tarpeian rock is not far from the Capitol. Undeterred by experience others will from time to time hold out mirage-promises to the eager crowd ever willing to acclaim without too closely scrutinising their credentials those who are clever enough to promise compliance with their wishes. Some are fools and some are knaves, but all dealers in rejuvenescence fall into one or other category.

### The Law as to Quack Concoctions in France.

An important principle, which may have far-reaching effects, was recently established in the law courts in France. A firm of opticians were the proprietors of a glass containing baryta from which they manufactured spectacle lenses. The latter were described as "isometropic," and were extensively advertised as possessing excellent qualities. Dr. Javal, however, of the Sorbonne, having had his attention directed to the claims of the advertisers, commissioned two of his assistants to institute a careful examination of the special glass and of the lenses made from it, with the result that they reported that the difference between baryta glass and ordinary glass was insignificant, that they were not in favour of the former, and that isometropic "lenses" did not offer any advantages to purchasers. Dr. Javal accordingly brought this report under the notice of the French Academy of Medicine, whereupon the firm sued him for £800 damages. But the Court found for Dr. Javal, maintaining that a scientific man might rightly examine and criticise upon public grounds any manufactured article for which special merits were claimed. This undeniably is a most important principle to have established, and its legality might with advantage be put to the test in this country. If a board of analytical and medical experts were to be formed for the purpose of analysing, testing, and reporting upon the many quack concoctions thrust under the noses of the British public which are guaranteed to cure all the ills to which human flesh is heir, a marvellous work might be accomplished. The public, as it has been proved, are unable to protect themselves in this matter; and the Government have repeatedly refused to act, but individual enterprise has now and then been of service, and it is to be hoped that such enterprise will prove its value again. A well-known instance of this was the Harness case, the proprietor of the notorious so-called electropathic belt, had a very short innings as soon as an inquiry into his business was made public.

### "The Latest Sham Diploma."

Under this heading we recently discussed the assumption of the title of "Doctor of Refraction" by a Yorkshire chemist, which was granted to him by the Philadelphia Optical College. In commenting upon our remarks our contemporary, the New York *Medical News*, says: "Really we had thought that our neighbours of Philadelphia were more careful of the ethical economy of their medical educational household than this. We supposed the days of Buchanan were gone for ever. Least of all would we have expected a diploma-selling institution to spring up in the ophthalmological line since our lusty young contemporary of Philadelphia had shown frequent signs of caring especially for abuses in this line of the healing art. This is a matter which deserves looking into. Philadelphia's fair name in medical education has become of late years once more a treasure to her and her professional progeny. Let it not be smirched again by the diploma traffic." Presumably by "lusty young contemporary" is implied the *Philadelphia Medical Journal*, which recently caused some astonishment among its contemporaries in the States by declining to continue exchanging with them.

### A New Form of Writers' Cramp.

Although it is not given to a very large proportion of medical practitioners to see, still less to study a case of writers' cramp it is generally conceded to be a very disabling affection. According to Dr. C. D. Musgrove, however, this is not the only professional disability to which this long-suffering individual is prone. This gentleman, indeed, describes a form of angina pectoris or heart cramp observed in a patient who, having to get through some urgent correspondence in a comparatively short time, suddenly experienced the characteristic precordial oppression, followed by violent palpitation, obliging him to abandon his occupation for the time being. The symptoms subsided in the course of a few minutes, but recurred on his recommencing work. The symptoms appear to have been due in part at any rate to the position of the body while at work under conditions which entailed great nervous strain. It is obvious that the attitude of forward inclination which the ordinary use of the pen entails is unfavourable to the proper play of the thoracic apparatus, respiration in a person writing under pressure becoming shallow and the movements of the diaphragm being interfered with by the abdominal compression. The best way to avoid the occurrence of such attacks is to modify the physical conditions under which they are known to arise. The patient, for instance, should be advised to write slowly and never to hurry, using a high table in preference to a desk, or, if sitting, to be careful to cross the legs. These precautions are specially indicated in the subjects of cardiac disease, and in elderly persons presenting signs of arterio-sclerosis.

### The Proposed London School for Tropical Diseases.

ALTHOUGH the Seamen's Hospital Society have accepted the suggestion of their committee to found a school for tropical diseases at the Albert Docks, it does not follow that the scheme, if carried out, will meet with the support of the profession. There can be no condoning of the gratuitous insult shown the staff of the 'Dreadnought' at the time that the scheme was formulated. Moreover, Mr. Chamberlain has shown a lamentable want of judgment in not having attempted to arrive at a compromise in the matter. It is obvious that the success of such an undertaking must largely depend upon all the support that the profession can give it—a vital fact which its lay promoters seem to have entirely overlooked. Hence, if Mr. Chamberlain had assumed a diplomatic attitude and had shown that he was prepared to reopen the question of the organisation of the scheme, all might have terminated favourably. But now he has obviously proved himself to be a partisan, with the result that he has probably alienated a great deal of support for the proposed school which otherwise would have been freely bestowed.

### A Curious Charge of Malpraxis.

REALLY some patients are very difficult to please. Last week at Bristol a dissatisfied person claimed damages from a dentist and from the practitioner who administered the anæsthetic on the ground that they had removed more teeth than he had authorised, and had left him bleeding and still unconscious with a mouth full of holes. The defendants had an easy task in disproving the allegations of negligence and improper conduct in a professional respect and the jury promptly gave a verdict in their favour. This, however, is sorry compensation for all the worry and trouble of defending an action-at-law and the flimsy nature of the allegations can only exasperate the feeling of resentment. We have heard ovariotomists accused of removing spare ovaries, though it is difficult to fathom the reasons that would theoretically induce them so to do. Decayed teeth are about as useful after extraction as damaged ovaries, so that it would not be easy to suggest a plausible motive for a dentist allowing his zeal to outrun his discretion. The public had better take note that when they place themselves in the hands of a surgeon or a dentist the limits of the operation are left to the operator to fix, in the absence of an express stipulation to the contrary. On the other hand, few surgeons of repute would consent to operate with their hands tied, feeling as they must that if they do not possess the patient's confidence, they had better hold aloof.

### The Medical Profession in Germany.

THERE seems to be no lack of medical men in the Fatherland. In Berlin and its suburbs, 2,233 practitioners administer to the needs of the community, or one medical man to every 751 of the population. In contrasting this record with the state of affairs in earlier times, it has been pointed out that there were 191 practitioners in Berlin in 1825, or one to every 1,153 inhabitants, in 1849, 515, or one to 823. Moreover between 1875 and 1885, statistics show that while the Berlin population increased at the rate of 37 per cent., the medical practitioners increased at the rate of 43 per cent. The total number of medical men in Germany amounts to 25,957 at the present time, and of these 15,951 are located in Prussia. The curious fact also is stated that the number of medical men in Berlin alone exceeds the total number of practitioners throughout the kingdom of Bavaria. Still, despite these statistics, it is probably the case that in many parts of Germany medical men are few and far between, owing to the scattered population offering them but little opportunity of making a living.

### The Prince of Wales's Hospital Fund.

THE Prince of Wales presided last week at the second annual meeting of the committee of this fund, when the statement of accounts for the past year was presented. The total receipts for the year ending December 31st last, amounted to £39,270, while the expenditure was £34,960, of which the hospitals received £32,500. The expenses, therefore, of carrying out the work were £2,460, or "only seven per cent. of the total expenditure," as the report states. But this item of expenditure compares very badly with the announcement that in the first year the cost of collecting the fund only reached two and a half per cent. A sum of nearly £2,500 seems a large amount to spend in order to collect £39,270, taking into consideration the favourable auspices of the Royal patronage of the Fund. After the accounts, however, had been passed, His Royal Highness said, in reply, "My duties are very easy and light ones." It may seem most ungracious to pass any criticism upon this statement, but, at the same time, with all loyal respect, we venture to assert that the Prince of Wales's Hospital Fund would be much more likely to become a success if it were felt that His Royal Highness did take an active part in its management. Whatever reasons may have existed for doubting that this was the fact have now been set at rest by the Prince's own statement. Everyone knows how deeply anxious the Prince is to render all the assistance in his power to the London hospitals, but it must be conceded that his fund has not won the confidence and unanimous approval of the hospital authorities. Until, therefore, this is the case we fear that the fund can never be a success. Rather the policy seems to be of those who pull the wires of the fund to deliberately excite a feeling of hostility in certain hospital authorities, instead of conciliating them by tactful management. The editor of the *Hospital* newspaper has said that the awards of the fund excited very little criticism last year, and assumes from this that they must have given general satisfaction. But a reference to the annual reports of various hospitals concerned, which are now being published, will show him that he is entirely mistaken.

### Cycling Incidents.

Two cycling events of the past week have a special interest to the medical profession, the one from a a scientific, and the other from a social standpoint. The first is that of an Australian champion cyclist, who, twenty-five yards before the end of a carnival race, fell forward in his saddle, and, with his feet still moving with the pedals, reached the winning-post, when it was discovered he was dead. The story appears to be well authenticated, and if so it records another striking instance of the indomitable pluck of athletic man. It shows, moreover, the unerring balance and precision needed in a race, and the instinct that caused the rider, even in the act of dying, to throw himself into and maintain a proper poise. This is the only instance, probably, ever recorded of a race being won by a dead man, and it is said the doctors said he died during the last lap. Medical cyclists will naturally look forward with interest to learning further details of this most tragic affair. The second incident was that of a country surgeon haled before a bench of magistrates for riding a cycle on the footpath. He represented that, as a medical man, he was entitled to take the shortest route to his patient, and that did not happen to lie upon the roadway. His plea was accepted and the case dismissed. It is generally admitted by the legal profession that, for the sake of saving time, a medical man in an emergency has the right to pass over any private ground, and we believe the point has been settled by various legal decisions. At the same time, it would be well for medical men to avail themselves of such a right, assuming it to exist, only upon occasions of great emergency, on the principle that it is easier to raise than to subdue a storm.

### The Perfection of Sanitary Science

Recently, in commenting upon the national scourge of tuberculosis, one of the speakers in a discussion at a Liverpool medical society said that we could not hope for a progressive decrease in the disease equal to that of the last forty or fifty years, because sanitary science had become almost perfect. There is much virtue in a saving clause, and the qualifying term "almost" secures a way of retreat from a position it would be impossible seriously to defend. In many of our towns, small and great, especially in those of older creation, it is hardly too much to say if we adopt the view of not a few practical authorities, that sanitary science, so far from having attained its prime, is in its mere infancy. It may be pretty safely asserted, for instance, that not a single London parish has an intelligible plan of its sewers, a fact which is incompatible with systematic administration. In the matter of house sanitation and construction, moreover, it is certain that an enormous percentage of hygienic defects escape detection. The subject is a large one, and is alluded to here, not in a spirit of pessimism, but with a full recognition of the good that has been brought about in the past, and a confident trust in a future perfection. We simply contend that the day of ideal sanitation is not yet at hand.

### The Death-Point of the Tubercle Bacillus.

Although it is a truism in the mouth of everyone who speaks of tuberculosis to say that Koch's famous discovery placed the study of the disease upon a scientific basis, there nevertheless remains much to be learned as to the habitat, the natural history, and the means of propagation of this most devastating bacillus. A most important practical step was registered by Woodhead when he showed that milk could be adequately sterilised by raising it over a water bath to a temperature of 198 degs. F. As everyone knows, the simple boiling of milk suffices to destroy any tubercle bacilli it may contain, but exposure to the degree of heat entailed by that process injures the flavour of the milk. Actual boiling, however, is now proved to be unnecessary, but to determine the exact amount of heat required to sterilise would demand the use of a delicate thermometer, a fact that alone would prevent its adoption to any wide extent in the ordinary household economy. The more logical way of preventing consumption would be to look after the cows that supply the milk, and rigidly exclude all tuberculous animals. To treat the victims of the pestilence in sanatoria at great cost, and to allow the active germs to be distributed broadcast by the butcher and the milkman is to pay an enormous tribute of money and blood to the fetish of vested interests.

### Tooth Extraction "a Discretion."

An interesting point lately settled in the Blackpool County Court will probably affect the practice of dentistry for some time to come, if not, indeed, for all the ages. From the evidence it appears that a young lady artist went to a branch of a Dental Association in the town mentioned, and requested a qualified assistant to draw three teeth. She was placed under the influence of gas, and when she came round discovered that the whole of the top row of teeth had been extracted. The defence urged that the plaintiff had left herself entirely in the assistant's hands to do what he thought proper with regard to the teeth. The judge, however, appeared to think otherwise, for he promptly awarded the injured patient a *solatium* of £30 damages. From this decision few persons are likely to differ. The case is much on the line of the ordinary surgical operation, wherein the discretion as to the extent of operation procedures is usually left to the judgment of the surgeon. At the same time, where there is likely to be any ground of future complaint, as in the removal of the ovaries or of a great number of teeth, it is well to have a written or attested assent from the patient. If it be clearly proved that a dentist has grossly exceeded his authority, as in the Blackpool case, then the laws of common-sense equity demand that a smart penalty be inflicted upon him. Tooth extraction *à discrétion* by a dentist while one is in a condition of suspended consciousness would be a situation too terrible to be tolerated for a moment.

### The L. s. d. of Medical Treatment.

There can be no doubt whatever that in the highly complex scheme of life, which it is our pride to speak of as "modern civilisation," money is the mainspring on which the efficient and smooth movements of the vital machinery depend. The rich are able to secure change of air, and to command all the costly resources of modern scientific treatment. The poor, on the other hand, are handicapped by their straitened means, and have, for the most part, to turn for medical succour to the charity of private individuals, or of the State. Fortunately, most of our large voluntary hospitals are well equipped with the most effective appliances for the relief of ailing humanity, but that fact simply means that so much money has been contributed out of the pockets of the wealthy. In a word, approach the matter from whatever side we may, the conclusion is forced upon one that curative measures are costly. This £ s. d. aspect of the question is more than ever to the fore in these days of open-air sanatoria, local hot-air baths, Röntgen ray photographs, and the thousand and one recent additions to our therapeutic armament.

### Artificial Air.

At a recent meeting of the French Academy of Medicine MM. Laborde and Jaubert contributed a preliminary note on a certain chemical substance, the nature whereof is for the present kept secret, but which, it is claimed, will by simple contact regenerate air contaminated by respiration; in other words, it absorbs the excess of carbonic acid, water vapour, and organic impurities, at the same time liberating with mathematical precision the exact quantity of oxygen wanting. It is asserted that seven or eight pounds of this substance will enable an adult man to live for twenty-four hours in a hermetically sealed space of small dimensions. It would be idle to speculate upon the manifold uses to which such a product might be put. It will solve the problem of ventilating submarine vessels and of aërating divers, and it would also place the oxygen treatment, at present a very costly fad, within the reach of the poorest and the most economical, seeing that with a drachm or two of the salt twenty or thirty quarts of the gas can at once be produced. Perhaps, however, before deciding the best ways in which we can utilise the new body it would be wise to await further particulars.

### Asphyxia as the Determining Cause of Parturition.

Among the numerous hypotheses that have been put forward to account for the initiation of the parturient process is one which assumes an accumulation in the maternal blood of a surplus quantity of carbonic acid, the effect of which it was alleged, would be to determine uterine contraction. This was an excellent example of the pure unadulterated hypothesis, in that not one of the premises had been verified. Dr. Chambrelent, of Bordeaux, records certain experiments recently undertaken by him with the object of ascertaining whether asphyxia will really provoke expulsive action on the part of the uterus. With this object in view, he cut both the vagi in several pregnant rabbits producing double broncho-pneumonia which caused death in the course of two or three days without labour having set in. He concludes that the presence of carbonic acid in the blood, even in lethal amount, is not of itself the determining factor in the induction of labour.

### The Admiralty and the "Conscientious Objector."

The Admiralty have no sympathy with the "conscientious objector," and they have accordingly issued some stringent orders in regard to the vaccination of children belonging to the men of the Royal Marine corps. One of these orders is as follows:—"Unvaccinated families are not to be allowed to live in barracks, nor are they to be conveyed to any foreign station at the public expense; nor is any unvaccinated child to be allowed to attend a divisional school." This order, it is stated, has caused much dissatisfaction, owing to the heavy penalties it will entail upon any man who may object to having his children vaccinated. But no one but a "conscientious objector" could dispute that the Admiralty have acted with sound judgment in the matter having regard to the interests of the public service, as well as to those under their authority.

### The English Local Government Board and the Anti-Vaccinationist Guardians.

The Local Government Board is in the position of prosecuting certain English Boards of Guardians for refusing to appoint vaccination officers. Two of these Boards have refused because the officer, when appointed, would be obliged to carry the Act into effect without consulting them. But it will be obvious that this point involves the whole case because, if the officer were obliged to ask leave to proceed, the Board would certainly refuse it to him.

### The Naval Medical Service.

It is announced that a considerable addition will shortly be made to the Service in order to meet the requirements of the large number of ships building. For the present, fifty new commissions are to be offered for competition.

### "Double Pneumonia."

THE regretted illness of Mr. Rudyard Kipling, the inimitable tale-teller, in verse and prose, places in evidence the much greater prognostic significance of double pneumonia over the ordinary inflammatory attack, in which only one lung, and usually only one lobe of that lung, is attacked. Double pneumonia, indeed, is but too often merely a manner of dying—an expression of heart breakdown. Although the lungs are the seat of the obvious manifestation of disease, it is really the organism as a whole that threatens bankruptcy. In persons living at high pressure it often happens that nothing occurs to call attention to the dangerously narrow margin of heart-strength until a trifling cold, associated with a little bronchial catarrh, adds the last straw to the burden which the heart has to bear. Unequal to the additional strain, the right heart yields, and the blood, no longer forced through the lungs, accumulates therein, creating a state of congestion which rapidly merges into inflammation. The progress is almost of necessity from bad to worse, because the heart, which has yielded to a comparatively small strain, will very improbably be enabled to cope with the much greater one implied by the modification in the pulmonary circulation. If there are unsuspected reserves of strength which can be drawn upon, the sufferer may yet emerge from the valley of the shadow of death, but, in general, the breakdown is due to irreparable physiological bankruptcy.

### Rip Van Winkle.

ONE of our medical weekly contemporaries has happened across the fact that sham diplomas are being issued wholesale to "Fellows" of the Spectacle-makers' Guild, and to "Doctors of Refraction" of some American quack diploma shop. The two paragraphs which have at length enlightened our contemporary, appeared in the MEDICAL PRESS AND CIRCULAR nearly six months ago. However, it is pleasing to know that the Sphinx has spoken, and that it "has no observations to make beyond this—that the public should be warned that the holders (of these diplomas) are not qualified to practise ophthalmic surgery." Now that "a Daniel has come to judgment" it may, perhaps, do no harm for us to remind the prophet that the sham diploma of "Doctor in Pharmacy" is being freely disposed of by certain Universities in America and France, and may, at any moment, be put upon the English market by the chemists and druggists. The time is, we fear, coming when genuine Doctors of Universities and Fellows of Colleges will decline to use titles and costumes which can be bought in the open market by druggists, spectacle traders, and such like.

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THE Gosport magistrates last week dismissed a police summons against a doctor who rode a bicycle on the footpath, on the ground that a medical man called to an urgent case had a legal right to take the shortest way.

### From Pillar to Post.

MISS BEATTY, of Beatty v. Cullingworth notoriety, is desirous of exercising her rights under Section 82 of the *Lunacy Act* in the direction of obtaining copies of the certificates under which she was incarcerated as a lunatic. The *Act* says that copies of the document in question can be obtained on application to the secretary of the Lunacy Commissioners, but this official declares that they are not in his possession, while the clerk to the Hackney Board of Guardians, who admitted having the certificates, refused to deliver them up without an order of the Court. The North London police magistrate, however, did not see his way to making the required order, as the Act only authorises application to the secretary of the Lunacy Commission. If Miss Beatty perseveres success will no doubt ultimately crown her efforts, and then?

### Antipyrin and Salicylate of Soda.

As a combination of antipyrin and salicylate of soda is very much in use at the present time in the treatment of influenza, it is interesting to note what are their effects in respect of diuresis. The salicylate stimulates diuresis while antipyrin reduces it, even in doses not exceeding one grain of each. Coincidently with this effect on the urinary secretion the salicylate determines some vaso-dilatation in the kidneys with a slight rise in the general blood pressure. Antipyrin also tends to raise the blood pressure, but provokes a vaso-constriction of the renal blood vessels with, as already stated, diminution of the flow.

### Influenzal Mortality.

As we foreshadowed last week, the weekly mortality returns of the Registrar-General testify to the prevalence of influenza, the number of deaths attributed to this cause having risen to 74, as compared with 50 during the previous week, and 22 and 21 for the two weeks immediately preceding. The lethal effects of influenza, however, are not to be measured by the mere number of deaths recorded under that head, for it will always be found that there is a simultaneous increase in the proportion of deaths from respiratory diseases, the prevalence and fatality whereof are greatly influenced by the influenzal element.

### Vaccination Amendment Bill.

WE think it is wise for Mr. Boulnois, Sir John Lubbock, and the other backers of this Bill to introduce it even though its chances of survival are but small. The absence of such a Bill this session would, no doubt, be made use of by the Antis as proof that their victory of last year is likely to be quietly accepted. Emphatically, it is not accepted, and we are convinced that the mass of public opinion is dead against the conscientious objector clause which this Bill proposes to repeal, and that, sooner or later, Parliament will repent of the decision which a timorous and trimming Government has induced it to arrive at.

## Additional Army Surgeons Wanted.

The Secretary for War has announced, in the memorandum of his Army Estimates, that 18 additional officers of the Royal Medical Corps will be shortly required to supply the needs of the additional 30,000 men whom he proposes to add to the Army.

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## Scotland.

[FROM OUR OWN CORRESPONDENT.]

The Late Professor Rutherford.—The Chair of Physiology.—The funeral of the late Professor W. Rutherford took place on Saturday last. A large number of the medical profession in Edinburgh attended at his late residence as a mark of respect for his great attainments and self-denying life in the cause of scientific medicine, along with the representatives of the Senatus of the University and other bodies, while at least 500 students followed the hearse to the railway station. The interment took place at Ancrum, his native place. A full obituary notice of the deceased will be found in another column.

The Vacant Chair of Physiology in Edinburgh University.—Already various rumours as to those who will seek to fill the place of Professor Rutherford in the University of Edinburgh are flying about. As it is perhaps the greatest of physiological plums the candidates will form quite a host in themselves. We hope that the patrons will take into consideration, whoever may apply, the fact that as the ordinary medical student does not propose to become a laboratory research scholar or a physiological expert, but to practise medicine; and that as Edinburgh University turns loose over the world a large number of new practitioners each year, and only a limited number of scientific physiologists in a decade, a professor in this subject should be cognisant of the physiological requirements of the ordinary general physician, and be thus induced to so frame his course of instruction that the future attendants upon our sick may get the most useful and suitable insight into those sections of the science likely to help them in their practice, not to be obliged to master all the abstruse niceties evolved by laboratory workers, many of whom have never felt a pulse or written a prescription since graduation, and most of which are of value may be to specialists, but have to be forgotten by busy practitioners.

Discontent of Students.—Two assistants are now conducting classes in the Edinburgh University—the classes of Materia Medica and of Physiology. The class of Materia Medica has been so conducted from near the beginning of the session, and some signs of discontent from the students have become manifest. They complain that, having paid for a professor's tuition, they have received another's.

Glasgow University.—The Vacant Assessorship.—It is expected that there will be a very large attendance, in fact a record one, at the statutory half yearly meeting of the University General Council on April 5th next, at which the members present will be required to fill the temporary vacancy of assessor to the University Court. The friends and supporters of Professor Herkless are greatly disappointed at the turn things have taken, as the appointment is now regarded as lying between Sir James Bell, Bart., and Mr. Copland. Professor Herkless is to address a meeting of members of Council in furtherance of his candidature. As the General Council will have two seats to fill in October the result of the vote in April will be an indication of the relative strength of the opposing forces. Sir James Bell has a large committee, over a thousand, but there are 5,541 names on the Council's register. There is no doubt that a great many names have been sent in to swell the list of Sir James Bell's committee under the impression that he is an almoner of the University, and from the fact that he sa in the Court before, but in truth Sir James Bell wa never a student of the University of Glasgow, and hi connection with the University Court was due to the fact of his being then Lord Provost of the city of Glasgow. Professor Herkless, on the other hand, is a graduate of the University, a teacher in St. Mungo's College, and has done yeoman service for university improvements when things were in a state of chaos.

Honorary Degrees of the Glasgow University.—The Senatus Academicus have resolved to confer the honorary degree of LL.D. on the following gentlemen at the public graduation ceremony on Tuesday, April 18th, next: viz., James Finlayson, M.D., Lecturer on Clinical Medicine, Western Infirmary; Sir Henry B. Irving, K.B., Lyceum Theatre, London; William Jacks, merchant, Glasgow, sometime M.P. for Leith and Stirlingshire, author of "Robert Burns in other Tongues," &c.; Horace Lamb, M.A., F.R.S., Professor of Mathematics in Owens College, Manchester, author of works on hydrodynamics and infinitesimal calculus; Henry Francis Pelham, M.A., President of Trinity College and Camden Professor of Ancient History, Oxford.

Improved Facilities for the Study of Midwifery.—According to *University Jottings*, Professor Murdoch Cameron "has set his heart and soul" on the improvement of the very wretched facilities for studying midwifery in Glasgow, and the still more deplorable hospital accommodation for lying-in women. Dr. Cameron has our hearty sympathy in this, and we trust his efforts may meet with the success they deserve, and if accomplished, the proposed institution may not become entirely a family company limited. We also hope that this desirable improvement will not fall through as did those efforts on behalf of Queen Margaret College, which still stands greatly in need of a place for her students to study midwifery and gynæcology. At present they have to travel in all kinds of weather from the extreme west to east of the city in order to get the necessary teaching, which is particularly unpleasant for female students in winter.

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## Parliamentary News.

In reply to the irrepressible Mr. Bartley, Mr. Hanbury stated that candidates for admission to the permanent Civil Service and all established workmen in Civil departments are required to have been vaccinated or revaccinated. Customs boatmen must have been vaccinated within seven years. The Post Office requires its employés to have been revaccinated, the latter within seven years, an exception being made in favour of ex-soldiers. The Government declines to interfere with the discretion of the Peabody Trustees in insisting on the children of their tenants being vaccinated. Mr. Hanbury added that persons not less than 10 years of age, who have not been revaccinated within ten years, as before the passage of this Act, be revaccinated free of charge by the Public Vaccinator.

A Bill has been introduced by Mr. Boulnois of two clauses only—"to repeal Section 2 of the Vaccination Act, 1898, such repeal to date from October 1st, 1899."

The Public Health Acts Amendment Bill was down for Wednesday last, but failed to advance a stage, and therefore stands postponed until March 29th.

We understand that the Government would be willing to facilitate, possibly even to introduce, legislation having for object the amendment of the Indecent Advertisement Act, and the great obstacle in the path of this much-needed reform appears to be the intrinsic difficulty of drafting such a Bill on practical lines.

An amendment of the law as to constructive murder is the purport of a Bill by Mr. Ambrose. He proposes to give effect to the recommendation of the Criminal Code Bill Commissioners, and the Bill provides that upon a trial for murder no constructive or implied malice shall be imputed to the accused merely because it is shown that the death was caused by him or in the course of the commission or attempt to commit some other felony.

In reply to Lord William Fitzmaurice, the President of the Local Government Board said that if he saw any reasonable prospect of making progress with a Bill embodying the clauses relating to the inspection of water supplies by local authorities, he should be quite ready to introduce it.

In reply to Mr. Daly, Mr. G. Balfour stated that it was not at present contemplated to suspend the Muzzling of Dogs Order in Ireland. The total number of cases of rabies throughout Ireland in the twelve months ending December 31st, 1898, was 132, as compared with 162 in the last six months of 1897, while the number of cases in the first six months of 1897, before the Muzzling Order came into operation, was 335.

In answer to Captain Norton, it was stated that the average number of trained nurses in attendance on British soldiers in hospital at Cairo and Alexandria, between September 20th and October 30th, 1898, was 236, made up of 226 men and 10 women.

In reply to a question by Sir W. Wedderburn, Lord G Hamilton stated that the mortality among coolies employed on the Uganda railway works during 1898 appears to have been about 16 per 1,000 per annum on an average labour force of 12,800 hands. At the port of emigration the labourers are kept, as far as possible, apart from all infection; they are medically inspected before they go on board, where their food, clothing, sanitation, and medical attendance are provided for. There are hospitals at the base and at different points on the works. Medical men and medical subordinates, European and Indian, are provided for the service of these hospitals and of the labourers. At the most unhealthy season of the year nearly 10 per cent. of the labourers were in hospital; at healthier seasons from 2½ to 5 per cent. may be in hospital. The medical report of July last says, "the prevailing diseases are malarial fever, diarrhœa, dysentery, liver complaint, scurvy, and ulcers. A complication of the last two generally necessitates invaliding." Those who are invalided are sent back to India.

## Obituary.

### EMERITUS-PROFESSOR SIR JOHN STRUTHERS, M.D., LL D., Ex.-P.R.C.S.E.

By a pathetic coincidence Professor Rutherford's teacher and old chief in anatomy, Sir John Struthers, has only survived his former assistant by a few days. For some months past his health had not been at all satisfactory, and nothwithstanding a trip to Norway last summer did not improve; so that when a serious attack of influenza supervened a few weeks ago, the physical weakness produced by his long-continued ill-health could offer little hope of a successful resistance to the malign effects of this modern scourge.

Sir John Struthers was born in Dunfermline in 1823; graduated at Edinburgh University in 1845; and being attracted towards anatomy, soon became a successful extramural lecturer upon this subject. In 1853-54 he acted as deputy-professor in the University in place of Professor Goodsir during the prolonged illness of that well-known anatomist. Ten years later he was appointed the Crown Professor of Anatomy in Aberdeen University, a post which he held and adorned until 1889, when he retired, owing to a feeling that he was hardly equal, at his age and state of health, for the completely satisfactory conduct of the duties. Since that year he lived in Edinburgh, and occupied his leisure by taking an active part in the management of many of the hospitals in Edinburgh and Leith, and in the business of the Royal College of Surgeons of Edinburgh, of which he filled the President's chair two years ago.

Sir John Struthers was essentially a man of ideas and a worker. Many of the recent reforms in the system of medical teaching in Scotland were adumbrated and insisted on by him long before they appealed to the general mind of the profession. In season and, as some thought, out of season, Struthers preached from the text that medical education should not consist entirely of courses of didactic lectures, but should be largely supplemented by practical classes and tuition. Long before Darwin's views upon evolution were adopted by the teachers in medical schools, or regarded seriously by the public, Struthers advocated their truth with ardour, and did much to render them known and acceptable to the people of Scotland.

A most persevering, even pertinacious, reformer, Sir John Struthers delighted in exercising his power in this direction upon any institution of which he might have been appointed a manager. He often used to boast of how he reformed the medical institutions in Aberdeen, and of several of the hospitals in Edinburgh and Leith after his retirement. His motives were always logically grounded, and conscientiously believed in by himself, but a certain disinclination to modify his own views upon the advice and opinions of his colleagues rendered many of his efforts of less value, and undoubtedly caused on several occasions some feelings of irritation among those of his professional brethren affected by the proposed changes. No doubt his live-long purely academic associations led latterly to his seeming to be a little out of touch with practising physicians and surgeons. He did good work, however, and his strong advocacy of the benefits which would accrue from the addition of a fifth year for clinical work to the students' curriculum, largely educated, we believe, the members of the profession in the decision later come to that such a prolongation should be decreed. His published works were mainly papers upon anatomical subjects.

### PROFESSOR WILLIAM RUTHERFORD, M.D., F.R.C.P.S., M R.C.S.Eng., FR.S., F.R.S.E.

The change for the better in the condition of Professor Rutherford, which we were able to chronicle in our last number when going to press, unfortunately was interrupted upon Monday, February 20th, by a serious relapse—so serious, indeed, that at 7 a.m. on Tuesday morning this brilliant exponent of physiological laws passed away. His illness commenced with a septic tonsillitis, which went on to abscess formation, but, an intercurrent attack of influenza supervening, his heart evinced grave signs of weakness, so that the appearance of pneumonic symptoms upon the Monday night rendered his condition quite hopeless.

Born in 1839 at Ancrum, in Roxburghshire, the son of a farmer, William Rutherford was educated first at Ledburgh Grammar School, then at Edinburgh University. A successful undergraduate, he obtained his degree in 1863 with honours, and won a gold medal for his thesis. After filling residents' posts in the infirmary, he acted as Professor Struther's assistant in his anatomy room for a year, the pupil predeceasing the teacher by a few days. After a sojourn at the chief Continental centres of medical science, Rutherford, at 26, became Hughes Bennett's assistant in physiology in the University of Edinburgh, only to be selected four years after for the Professorship in Physiology in King's College, London; an appointment gained by reason of the high qualities of his published results of original work. He held this post for five years, for the last three being Fullerian Professor to the Royal Institute of London as well. At the end of these five years his Alma Mater was inspired to send for him to fill the vacancy caused by the resignation of his former chief, Professor Hughes Bennett. Since that time, from 1874 to 1899, for twenty-five years, William Rutherford carried out the duties of the Chair of the Institutes of Medicine in a masterly manner, and devoted his whole existence to the furtherance of the physiological education of his students. So engrossed was he by the constant attention, deemed by him to be requisite and proper for the observance of his academic obligations, that, though highly fitted by mental endowment for the successful prosecution of original investigation, he waived the personal advantages which undoubtedly would have come to him had he so pleased, that he might the more thoroughly and conscientiously fulfil his duty to his students. Notwithstanding this his famous series of experiments upon the action of various drugs upon the secretion of bile and in relation to hepatic functions will remain a physiological classic, though the results have, and may still have, to be further modified in the light of more recent researches and improved methods.

William Rutherford was of marked individuality. He appeared to be conceited and supercilious, he was really somewhat sensitive, perhaps self-conscious; but absorbed in his life's work. He was most genial and amusing socially, in his ordinary work so wrapped up in it that his nervous mechanism became impatient of interruptions or mishaps caused by undergraduate thoughtlessness, or by failure of carefully prepared demonstrations. No medical teacher in Edinburgh, except Sir William Turner, in anatomy, could approach him in power of lucid exposition, nor in the succinctness with which his explanations were expressed.

Apart from his professorial duties almost the only offices he held were those of member of the Edinburgh University Literary Committee, and recently of University Representative upon the Royal Infirmary Board of Management. In the latter position he proved of great service, and performed unostentatiously an immense round of useful work. Possessed of a fine musical talent, he not only was able to render his description of acoustical physiology of the greatest value and interest, but was led by it to found in 1866 the Edinburgh University Musical Society, and constantly contributed songs at the various students gatherings or at meetings of the numerous medical social clubs for which Edinburgh is so noted. It was often said against him that as he could show so little evidence of original work or published writings that his teaching must have fallen behind the times. This was not really so. The time spent by him over the study of and obtaining a complete acquaintance with the latest physiological doctrines and results, prevented any great output of written work. Every detail and all the minutiæ of the complicated and necessary demonstrations required for his lectures were personally supervised and tested beforehand. He lived for his subject, and suffered for his devotion to it.

The appreciation felt for him by his students was evidenced by their proceedings on hearing of his death. A meeting of senior and junior students who had attended his class was held on the afternoon of the day of his death, at which it was unanimously resolved to commission Mr. Hutchinson, R.S.A., to prepare a bust of the late professor to be placed in his old classroom at their expense; while on Saturday 500 students attended the funeral cortege from his house in Edinburgh to the railway station, whence his remains were taken to Ancrum for burial.

### DR. CHARLES JOSEPH ARKLE.

We regret to have to announce the death from pneumonia, at the early age of thirty-seven, of Dr. Charles Joseph Arkle, F.R.C.P., Assistant Physician to the Charing Cross Hospital and to the Hospital for Consumption and Diseases of the Chest, Brompton. Educated at University College and Hospital, Dr. Arkle held most of the resident appointments, graduating M.D. London in 1887. He was elected to the Fellowship of the Royal College of Physicians only last year. At the time of his death Dr. Arkle was Physician to the Electrical Department and Joint Lecturer on Medicine and teacher of Bacteriology at Charing Cross Hospital.

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## Correspondence

**We do not hold ourselves responsible for the opinions of our correspondents.**

### MEDICAL RITUALISTIC MILLINERY.

*To the Editor of* The Medical Press and Circular.

Sir,—I have read with humiliation the letters of correspondents to your contemporaries on the great, absorbing, and critical gown question, from which the painful conviction is forced upon me that a considerable number of my *confrères* feel that their *status* as gentlemen and as members of an educated profession is to be evidenced by a public display of clothing, and that, to obtain the privilege of such display, they are willing to descend to the appropriation of costumes to which they have no earthly title, moral or legal, or by precedent.

I ask, sir, are we scientists or only school girls? Have these correspondents no soul above gee-gaws, or do they suppose that their figuring in gowns, to which they are not entitled, will inspire their compeers with any sentiment save contempt for their silliness. One writer claims his gown because of the "financial support" (*i.e.*, his examination fees) which he gave to the London College of Surgeons, and another formulates, with great care, the exact material and the colour of the trimmings which he would like in his gown (when he gets it). Have these gentlemen no shame? What would they think of a lieutenant who masqueraded in major's uniform, or a vicar who showed himself in public in lawn sleeves?

As they are debarred by law from these costumes, I venture to suggest that the dress of an alderman or of a parish beadle may be open to them, and would certainly eclipse the "royal blue with red facings," which one correspondent has indicated as the toga of honour.

I am, Sir, yours truly,

Tartar-Emetic.

### THE TREATMENT OF INFLUENZA BY SALOPHEN.

*To the Editor of* The Medical Press and Circular.

Sir,—As it appears that we are in the midst of another invasion of our old enemy, influenza, I should like to draw attention to its treatment by salophen, the value of which seems not to be generally known and appreciated by the profession in this country, although the success that has been attained with it on the Continent is remarkable. It has long been an admitted fact that salicylic acid and its salts are among the most reliable remedies in influenza; but the use of this salt and its compounds when long continued, or when exhibited in large doses, frequently produce symptoms such as vomiting, nausea, headache, buzzing in the ears, or even delirium, which often compels us to abstain from their use, and this before the cure is complete.

Salophen is, I understand, a combination of salicylic acid and acetylparamidophenol which is not decomposed by acid, and which passes through the stomach unaltered, and without disturbance. The intestinal alkaline mucus, however, splits it up into salicylic acid and acetylparamidophenol, but the process is so gradual and slow that the effect of the salicylic acid on the system is much more lasting, and this without any of the disturbances previously referred to.

Salophen has been used largely, and with marked success, by many well-known medical men abroad, such as Drews of Hamburg, Hennig of Konigsberg, Goldschlager, Pierre Marie, Huot, Goldmann, Block, &c., added to which there is any amount of reliable literature to confirm its merits, especially in the work of Dr. Baque, and in the reports of Privy Councillors Guttmann and Drasche, and Professor Raimondi. This drug first came into note in the treatment of acute articular rheumatism, chronic rheumatism, and allied disorders of a rheumatic and gouty nature, but more recently it has been used with success in the treatment of idiopathic neuralgia, cephalalgia, sciatica, &c., and, indeed, in all ailments where the use of salicylic acid is indicated.

It is, however, as a specific for influenza that I desire now to call attention, and from the evidence adduced there can be little doubt that salophen stands pretty well at the top of the list of all the reputed specifics for the cure of that disease.

Dr. Hennig, when speaking of influenza, says that "among the remedies applied by me for neutralising neuralgic pain none have proved so efficacious as salophen," and he "recommends salophen most cordially in the nervous forms in which influenza presents itself." Dr. Goldschlager, of the Wieden Infirmary, Vienna, reports that he obtained "some extraordinarily favourable results in treating influenza with salophen." Again, Dr. Drews, of Hamburg, is still more emphatic. He states that "the effect of salophen on the nervous forms of influenza is so favourable as to cause me to declare it, unhesitatingly, to be a specific for the nervous forms of influenza." This statement with regard to its specific action is fully endorsed by Dr. Claus, of Ghent, and other physicians. In the face of this unanimous testimony as to the value of salophen, coming from men whose *ipse dixit* is above suspicion, and incontrovertible, it is clear that we are in possession of a remedy that will help us in checking the ravage of this recent scourge to society.

The dose used appears to vary somewhat. Dr. Drews, in violent cases, gives an initial dose of 30 grains, followed by 15 grains about every three hours. In less severe cases 8 to 12 grains will suffice, at the same intervals, and in children from 4 to 8 grains, up to about 60 grains in twenty-four hours. The rapidity with which salophen relieves the pains of influenza is of great importance. After profuse perspiration the patient feels practically relieved of the symptoms but it appears to be generally advisable to continue the remedy for a few days after all the symptoms have disappeared.

Lastly, not the least merit of this preparation seems to be that it is entirely innocuous, and that it greatly reduces the probability of complications, and of the supervention of the dangerous *sequelæ* of influenza to a minimum. I may, therefore, be pardoned calling attention to it at the present juncture, and shall be glad to know that other members of the profession have met with the same success by its use as

Yours truly,
T. POYNTON WRIGHT.
Medical Officer of Health for St. Neots, Hunts.

## HISTORY BASED UPON DIET.

*To the Editor of* THE MEDICAL PRESS AND CIRCULAR.

SIR,—I see in your issue of the 15th inst., an account of how history is based upon diet. The subject is most interesting and is ably treated, but I doubt whether it is not a rather narrow view to look at the present period of history alone, and to deduce therefrom the theory that, because the foremost nations of Europe happen to be large consumers of flesh, flesh eating is conducive to progress beyond the lower stages. The writer admits, indeed, that the ideal, *i.e.*, of course bloodless diet, is quite sufficient for the highest physical development and for the perfect working of our five senses, the ability to satisfy the needs of present circumstances, the qualities of fear, love and endurance of pain; but he goes on to say that the power of governing, of swaying other minds, foresight and providence and altruistic speculation generally, are only capable of their fullest development upon a diet containing flesh food. Let us consider a few nations who have governed, philosophised, and influenced the minds of others. Which nations are above all pre-eminent here? Without doubt the Jews, Chinese, Greeks, and Romans. The foundations of the creeds, philosophies, and modes of thought of nearly all the world come from the philosophies and learned speculations of these four. The mass of each of these nations was vegetarian up to their best periods. Where are the great animal-eating philosophers beside the Jewish prophets, Buddha, Confucius, Pythagoras, Plutarch, Plato, Socrates and the philosophers? These all either abjured the use of flesh altogether, or ate about a tenth part of what the average Englishman thinks he requires. As regards the statement that climate governs diet, we need only mention that cannibals and vegetarians are found in the Tropics, and that in some parts of China where the climate corresponds to and is in some cases more rigorous than, our own, the people are entirely vegetarian. We believe, that, if only a more general view of the world be taken, the British nation will be seen to be in the van in spite of rather than because of, its flesh-eating habits.

I am Sir, yours truly,
Clare College, Cambridge, WILLIAM CUMMING.
February 23rd, 1899.

## CHLOROFORM ADMINISTRATION IN CHINA.

*To the Editor of* THE MEDICAL PRESS AND CIRCULAR.

SIR,—We have just received the annexed table of results with our regulating inhaler from Dr. John F. Wales, of Kowloon, near Hong Kong. The quantities of chloroform used appear to have been in excess of what experience has proved to be necessary in this country, but obviously evaporation takes place more freely in hot climates apart from the fact that some surgeons anæsthetise more deeply than others. On the whole, therefore, the results obtained in China compare favourably with those obtained in Europe.

We are Sir, yours truly.
KROHNE AND SESEMANN.

[COPY.]

Cases with Krohne and Sesemann's Inhaler at the Civil Hospital, Hong Kong :—

*Resume for October.*

Chloroform administered 25 times.
Average quantity = 1 dr. 45 m. (=4·7 minims per minute, equal to 1·08 per cent. vapour).
„ time to produce anæsthesia = 5¼ minutes.
„ „ of operation = 16¾ minutes.
Europeans - 5 men, 1 woman = 6. Chinese – 15 men, 2 women, 2 children = 19.

*Resume for November.*

Chloroform administered 17 times.
Average quantity = 2 dr 45 m. (= 6 minims per minute, equal to 1·38 per cent. vapour).
„ time to produce anæsthesia = 8 min. 8 sec.
„ „ of operation = 17 min. 16 sec.
Europeans—6 men. Chinese—9 men, 2 women.

*Resume for December.*

Chloroform administered 18 times.
Average time to produce anæsthesia = 5 min. 58⅛ sec.
„ „ of operation = 9 min. 21⅞ sec.
„ quantity = 1 dr. 45 m. (= 6·8 minims per minute, equal to 1·56 per cent. of vapour.
Europeans—2 men. Chinese—9 men, 6 women, 1 child.

Detailed account of cases will be published in the annual report by the Colonial Surgeon, which I hope to forward.

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## MEDICAL SOCIETY OF LONDON.

DR. SIDNEY MARTIN, at the meeting on Monday evening last, read a paper on "Auto-intoxication and its Relations to the Treatment of Disease." He contrasted infection with intoxication, the former being the invasion of the body by a living germ, while intoxication meant the poisoning of the body by chemical agents, usually the products of activity of the living germ. He described three kinds of auto-intoxication :—(1) of gastro-intestinal origin; (2) occurring in the course of chronic disease; (3) occurring in association with disturbed glandular function. He objected to the use of the term auto-intoxication to describe the results of bacterial processes, but admitted that it was very difficult to draw a strict line of demarcation between infection and intoxication. He agreed that some of the symptoms of indigestion might be due to the absorption of certain toxic substances formed in the intestines as the result thereof. He discussed the theories put forward to explain the phenomena of uræmia and diabetes, and criticised Bouchard's view, based on the lessened toxicity of urine in uræmia, that the symptoms were due to the retention of poisons in the body. At the same time he admitted that occurrence of peripheral neuritis in diabetes seemed to point to intoxication. He pointed out that most glands had an internal secretion indispensable to the integrity of certain physiological processes or their removal might be followed by the non-elimination of some poison inimical to life. Moreover, excessive activity of certain glands might of itself determine profound disturbances of nutrition.

After some remarks by the President (MR. E. OWEN), who asked whether rickets was not a form of intoxication of gastro-intestinal origin, Dr. MOTT briefly narrated the results of certain researches he had made on the bio-chemical changes associated with general paralysis of the insane. These changes were characterised by a widespread fatty degeneration of the tissues, an effect which he thought might be produced by the presence of cholin. Dr. WASHBOURN agreed that the term auto-intoxication was very misleading, in that on the one hand it applied to the absorption of substances from the intestine, and on the other it denoted certain changes occurring in chronic disease.

The PRESIDENT announced that the Fothergillian prize and medal for 1899 had been awarded to Dr. Monckton Copeman for his work in connection with glycerinated lymph.

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## Medical News.

### The Cancer Hospital, Brompton, London.

AT the forty-eighth annual meeting of the governors of this charity held last week the report, which was read by the secretary, stated that during the past year 2,477 new patients were received, 835 being in and 1.642 out-patients, whilst the total number of attendances of out-patients was 13,803. The most modern advances in operative surgery had been noted and introduced into the practice of the hospital, and numerous operations of a serious character which would have been utterly impossible a few years ago, had been performed with remarkably successful results The valuable clinical experience thus obtained was much appreciated by a large number of British and foreign medical visitors. Much regret was expressed at the untimely deaths of Mr. W. H. Hughes (secretary) and Mr. Edward Cotterell, F.R.C.S., an able and valued surgeon of the hospital for the past six years. The Committee had appointed, as secretary to fill the vacancy caused by Mr. Hughes' death, Mr. Fred W. Howell, of the York County Hospital, out of about 300 applicants, and Mr C. Jarman as assistant-secretary in appreciation of his services for twenty-six years. The report and balance-sheet were adopted and the usual votes of thanks accorded, after which the proceedings terminated.

### Gateshead Medical Association.

(In affiliation with the Corporate and Medical Reform Association.)

AT a meeting of this Association, held on February 7th, 1899, the following resolution was unanimously adopted:—"That this Association strongly supports the memorial of November 23rd, 1898, signed by 309 practitioners and laymen, presented by the Corporate and Medical Reform Association, Limited, to, and received by the General Medical Council, against 'Illegal Certificates in Departments of Medicine, Surgery, and Midwifery,' now permitted by the Council in a department of midwifery, and followed by opticians in a department of surgery, and thanks the direct representatives, Mr. G. Brown, Mr. Victor Horsley, F.R S., Dr. Glover, Dr. W. Bruce, and Sir W. Thomson, and also Sir C. Nixon, Dr. Bennett, and Dr. Tichborne, for their support of the following resolution moved by Mr. G. Brown and seconded by Mr. Horsley:—'That a Special Committee be appointed to consider and report at the next session of the Council all cases of alleged infringement of the Medical Acts by persons who profess to examine candidates in medicine, surgery, or allied subjects, and to grant certificates or diplomas testifying as to proficiency in any branch of medical or surgical science.' And that copies of this resolution be sent to the medical Press, and to the representatives above mentioned."

### Royal Free Hospital.

THERE was a large attendance last Wednesday at the seventy-first annual meeting of Governors and friends of this charity, the Hon. Mr. Justice Bruce presiding. In moving the adoption of the report, the chairman pointed out that the work of the hospital was being carried out in the most efficient manner in all the various departments, and the committee considered that the time had come when a commencement should be made in carrying out the urgently needed building improvements referred to in the report, viz., (1) the alterations and additions to the ward lavatories, sculleries, and bathrooms; (2) better accommodation for the nursing staff. With regard to the latter, the visitors who inspected the hospital on behalf of the Prince of Wales's Fund, strongly recommend the carrying out of these improvements The total cost of these works, as now estimated by the architect, is £8,500, towards which the sum of £2,870 is available. Mr. Charles Burt, chairman of the weekly board, said that as one of those who had during the past year visited many hospitals and other institutions as a representative of the Prince of Wales's Hospital Fund, he was only too conscious of the need for the improved sanitary arrangements, and the additional accommodation for the nursing staff referred to by the chairman. The Earl of Stamford was elected to fill the vacancy occasioned by the death of the Earl of Lathom, and the election of the Committee of Management and auditors, and votes of thanks to the various committees, medical and other officers, concluded the business.

### St. Thomas's Hospital.—House Appointments.

THE following gentlemen have been selected as House Officers from Tuesday, March 7th, 1·99.

House Physicians—G. B. Thwaites, L.R.C.P., M.R C.S. (Extension); E. A. Gates, L.R.C.P., M.R.C.S.; A. E. Stevens, M.B.Durh., L.R.C.P., M.R.C.S.; and H. D. Singer, M.B.Lond., L.R.C.P., M.R C.S. (Extension).

Assistant House Physicians—E. H. Ross, L.R.C.P., M.R.C.S., and H. C. Thorp, M.A., M.B., B.C.Camb.

House Surgeons—S. O. Bingham, L.R.C.P., M.R C.S.; E. M. Corner, M.A., M.B, B.C.Camb., B.Sc.Lond., L.R C.P., M.R.C S.; J. A. Barnes, L.R.C.P., M.R.C.S.; and J. E. Kilvert, L.R C.P., M R.C.S.

Assistant House Surgeons—H. J. Phillips, L R C.P., M.R C.S.; P. W. G. Sargent, M.A., M.B., B.C.Camb., L.R.C P., M.R.C.S.; S. A. Lucas, L.R.C.P., M.R.C.S.; and H. T. D. Acland, L.R.C.P., M.R.C.S.

Obstetric House Physicians.—(Senior) R. H. Bell, M.A., M.B, B.C.Camb., L.R.C.P., M.R.C.S., and (Junior) S. H. Belfrage, M.B.Lond., L.R.C.P., M.R.C.S.

Ophthalmic House Surgeons.—(Senior) J. S. Hall, L.R.C.P., M.R.C.S., and (Junior) T. Hoban, L.R.C.P. M.R.C.S.

Clinical Assistants in the Special Department for Diseases of the:—Throat—W. C. Ambrose, B.A.Camb., L.R.C.P., M.R.C.S. (Extension), and E. C. Bourdas, L.R.C.P., M.R.C.S. Skin—H. M. Scaping, B.A.Camb., L.R.C P., M.R.C.S. (Extension), and J. Gaff, L.R.C.P., M.R.C.S. Ear—A. W. Jones, L.R.C.P., M.R.C.S.

Clinical Assistants in the Electrical Department.—H. N. Goode, L.R.C.P., M.R.C.S. (Extension), and A. Bevan, L R.C P., M.R C.S

### The Irish Schools' and Graduates' Association.

ST. PATRICK'S DAY falling on Friday this year, the St. Patrick's Festival Dinner of the Irish Medical Schools' and Graduates' Association will be held at the Café Monico, Piccadilly Circus, on Saturday, March 18th, at 7.15 p.m., the President, Sir William Thomson, of Dublin, in the chair. The Association will have the honour of entertaining as the guest of the evening a distinguished Irishman, General Sir George White, V.C., G C.B., G.C.S.I., G.C.I.E., the Quartermaster-General. As a very large attendance is anticipated, members should make early application for dinner tickets to the Hon. Secretary, P. J. Freyer, 46 Harley Street, W.

### The Middlesex Hospital.

THE new laboratories in connection with the Middlesex Hospital Medical School, we understand, are now completed, and are equipped with all the best modern appliances for the purpose of instruction and original research. A conversazione will be held on the evening of March 15th in the new buildings, when many objects of interest will be exhibited.

### Mortality in Foreign Cities.

The following are the latest official returns, and represent the last weekly death-rate per 1,000 of the several populations:—Calcutta 38, Bombay 98, Madras 42, Paris 21, Brussels 21, Amsterdam 13, Rotterdam 18, The Hague 19, Copenhagen 22, Stockholm 26, Christiania 25, St. Petersburg 27, Moscow 27, Berlin 17, Hamburg 15, Dresden 16, Breslau 30, Munich 22, Vienna 24, Prague 23, Buda Pesth 25, Trieste 33, Rome 20, Venice 28.

### Apothecaries Hall of Ireland.

THE following candidates have passed the recent examinatiens for the License in Medicine, Surgery, and Midwifery:—

Physiology—S. Adye, Curran, and L. J. Farrell. Anatomy—S. Adye Curran and A. J. Barnes. Materia Medica—A. J. Barnes. Pathology—W. P. Harding. Surgery—W. W. Feris. Midwifery—W. W. Feris. Ophthalmic Surgery—W. W. Feris. Completed Third Professional—W. P. Harding.

The following have passed the L.A.H.

F. G. Adye Curran, W. P. Delahunt, J. D. Power, M. P. O'Brien, and J. J. Ahern.

# Notices to Correspondents, Short Letters, &c.

☛ **CORRESPONDENTS** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

**COMTE DE MARILLAC.**—We are unable to comply with your request for publication, partly on account of the inordinate length of the communication and partly because the enterprise, at this stage, does not present any particular interest.

**DR. F. DEAS** (Merton).—Your cases are marked for early insertion.

**CHIRURGICUS.**—A mixture of soap and glycerine makes a very good lubricant for catheters and the like provided the soap does not comprise an excess of alkali. An alternative suggestion is to make use of the following:—Gum tragacanth, 25 parts; glycerine, 10 parts; solution of carbolic acid (1 in 100), 90 parts; mix and rub down without heating. This has the consistency of cold cream and is readily soluble in water, thereby greatly facilitating the subsequent cleansing of instruments.

**DR. E M. COSGRAVE.**—We hope to have space for your paper on "The Treatment of Tuberculosis at Falkenstein" in our next.

"**NEWS INDEED!**—We learn from the *Globe* that men who work in compressed air are liable to a new malady called 'caisson,' or compressed air disease, and Dr. Thomas Oliver traces it to increased solution in the blood of the gases met with in compressed air, and the liberation of these gases after the person escapes from the compressed atmosphere."—Bravo, Dr. Oliver!

**DR. S. A. T.**—Will receive a private note so soon as the necessary inquiries are complete.

**MR. G. J. WILSON.**—One cannot always form a correct opinion upon matters on the surface Please supply us with fuller data and we will then carefully consider and report.

**MRS. S. F. W.**—Will be able to get the surgical appliance needed in her case of Messrs. Pope and Plante (recently removed from Regent Street to 39 Old Bond Street, London), who make a specialty of it.

### INFLUENZA SET TO MUSIC.

OUR "special correspondent," whose letters on Continental Health Resorts are read here with considerable interest, tells that among the musical attractions at Nice last week was a grand concert at which was performed a spirited overture, composed by the Grand Duke Michael of Russia, and entitled "Influenza." The overture is said to have been written when it author was suffering from influenza. and has considerable orchestral merit. The audience received the composition with enthusiasm, as it naturally would from a Grand Duke of Russia, but nothing is said of its effects on the microbe.

## Meetings of the Societies and Lectures.

### WEDNESDAY, MARCH 1ST.

**OBSTETRICAL SOCIETY OF LONDON.**—8 p.m. Specimens will be shown by Mr. Bland Sutton, Mr. Targett, and others. Mr. A. Doran (President): Inaugural Address. Paper:—Dr. C. H. Roberts: A second Case of Primary Carcinoma of the Fallopian Tube.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—5 p.m. Mr. B. G. A. Moynihan: The Anatomy and Surgery of the Peritoneal Fossæ. (Arris and Gale Lecture )

**MEDICAL AND SCIENTIFIC SOCIETY OF THE CATHOLIC UNIVERSITY.**—8 p.m. Inaugural Address by Dr. MacArdle.

### THURSDAY, MARCH 2ND.

**HARVEIAN SOCIETY OF LONDON** (Stafford Rooms, Titchborne Street, Edgware Road).—8.30 p.m. Mr. D'Arcy Power: On Vanishing Tumours.—Mr. B Gardner: A New Ether Inhaler.

**NEUROLOGICAL SOCIETY OF LONDON** (11 Chandos Street, W.).—8.30 p.m. Clinical Evening. Dr. F. E. Batten: Muscular Atrophy in a Child.—Dr. T. D. Savill: Epileptiform Seizures of probable Vaso-motor Origin. Dr. H. A. Caley: Syringomyelia with Sudden Increase of Symptoms.—Dr. W. Harris: Hæmorrhage into the Spinal Cord (? Syringomyelia).—Dr. J H. Bryant: Paralysis Agitans following Typhoid Fever in a Man, æt. 31.—Dr. Stansfield: Epileptic Insanity associated with Mastoid Disease, Operation, Relief of Mental Symptoms. And other cases.

**BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY** (20 Hanover Square, W.).—3.30 p.m. Papers:—Dr. D. Kerr (Bath): Treatment of Disease by Heat.—Dr. Hedley: The Therapeutics of Heat.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.**—5 p.m. Dr G. V. Poore: The Earth in Relation to the Preservation and Destruction of Contagia. (Milroy Lecture.)

**ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN** (Leicester Square, W.C.).—4.30 p.m. Mr. M. Dockrell: Cases of Telangiectasis and Vascular New Growths.

### FRIDAY, MARCH 3RD.

**WEST KENT MEDICO-CHIRURGICAL SOCIETY** (Royal Kent Dispensary, Greenwich, Road, S.E.).—8.45 p.m. Clinical Cases:—Dr. McCann and Dr. Ezard: Notes with specimens of (1) a Case of Dermoid Cyst of Ovary, simulating Extra-uterine Pregnancy; (2) a Case of Parovarian Cyst of Unusual Size. Mr. Ernest Clark: Eye Cases (Living and Pathological).—Dr. Toogood: Cases from Lewisham Infirmary.—Dr. Scholefield: Clinical Cases.

**WEST LONDON MEDICO-CHIRURGICAL SOCIETY** (West London Hospital. Hammersmith, W.).—8.15 p.m. Clinical Evening Cases will be shown by Dr. S. Taylor, Mr. R. Pollock, Mr. McA. Eccles, and others.

**LARYNGOLOGICAL SOCIETY OF LONDON** (20, Hanover Square. W.).—5 p.m. Cases will be shown by the President, Dr. De H. Hall, Mr. Bowlby, Dr. E. Law, Dr. St. Clair Thomson, and others.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—5 p.m. Mr. B. G. A. Moynihan: The Anatomy and Surgery of the Peritoneal Fossæ. (Arris and Gale Lecture.)

### MONDAY, MARCH 6TH.

**ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.**—Mr. C. S. Tomes, F.R.S. "A Remarkable Diseased Tooth," and Mr. F. T. Paul, M.D., F.R.C.S., "A Contribution to the Histological Study of Dentine." Casual Communication, by Mr. Ashley Barrett.

## Vacancies.

Bristol City Hospitals.—Resident Medical Officer for the Ham Street Fever Hospital. Salary, £100 per annum, with board, lodging, and washing. Applications, before March 18th, to Dr. Davies, General Medical Superintendent, Public Health Offices, Bristol. (See advt.)

Gorey Union.—Trained Night Nurse. Salary, £30 per annum, with £23 extra in lieu of board. Applications to Clerk of Union. (See advt.)

Manchester Royal Infirmary and Dispensary.—An Aural Surgeon and an Assistant Surgeon on the honorary staff. The former must be a graduate of a University of the British Isles; the latter must be a F.R.C.S. (See advt.)

University of Glasgow.—Chair of Pathology. The normal salary of the Chair is fixed by Ordinance at £1,100 For particulars as to applications, see advertisement in another column.

Weston Super-Mare Hospital.—House Surgeon; unmarried. Salary, £60 per annum, with board and residence in the hospital.

## Appointments.

**BLATHERWICK, H.**, L.R.C.P.Lond., M.R.C.S., Medical Officer to the Dulwich Sanitary District of St. Giles, Camberwell.

**CAMERON, A. F.**, M.B., C.M.Edin., Senior Assistant Medical Officer by the Sheffield Board of Guardians.

**DE BEAUVAIS, R.N**, L.S.A., Medical Officer, to the Milton Abbot Sanitary District of the Tavistock Union.

**DICKEY, A. A. G.**, M.D., L.R.C.S., L.M.R.C.P., Medical Officer to the Colne Sanitary District of the Burnley Union.

**DUKE, A. W.**, Col., M.D.Irel., L.R.C.S.Irel., Principal Medical Officer to the North-Western District at Chester.

**FRYER, R. A.**, M.B., C.M.Edin., Medical Officer to the Hoxton New Town Sanitary District, Parish of St. Leonard, Shoreditch.

**GABBETT, H. S.**, M.D.Dubl., M.R.C.P.Lond., Pathologist to the Princess Alice Hospital, Eastbourne.

**HANLY, JOHN JOSEPH**, M.A., (R.U.I.), Medical Officer to the No. 2 Sanitary District of the Shepton Mallet Union.

**JACOB, F. H.**, M.B.Lond., M.R.C.S., L.R.C.P., House Physician to the Nottingham General Hospital.

**KEMPE, GILBERT**, M.D., B.S.Dunelm, M.R.C.S., L.R.C.P.Lond., Honorary Surgeon to the Salisbury Infirmary.

**MANN, F. W. S.**, L.R.C.P.Lond., M.R.C.S., Medical Officer to the Revesby Sanitary District of the Horncastle Union.

**MURRAY, R. W.**, L.R.C.P.Lond., F.R.C.S., Honorary Surgeon to the Northern Hospital, Liverpool.

**RAWLINGS, J. D.**, M.B.Lond., L.R.C.P., M.R.C.S., Medical Officer to the Northern Sanitary District of the Dorking Union.

**ROCHE, ANTONY**, M.R.C.P.Irel., Examiner in Medical Jurisprudence and Public Health to the Royal University of Ireland.

**STUART-LOW, WILLIAM**, F.R.C.S.Eng., Assistant Surgeon to the Hospital of St. Francis, New Kent Road, S.E.

**WHITTOME, H.**, M.D., C.M.Edin., Assistant Physician to the Hospital of St. Francis, New Kent Road, S.E.

## Births.

**COLE.**—On Feb. 23rd, at 11 Surbiton Road, Nottingham, the wife of George Cole, M.R.C.S., L.R.C.P., of a daughter.

**GRIFFITHS.**—On Feb. 23rd, at Egerton, Cheltenham, the wife of Hugh St. D. Griffiths, L.R.C.P., L.R.C.S.Edin., of a son.

**WYBORN.** On Feb. 24th, at 204 Camden Road, London, N., the wife of W. E. Wyborn, M.R.C.S., L.R.C.P., of a daughter.

## Marriages.

**HUTTON—ATTHILL.**—On Feb. 23rd, at Monkstown Church, Dublin, Hugh Hutton, of 118 Summer Hill, Dublin, to Maud, youngest daughter of Lombe Atthill, M.D., of Dublin.

## Deaths.

**ARKLE.**—On Feb. 22nd, at 66 Wimpole Street, London, W., from pneumonia, Chas. J. Arkle, Assistant Physician Charing Cross Hospital, M.D., F.R.C.P., aged 37.

**BASS.**—On Feb. 24th, at 9 Upper Wimpole Street, London, W., Frederick Bass, M D., F.R.C.S., Assistant Surgeon to the Westminster Ophthalmic Hospital, aged 47.

**TERRY.**—On Feb. 16th, at his residence, 35, Grosvenor, Bath, John Terry, M.R.C.S.Eng., and L.S.A., aged 77.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXVIII. WEDNESDAY, MARCH 8, 1899. No. 10.

# Original Communications.

## ON THE RELATION OF GOUT TO RHEUMATOID ARTHRITIS.

OPENING REMARKS TO A DISCUSSION BEFORE THE NORTH-WEST LONDON CLINICAL SOCIETY, FEBRUARY 15TH, 1899.

By WM. EWART, M.D., F.R.C.P.,

Senior Physician to St. George's Hospital and to the Belgrave Hospital for Children; Joint Lecturer on Medicine in the Medical School of St. George's Hospital.

(*Concluded from page* 209.)

I HAVE endeavoured to show that complete divergence exists between typical gout and typical rheumatoid arthritis, yet formerly they were included under one heading, until at the beginning of the century Heberden and Haygarth established the distinction. No serious effort has been made to revive the alleged identity between them. At the same time the confusion which existed between them until 1805, and the fact that we are now discussing a supposed relationship between them, forcibly suggests that there is, if not in the diseases at least in the appearances which come before us, some sufficiently marked outward resemblance. I believe that this resemblance is limited to what may be termed "borderland" cases, and that it has been magnified by the diagnostic perplexity to which they give rise, and it is this uncertainty bearing upon treatment and prognosis which adds so much importance to the subject under discussion.

Thus, whilst no confusion is possible between the two pure types, the practical point is that our diagnosis is apt, nevertheless, to be sometimes difficult, and the inference is that as they come before us the two diseases are not so purely typical as we read of them in books. We might well put down this difficulty to our want of perception, were it proved that the two diseases were not only dissimilar but antagonistic and mutually exclusive. But I venture to think that no universal antagonism exists. Although their general trend is in opposite directions there is a borderland where they meet and sometimes even blend. And to these associations I shall now briefly refer.

*The Types in which the Two Affections are Associated.*

1. The inherited gouty proclivity which has been traced by Sir A. Garrod in a rather large proportion of the sufferers from rheumatoid arthritis is doubtless one of the reasons which lends to the affection in some cases a gouty complexion—and this we expect to find in the female contingent.

2. A more direct association is brought about particularly in this country as a result of the circumstances of the disease. The inactivity which it entails is but too likely to give scope to the climatic or dietetic agencies which tell upon those most susceptible to gout, and particularly upon males during middle life.

3. But there is also a third group of those of yet stronger gouty tendency in whom the first event is asthenic gout at a relatively early period in adult life, and in whom a progressive failure of nutrition, or one induced by depressing agencies may at a later period bring about the rheumatoid change.

4. Then there is an important group, which has perhaps more than any other influenced the nomenclature and the pathological theories of rheumatoid arthritis in the direction of rheumatism. Some sufferers present a record both of gout and of rheumatic fever. In harmony with the age period for the two diseases, we find almost invariably that rheumatic fever is the antecedent event, gout the late sequel. Many of these develop rheumatoid changes, and as applied to them, the term rheumatic gout is specially appropriate. But it must be borne in mind that this is not a constant result.

We are thus furnished with four clinical types which agree in some very broad characteristics, and particularly in the symmetrical distribution of lesions, but which present so much individual variety and gradations that it is impossible to isolate them from each other as strictly separate morbid types.

The most distinctly defined are that last mentioned and that in which the production of Heberden's nodules in the digits is the chief and sometimes the only visible change. This type is most commonly seen in women. Its pathology and clinical significance are alike obscure.

The cases of early rheumatism with late gout usually present some unmistakably gouty characters by the side of the rheumatoid.

The second and the third group are less easily defined, and it is in them that diagnosis is most commonly hesitating.

They may come before us under two varieties, or stages, the dry nodose stage, or the stage of effusion, and these call for different lines of treatment.

### THE ACUTE ATTACKS OF GOUT AND OF RHEUMATOID ARTHRITIS COMPARED.

In both diseases we have to deal with acute attacks and with chronic developments. The acute attacks are, as might be expected, the most distinctive, and least likely to give rise to any confusion. The acute attack of articular gout is characteristic, and I need not dwell upon its details, but merely point out that it is made up of an arthritic, of a nervous, and of a vasomotor local disturbance. Its most acute and painful symptoms seem to be due to the extra-articular changes, and particularly to the implication of the nerves and of the circulation.

The acute attacks of rheumatoid arthritis are much less uniform. They are generally regarded as rheumatic and often mistaken at first for pure rheumatism. But closer observation will enable us, I believe, to distinguish among them two distinct types as well as mixed or transitional forms. One of them more closely resembles acute rheumatism in the important feature that the affection is mainly *intra-articular*. These are the familiar cases of acute effusion occurring either at the outset—or as exacerbations in the course of the disease. The other form is *sui generis*, unlike rheumatism in many of its features, and in the fact that there may be little effusion, but that there is, as in gout, obvious *extra articular* disturbance and pain.

From the point of view of a possible relationship to gout these painful attacks, of the more severe type, deserve our attention. In one respect they differ absolutely from acute gout. Instead of being sharp and short they are apt to last almost indefinitely. They are generally treated as attacks of acute or subacute rheumatism. But the more sedulously anti-rheumatic methods are applied so much the worse may the patient's sufferings become, and so much the more lasting the pyrexia. The aching, the pain, and the fixation of the joints are perpetuated instead of relieved by blankets, fomentations and medicines, and the case seems to be interminable. This peculiar behaviour is diagnostic of this type, and affords the clue to the only successful treatment.

The onset of amendment dates from the moment when the treatment is reversed, the sufferer allowed to lie in a cooler bed, and cold spongings and rubbings, so ill-borne in acute rheumatism, applied to the joints and to the general surface.

It is significant that in some of these cases the joints present an erythematous aspect closely analogous to, yet not identical with that of the angry patchy flush seen in cases of acute rheumatic arthritis. It is never, in my experience, capable of being mistaken for the shiny, puffy swelling of acute gout; but the question needs to be considered whether it is not more closely allied to the gouty than to the rheumatic erythema, though there is not any ground for supposing that an uratic factor has any share in its production.

In connection with the striking contrast between this form and the acute synovitic or rheumatic cases previously mentioned, there arises also the question whether it is not more apt to attack those who may possess the gouty rather than the rheumatic tendency.

Closely allied to this variety, which is sometimes monarthritic and more often polyarthritic, are the acutely painful but apyrexial premonitions or early beginnings of local rheumatoid arthritis, so often mistaken at first for neuralgia or myalgia, and not infrequently for a gouty myalgia or neuralgia.

In all these varieties there are unmistakable nervine and vasomotor factors which should be kept in mind in any attempt to elucidate the pathology of rheumatoid arthritis.

## THE CHRONIC FORMS OF ARTICULAR GOUT AND RHEUMATOID ARTHRITIS.

Great as is the variety of the chronic changes in gout, we find a yet greater variety in the chronic rheumatoid joint affections.

Pure tophaceous gout is from the first, and always unmistakable, and any rheumatoid changes that may supervene never disguise the true nature of the affection.

On the other hand, rheumatoid arthritis in its extreme stage is also sufficiently distinctive. It may be said that the further the rheumatoid degeneration advances the greater is the convergence between its various types, until destruction of the cartilage and eburnation of the articular surfaces of the bone furnish us with an almost uniform end-product.

But before this final stage is reached a series of phases are traversed, the exact nature of which may not be obvious. The family history, the clinical antecedents, and the general aspect of the patient, may be highly suggestive of gout, but the joints themselves may present the characters of arthritis deformans. On the other hand, there may have occurred undoubted rheumatoid changes, but with the lapse of time indications may arise justifying a suspicion that the patient has developed gout, and that gouty arthritis may be now associated with the rheumatoid degeneration.

Three types of rheumatoid joints seem to afford room for some hesitation in diagnosis. They all occur at the gouty period of life.

In one of them there is symmetrical swelling of the joints with effusion. I regard these cases as much more closely allied to rheumatism than to gout, and as belonging to the group which may be termed "rheumatic" arthritis deformans.

In the second variety there is symmetrical enlargement and deformity, but although there may be synovial swelling and peri-articular thickening, there is no effusion. Cases of this kind are sometimes regarded and treated as gout, in spite of there being no tophi, because the patients, chiefly males, may present some gouty dyspeptic symptoms and an aspect analogous to that of asthenic gout. They are usually rheumatoid cases, with more or less constitutional tendency to gout, and it is among them that we may look for instances of the "gouty" variety of rheumatoid arthritis.

Lastly, there is the large group, chiefly of women of mature age, in whom there has been, and there is, no obvious gouty arthritis, and in whom the rheumatoid changes may be limited to the development of Heberden's nodules, and to slight and varying thickening of the wrists or other joints, but in whom, besides a strong gouty family history, there may be marked constitutional symptoms, such as are observed in chronic gout. In some of them the gouty tendency becomes more and more developed. Others through careful living remain free from articular gout. But many of them present at the same time a peculiar susceptibility to rheumatic influences from soil and climate. This then is a mixed group, and one specially calling for study from the point of view of the relationship between gout and rheumatoid arthritis.

There are other important varieties to which attention might have been called had time permitted: for instance, the painful monarticular rheumatoid affection of the hip, with relatively slight deformity, in which a gouty family history or a gouty tendency in the individual may often be traced; and again, the chronic rheumatoid affections with deformity, less frequently seen now than in the past, are apt to follow in the train of gonorrhœal arthritis. Hutchinson has insisted that this is peculiar to those who inherit a gouty bias.

## DIAGNOSIS.

The importance of a correct diagnosis will be obvious when we come to the question of treatment and of diet.

If we admit that the joints in arthritis deformans are liable to gouty phases—or that the patients are liable to gouty states, we must be prepared to find considerable difficulty in correctly estimating the position at any given period in the history of the cases.

My previous remarks have indicated that the distinction between pure gout and pure arthritis deformans is not difficult, and I need not enter into the familiar details of the diagnosis. It is in the ill-developed forms that the uncertainty arises; and this may be best overcome by carefully watching the case and noticing the result of the various forms of treatment. The question is generally as to whether, where the rheumatoid changes are plainly marked, a gouty element is also present or not. But sometimes we may have to determine whether the deformity of the joints is not essentially gouty, the non-tophaceous variety of gout closely imitating the distribution and aspect of rheumatoid arthritis. For practical purposes the diagnosis of these cases lies on the surface. The symmetrical implication of many joints declares the rheumatoid characteristic of inherent delicacy and of vulnerability of articulations, whilst the history and the general features and aspect of the patient may be so strongly gouty as to make it evident that the exciting cause of the arthritic changes must have been of a truly gouty nature. Cases of this kind present to us that association which exists more frequently than is commonly supposed, and in which a gouty lesion may have been the starting point of a rheumatoid arthritic change, or in which an early rheumatoid arthritis may have been fed up into gout. Had the case been straightforward, with creaking joints and a velvety moist palm, as in rheumatoid arthritis, no doubt would exist; but the palm may be as dry as that of gout, and the creakings may not be obtainable. In such a case there is doubtless much of gout in spite of the evidence of arthritis deformans. It is reasonable to infer that the one condition has supervened upon the other, and, therefore, our diagnosis must take into account, besides the permanent changes of arthritis deformans, the fluctuating phases of gout.

## TREATMENT AND DIET.

We need not enter fully into a description of the treatment of gout and rheumatoid arthritis, but only so far as it bears upon the relationship between the two diseases.

In the first place, it may be stated that the treatment which is most beneficial in pure gout is that which is most detrimental for the worst cases of that form which we may term "pure" rheumatoid arthritis, to which colchicum and alkalies would be almost poison, and low living the sure means of aggravation.

The relation between the two forms of treatment is thus one of direct opposition as regards their specialisations. Yet there is a considerable basis common to both. Hygiene is essential to all classes of sufferers, but specially to those afflicted with chronic ailments; and *internal hygiene* is more particularly needed by all sufferers from joint trouble, whether this be gout rheumatism, or rheumatoid arthritis—in addition to the essentials of a wholesome dietary.

Our difficulties begin with the management of the mixed forms. Where the indications are not absolutely clear our action is of necessity somewhat tentative. In most of the cases to which reference has been made there is, besides the rheumatoid basis, a suspicion of the gouty element. I believe that in many of these cases the best treatment is to *treat the rheumatoid arthritis* as thoroughly as this may be wisely done, and to be sparing with the more energetic remedies for gout. Our most important duty seems to be not to add in the slightest way to the depressing conditions under which the rheumatoid patient is suffering. A relatively lesser evil would be to temporarily increase his gout. But even this need not occur if our treatment be happily conceived.

There is one direction in which the treatment of both affections, can be carried out with safety and benefit almost irrespective of their special characters. I refer to the local measures of relief to the joint. We are now provided with additional means and most effectual ones of local treatment. It had long been noticed that the old-fashioned balnear treatment, which is often most serviceable in gout, led to very imperfect and often detrimental results in rheumatoid arthritis, I mean the treatment of the patient by prolonged immersion in a hot bath. The same debilitating effect would result in some of the mixed varieties of rheumatoid arthritis in spite of their gouty complication. The general balnear treatment had of late years been abandoned in all such cases for the more local measures of steaming, hot douching and massage applied more especially to the joints affected, and our chief success had hitherto been derived from this method. We are now provided with various means of treating the joint affected by dry heat up to very high temperatures. The careful application of these new methods graduated to each case will enable us to feel that a great deal is done for the joint, whilst no possible harm is suffered by the patient whichever be the stage of his articular complaint.

Dr. Levison in a most interesting article has provided us with suggestions as to the diagnosis between rheumatoid arthritis and gout by the X-Rays, and as to the treatment of the gouty joint by the electrolytic method. Thus electricity, which had long been known to be of considerable use, whether in the shape of the electric bath or of the constant current directly applied to the limb in cases of rheumatoid arthritis has now found a yet more direct application in gout since it addresses itself to the removal of the material which is the source of local irritation and pain.

Meanwhile the internal treatment of such cases may be carried out on lines conformable not only to some of the obvious indications, but also to theories which are in some respects divergent. The abundant use of water as the means of accelerating excretion of waste products and of all forms of toxins, and assiduous attention to the activity of the bowels are equally desirable in gout and in rheumatoid arthritis, and fulfil the indications claimed by the neural as well as by the humoral theory.

In mixed cases occurring in mature age it may be best not to complicate the position by any vigorous tonic treatment, nor even by the iodide of iron which has found so much favour since first advocated by Sir A. Garrod, and which is admirably suited to the uncomplicated form witnessed in children and young adults. There may, nevertheless, be room for the administration of arsenic in small doses and of sulphur, in addition to the purgatives. These have also been largely prescribed by the same authority before the more recent ideas concerning the septic origin of rheumatoid arthritis had been set forth. It may be said for arsenic that in addition to its antiseptic properties it must approve itself to those who regard arthritis deformans as conditioned largely by a disordered nervous function.

Those are some of the general lines upon which doubtful cases may be treated safely, and with the promise of much benefit.

Reference has been made to the acute and painful forms of rheumatoid arthritis, frequently monarticular, in which an inherited gouty proclivity or an acquired tendency to gout may be a factor. As previously suggested, treatment comes to the aid of diagnosis in these cases so apt to puzzle us. Anti-rheumatic remedies and methods of treatment are absolutely harmful and there is a positive intolerance—though this is not always thought of by those in charge nor even often realised by the patients themselves—for the ordinary heat of the rheumatic bed. Let this influence be removed and they are immediately benefited. I regard this variety of complaint, long ago described as an affection *sui generis* and successfully treated by Dr. Fuller, as a special form of rheumatoid arthritis, of a vaso-motor type; and in treating it I am impressed with the necessity of addressing the treatment to the vaso-motor system. The best way to do this is the application of heat or of cold. Whilst we had remained restricted to the former methods of thermal treatment, treatment by heat had often failed, and the application of cold had been found to be the only successful method in some cases, after trying in vain the use of hot spongings or even of the hot-air bath. Now that different methods are available it is conceivable that cases of this kind, although refractory to ordinary heat, may be relieved by the heat cure and derive great advantage from the high temperatures generated by electricity and by other means, as they certainly do from cold applied locally.

As regards the *general and medicinal* treatment of this variety, it must vary with the individual characteristics of the patient, but in the average case most advantage would be gained by our disregarding indications derived from a mistaken diagnosis of rheumatism, and by our not being deterred by the gouty family history or personal antecedents from endeavouring to raise the general strength of the patient. This practical view would also meet the indications suggested by any toxic theory which might be entertained by some in preference to the neural vasomotor theory.

The antiseptic treatment by the internal administration of creasotes, phenols, and naphthols, recommended by Bannatyne, and the local germicidal intra-articular treatment by means of iodoform, carbolic acid, and other germicides practised by Max Schüller are too important to be passed altogether unnoticed, but they are specially intended for the infective form of the disease, and they have not, so far as we know, a direct bearing upon the subject of our discussion to-night.

Lastly, we come to the questions of *diet* and of *alcohol*, the answer to which is foreshadowed in my preceding remarks. The rheumatoid patient needs, above all, to be fed, and wine suits him well; but if he should turn gouty we cannot disregard his gout. It is pre-eminently in this connection that the practical purpose of this discussion is revealed. How to diet the patient and whether or not to allow him alcoholic stimulation are points not to be safely decided except on the strength of an accurate diagnosis not only of the general character of the case, but of its special phase. In doubtful cases there is probably more rheumatoid arthritis about the patient than gout, and I am in favour of the policy, which I have indicated in my remarks on treatment, of running the risk of a slight gouty exacerbation rather than of incurring the reproach of intensifying the depression and debility inseparable from the rheumatoid state. The gouty element, if present, may, however, restrict the choice of stimulants to those more suited to gout; whereas in uncomplicated rheumatoid arthritis, particularly that of the young, the prevailing anæmia calls for a supply of the red wines. In both cases the delicacy of the digestion has always to be borne in mind, and it is equally essential that the diet should be easily digestible, and that it should be sufficiently varied and nutritious.

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THE death occurred at Southsea, last week, after a long illness, of Lieutenant-Colonel P. R. Gabbett, Royal Army Medical Corps. He had served in the Army at home and abroad for twenty-eight years, and was recently principal medical officer in Barbados.

# GYNÆCOLOGY IN RELATION TO SURGERY. (a)

### By ALBAN DORAN, F.R.C.S.,

President of the Obstetrical Society; Surgeon to the Samaritan Free Hospital, &c.

After remarking on the curious circumstance that although he was the twenty-first President of the Society, he was the first surgeon and the first President holding no University degree, Mr. Doran compared the state of affairs in obstetrics and gynæcology in 1859, as gleaned from the *Transactions* of that and succeeding years, and contrasted them with the present position of things in these two departments. He pointed out that the growth of obstetric pathology had been comparatively slow, but under the stimulating influence of the Society had of late years made distinct and encouraging progress.

He then proceeded to discuss gynæcological surgery, its triumphs and its abuses, pointing with pride to the fact that general surgery was more indebted to it than it was indebted to general surgery. He cautioned them, however, that just as law was not always identical with justice, so operating by no means necessarily meant surgery. Ovariotomy, however, had undoubtedly revolutionised abdominal surgery, opening up, as it did, unknown fields, alike to the general surgeon and to the obstetrician.

Touching on plastic surgery, he referred to the papers of Fleming and Marshall Hall, who, early in the present reign, brought forward their new method of performing anterior-colpotomy, and insisted on their indebtedness to Marion Sims, who, in 1859, was already famous for his skill in the repair of vesico-vaginal fistula. This operation had since been much simplified, and there had been great advance in surgical procedures of this class. The removal of the uterus through the vagina, he said, came under the head of surgical novelties. He, however, declined to endorse the gloomy view recently expressed by Dr. Halliday Croom in respect of this operation for cancer. His own experience led him to believe that if it did not cure, it greatly relieved the patient's sufferings and ameliorated the local condition.

Passing on to the history of ovariotomy he pointed out that the operation had afforded surgeons invaluable experience in the cleansing of the peritoneum, its effective drainage, and the flushing of the peritoneal cavity, for which they were originally indebted to Mr. Lawson Tait, though, since its introduction, its utility has been found even greater than he ever suspected it to be in that it acted like a transfusion as well as serving as a hæmostatic, a remover of obnoxious fluids and solids, and a counteractor of shock. He claimed in this connection that the Society had played a conspicuous part in solving the transfusion question.

Operations for diseases of appendages due to inflammation, he said, might be decidedly bad surgery, or else questionable surgery, or else very good surgery. He pointed out that inflammation of the parametritic or cellulitic type usually subsided under appropriate medication, and he condemned undue hurry in the matter of surgical interference in ordinary puerperal cellulitis. Even old neglected cases with sinuses hardly called for special operative treatment. He had found that puerperal and gonorrhœal disease of the appendages might disappear almost spontaneously, and he regretted to read opinions implying that they could not do so. A tender movable ovary should never be removed forthwith, and a tender but recent fixed mass in the pelvis should never be opened or exposed by the knife until after the effects of medical treatment had been carefully watched. The case was quite otherwise when inflammatory disease was chronic, with a trustworthy history, in which exploratory incision was often needed. He pointed out that removal of the appendages was often unnecessary, it often sufficing to free them from old adhesions, and he deprecated the view that an operation was imperfect if nothing were taken away. He characterised as vicious the idea that when the appendages were removed on one side they must be removed on the other, insisting on the propriety of minimising operative mutilation as much as possible.

The relative merits of vaginal and abdominal operation in the treatment of bad cases of bilateral pyosalpinx was, he observed, still being discussed. The great enemy of success in these cases was the stump which was so often unhealthy and so liable to serve as a source of infection. The removal of the uterus with the suppurating appendages was, he thought, a grave and not absolutely justifiable operation. It was the duty of the surgeon to make sure that his patient did not merely recover from the operation. Commenting on Landau's series of vaginal cœliotomies, he pointed out that this observer's tables contained over twenty cases in which the operation had been performed within eight months of their publication, eight within six weeks, and the majority of the operations were for salpingitis or oöphoritis. Another foreign operator registered 424 cures out of 453 extirpations of the uterus and appendages through the vagina, and 95 cures out of 98 extirpations through an abdominal incision—all for suppuration. As the result of this large experience, this operator gave it as his opinion that the risk of operating was not greater by one way than the other. He would have liked to know this author's definition of the word "cure." Out of a total of 519 recoveries what a valuable series of two years' histories they might one day hope to have! He asked incidentally what could have been the cause of such widespread pelvic inflammation that one operator, in a comparatively small town, found it necessary to remove the uterus and appendages in over 500 cases for the cure of that disease, while in London, where all the immediate and predisposing causes of inflammatory disease of the tube and ovary were present, few, if any, of them found it often necessary to proceed to such an extreme measure.

Removal of the ovaries for neurosis was, he thought, unjustifiable, and he referred with satisfaction to the attitude of Dr. Howard Kelly, who, in his standard work, calls attention to the fact that in a recent series of 500 abdominal sections at the Johns Hopkins Hospital only four cases were operated upon for this reason, and admitted that in three of these the relief was not what was looked for. Dr. Weir Mitchell also condemned the removal of sound appendages in the treatment of neuroses. The principle of hysterectomy for fibroids was, he said, agreed upon, though the limits of the operation were still matter for discussion. Admitting that the tumour might not destroy life which the operation might sacrifice, he pointed out that were things quite as precious to patients as life and the operation might involve more risk if delayed until the sufferer had passed through two or three more years of misery or constant discomfort. He suggested that their maxim should be, when in doubt, watch. That had been his practice, but he admitted that some of the cases had been the worse for waiting. He himself would operate on cases of uterine fibroids in patients above forty, when there was steady growth, with softening of the tumour. He thought they ought not to attach too much importance to the supposed risk of the malignant degeneration of fibroids which, judging from statistics, was an extremely rare occurrence. On the other hand he did not think a fibroid should be removed merely because it "worried" a patient. Such a patient should be told that fibroid was not cancer, and that while ovarian tumours are always dangerous to life uterine fibroids seldom killed, and were rarely so bad as not to allow of watching. Speculative operating on uterine fibroids must, he thought, be condemned entirely.

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(a) Abstract of the Inaugural Address delivered at the Obstetrical Society on March 1st, 1899.

Mr. Doran then proceeded to discuss the surgical aspects of uterine displacements in respect of which he thought there was much operative abuse. He admitted, however, that the subject was very complicated, and one could not soundly judge operations without first knowing the pathology of flexions and versions, which was by no means settled. The multiplicity of operative procedures signified that the disease was obstinate, and dependent on conditions not always easy to counteract. To judge of the value of these operations, long after-histories were indispensable, a point which many foreign writers ignored.

In conclusion, Mr. Doran observed that gynæcological surgery had undoubtedly done great service, though, as in every other branch of surgery, while much was good and well-established, much remained uncertain. He urged that they should not be too eager to blame others who appeared to do too much, or who left undone that which it seemed they ought to have done. Surgical procedures, he observed, were only justified when clinical research had proved that there was something which ought to be removed or rectified. Patient clinical research was, in fact, the sheet anchor of the gynæcological surgeon.

## A NOTE ON THE TREATMENT OF TUBERCULOSIS AT FALKENSTEIN.

By E. MacDOWEL COSGRAVE, M.D.Dub., F.R.C.P.I.,
Professor of Biology, R.C.S.I., Physician to Cork Street Hospital, Dublin.

The Prince of Wales's mention of his visit to Falkenstein at the meeting held in Marlborough House in connection with the National Association for the Prevention of Consumption, and the probability that the institution so well organised by Dr. Dettweiler will be adopted as a model for the Sanatoria shortly to be erected in the British Isles, may render of present interest a short note on the details of the treatment there carried out.

Falkenstein is a comparatively new health station, having been founded in 1874, and has still more recently become known to the English. Bradshaw, in 1898 Ed. of "Bathing Places and Climatic Health Resorts," only devotes six lines to it, whilst St. Moritz gets three pages.

The Sanatorium is worked by a company, who, however, cannot receive more than five per cent. interest any surplus going to extend the establishment, or to afford similiar advantages to poor patients.

The Sanatorium is situated at a height of 1,300 ft. on the southern slope of the Taunus mountains, it faces the south east where the ground falls some thousand feet to the valley of the Maine, and to Frankfort, and is protected on the three other sides by the higher portions of the Taunus range. The climate is cold in winter, but although there are fogs the atmosphere is singularly free from winds and dust, and there is no perceptible fall of temperature at sunset.

The main building is in plan like a wide horseshoe, and encloses a gravel terrace, along which extend covered verandahs. In these cane sofas or deck-chairs are ranged, and on these the patients spend practically the entire day.

Additional pavilions are placed in the grounds, some of these revolve so that they may be turned to avoid the wind and catch the sun; the Germans have with somewhat grim humour christened the pavilions by such names as "The Hall of Sighs," "The Temple of Bacilli."

For the first few days the patients only lie out from after the second breakfast to 5 p m., but afterwards the day's routine is as follows:—After ten minutes' rubbing by an attendant the patients assemble at early breakfast, which in summer is from 7 to 8, and in winter from 7.30 to 8.30; this consists of coffee, rolls and butter, and, in addition, hot or cold milk *ad lib.*, the watchful attendant at once replenishing empty glasses.

Then the balcony is sought, and the patients lie down, placing their feet in fur bags, and wrapping rugs and shawls about them. The wraps belong to the patients, and must be provided as part of their outfit.

The expertest of packers then goes round and rapidly and skilfully tucks in the patients, who then appear like symmetrical and well-cared mummies.

At 10 o'clock they go in for second breakfast, which consists of rolls and butter, and hot or cold milk *ad lib.;* to those who, in the opinion of the medical attendant need it, strengthening soup is served.

They again lie on the verandah until they go in for dinner at 1 p.m. This and supper are of the kind usually served in German hotels, but special attention is paid to making each course as nourishing as possible, and each meal commences with one of the thick nourishing soups that form a Falkenstein specialty.

At 4 p.m. milk is brought round the verandah, this, as well as the 9 p.m. milk, is not included in the regular tariff, but is served at a cost of one penny per glass.

All the milk used at the Sanatorium comes from the dairy of the establishment which is situated on a hill-side up above, and is sterilised. For those who cannot digest so much milk koumiss is provided.

The patients are encouraged to drink plenty of milk and generally take from six to eight tumblers a day, which is a large amount for people who are taking daily four solid meals. Occasionally the amount of milk has to be limited, as lately happened to a home-sick American who tried to expedite his cure by drinking fifteen glasses a day Supper is at 7 p.m., and after it the patients may lie out to 9 or 9.30 p.m., at 9 p.m. milk is served round. The patients then retire to their bedrooms, which are warmed by pipes; the windows, however, are left open during the night.

When the patients arrive they are thoroughly overhauled by the entire medical staff; this is repeated monthly, a daily inspection being made by one of the resident medical men. Their temperatures are taken four times daily—at rising, noon, 4 p.m, night—if the temperature shows fluctuation it is taken eight times daily. It is interesting to see how when the clock strikes twelve and four all the recumbent patients pull out their thermometers and place them in their mouths until they are ready to be entered on the charts. These hours are anxious ones to those with a temperature tending to run above normal, as the penalty for raised temperature is banishment to the bedroom until it again becomes normal.

The sanitation of Falkenstein is excellent, there is an abundant water supply from pure springs situated higher up the mountains, and the sewage is received in precipitation tanks. The whole place is kept scrupulously clean, and constant war is waged on dust.

Although the Sanatorium is surrounded by extensive woods with tempting walks, they are out of bounds for the majority of patients, who are required to rest as much as possible; indeed, even needlework is practically prohibited, and letter-writing is discouraged. It is only when patients are nearly well and about to leave that they are allowed to take walking exercise, and even then the distances allowed are short, and the limits fixed are strictly observed.

It will be seen from the above that rest, air, and food are the three means of cure, and that these are administered with no stinting hand, Complete physical idleness, twelve hours in the open air, the night spent in a room with open windows, and frequent full meals of nutritious foods, with plenty of milk in between, take the place of medicines; it is wonderful how the treatment agrees with the patients, and how the long exposure to the fresh air does not cause cold, and how the frequent meals are awaited with sharp-set appetite. Of the benefit of the treatment in the majority of cases there can be no doubt, and that not only in incipient cases, but even when both lungs are affected.

Falkenstein is easily reached; the Great Eastern Railway offers the best route by Harwich and the Hook of Holland, the journey can be conveniently broken at Cologne, which is reached in the middle of the day, and can be finished by another half-day's travelling, train being taken to Frankfort and on a few miles to Cronberg, where carriages meet expected guests.

Whether equally good stations can be found in the British Isles is at present an urgent question, as although Falkenstein is easily reached, treatment abroad means greater separation and isolation than treatment at home. It is probable, however, that our insular climate will not give as equable winter temperature as can be met with on the European continent, and that whilst Sanatoria at home may do for early cases, those that are more advanced will have to seek the Continent, so that even if English Sanatoria are opened Falkenstein will still draw its quota of English cases.

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## A SERIES OF CASES
### POINTING TO THE
## IDENTITY OF THE CAUSE OF ACUTE RHEUMATISM—CHOREA—ENDOCARDITIS AND ERYTHEMA NODOSUM.

By F. DEAS, M.R.C.S., L.R.C.P.,
Late House Surgeon, Liverpool Stanley Hospital.

During two years' residence in the Liverpool Stanley Hospital I had many opportunities of studying cases of acute rheumatism and kindred affections, and of making exhaustive inquiries into the family histories of such cases.

I think the following cases present features of sufficient interest or rarity to warrant their publication, and point to an identity of cause in the diseases named above. In offering them for record I must express my best thanks to Drs. Whitford and Macalister for their permission to use my notes on cases which came under their care at the Stanley Hospital.

Case I.—M. D——, female, æt. 13. This patient had been quite well up to the day before admission. She then complained of pains all over, headache, sore throat, and sickness. Immediately after admission she had a rigor, and her temperature rose to 104 degs. Fahr. She then complained of acute pain in both elbows and wrists. These joints were swollen, hot, and tender. She was sweating profusely—the peculiar sour sweat of acute rheumatism. At the same time there were present the typical inco-ordinate voluntary movements, and irregular involuntary movements of chorea affecting the same limbs. Heart and lungs were normal. The patient was put on salicylate treatment, and at the end of the eighth day the temperature had become normal. The choreic movements continued, with gradually decreasing intensity, until the same day, when they entirely ceased. On the third day a small patch of pleurisy was found at the right apex, and a fortnight later a soft systolic bruit was heard at the cardiac apex. All the affections had disappeared by the eighth day. There was a history of acute rheumatism on the mother's side.

Case II.—Ellen T., æt. 12. This patient was admitted for acute chorea. The movements were so violent and incessant that she had to be fed under an anæsthetic. Two days after admission a punctiform erythematous rash, like scarlet fever, appeared all over the trunk, and on the front of both legs several typical patches of erythema nodosum. No drugs had any effect on the disease, and the patient died on the fourth day. No post-mortem examination was allowed. There was a strong rheumatic history on the side of the mother, and one less definite on the father's side.

Cases III., IV., and V.—These were three sisters attending the out-patient department. Jane M., æt. 17, Annie and Ellen M. (twins), æt. 15. The eldest girl was under treatment for slight dyspnœa and œdema, due to double mitral disease. She had never had any other rheumatic manifestation. Of the twins, Annie had chorea and no heart affection. Ellen had had acute rheumatism a year before I saw her, and was attending for double mitral disease. Both parents had suffered from rheumatic fever before marriage, and both had a systolic bruit.

The conclusions to be drawn from these cases, I think, point strongly to the presumption that the materies morbi was originally the same in each case. The simultaneous occurrence of rheumatic fever and chorea is, I believe, unique. In Case II. there were again two distinct manifestations present at the same time. In Cases III., IV., and V. separate and distinct manifestations appeared in three members of the same family, different tissues being selected in two members who were twins.

In all the cases hereditary tendency was definite, and in the last three cases double inheritance was well marked. I think one is justified in concluding that in each case the primary cause was the same; its different manifestations being due to different tissue selection, or to a modification of the same materies morbi. The last three cases are rendered more striking, and perhaps conclusive, by the fact that hereditary tendency was extremely well marked in the family. All three girls had been the subject of "atresia vaginæ." The mother, her two sisters, and the maternal grandmother had all been affected in the same way, requiring a little surgical interference at puberty.

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# Transactions of Societies.

## OBSTETRICAL SOCIETY OF LONDON.

### Meeting held Wednesday, March 2nd, 1899.

The President, Mr. Alban Doran, in the Chair.

Dr. W. J. Smyly (Dublin) showed three myomatous uteri which he had removed per vaginam by Doyen's method. The indication for operation in all the cases had been hæmorrhage The first specimen had been removed from an unmarried woman, æt. 42, from whom a pedunculated myoma had been removed six years previously with temporary benefit. When admitted to hospital in September, 1898, she was in a condition of profound anæmia. The uterus was again explored, but nothing removable discovered. After some weeks spent in endeavouring to improve her condition the uterus was extirpated November 14th. Convalescence satisfactory. The second case was operated upon on January 14th, 1899. The patient was a married woman who had borne two children. Convalescence was delayed by phlebitis of the right saphenous vein. The third patient was also a married woman who had borne children; the operation, which was a very easy one, occupying twenty-three minutes, was performed on February 2nd, 1899. She made a rapid recovery. Adding these three cases to seventeen which he had reported at the Edinburgh meeting of the British Medical Association, made twenty cases operated upon by this method, with one death, a mortality of 5 per cent. He said the shock was less, the mortality smaller, and convalescence more rapid after vaginal than after abdominal hysterectomy. There was no abdominal wound which might develop a hernia, and he believed that intestinal adhesions and ileus were more rare. He did not believe that in any of his cases the tumours could have been removed without sacrificing the uterus.

### A SECOND CASE OF PRIMARY CARCINOMA OF THE FALLOPIAN TUBE.

Dr. C. **HUBERT ROBERTS** related the case of a woman, æt. 60, married, but never pregnant, previously well, who in June, 1897, had a sudden discharge of cherry-coloured watery fluid, lasting three days. The menopause had supervened ten years before. In July she was examined by the vagina and abdomen, but nothing was discovered. Iron and ergot were prescribed, and the discharge ceased. Nothing further happened till September, 1897, when a fairly profuse discharge again occurred. During the preceding months two or three further vaginal and abdominal examinations were made, but nothing definite was discovered. In April, 1898, examination revealed the presence of a swelling to the left of and behind the uterus, which it was thought might be an ovarian cyst. Later in that month Mr. Meredith saw the case and advised an exploratory operation, the swelling in the meantime having increased in size. The uterus was quite small and senile in character. On May 5th, 1898, the abdomen was opened in the usual manner, and with considerable difficulty a large tumour was raised from the left of Douglas's pouch which looked like a distended Fallopian tube. Beneath it a cystic ovary could be seen. At this stage the tube ruptured and a handful of putty-like material escaped. It was evidently a distended and diseased tube, but the uterine end appeared to be comparatively healthy. It was removed along with the ovary. The other tube and ovary being small and apparently healthy were left. There was no free fluid in the peritoneum which was flushed out, and the wound closed without drainage. In November, 1898, there had been no return of the discharge and the discomfort. In January, 1899, a subsequent report was received of a less satisfactory character and no doubt remained that recurrence had taken place, *e.g.*, within eight months of the operation. The specimen consisted of a much enlarged and sacculated Fallopian tube, which contained only a small amount of fluid. On opening up the remainder it was seen to be distended by a villous or papillomatous growth which appeared to spring from the walls of the tube. Sections thereof showed it to be carcinomatous. The author pointed out that cases of papilloma and carcinoma of the tube are very rare, though this was the second specimen of the kind which he had been enabled to bring before the society. It closely resembled his other specimen. The growth had formed in a normally constituted tube. He thought the growth might have begun as a papilloma, though it had undoubtedly become carcinomatous. He remarked that free fluid in the peritoneum was always a suspicious circumstance, but in this case it was absent. He added that he had never heard of a case of primary carcinoma of the tube under the age of 36.

Dr. **CULLINGWORTH** said that with regard to the commencement of this case, he took it that there was very strong reason to suspect that it was originally a papilloma which had undergone carcinomatous degeneration, but he did not think the question could be quite settled until they met a case rather earlier in its course. With a case as advanced as this one, he did not think it would be safe to do more than hazard a conjecture as to the mode in which the carcinoma had originated. Although he himself had seen a good many cases of tubal disease, he had never come across an instance of this disease. He imagined consequently that it must be an exceedingly rare disease, only less rare than carcinoma of the tube itself.

Dr. **INGLIS PARSONS** asked whether pain was a prominent symptom in the earlier stages?

Dr. **ROBERTS** said the first symptom was discharge, but in the second attack the pain preceded the discharge as if the tube were distended and had been relieved by the flow.

Dr. A. **ROUTH** observed that one of the important points in this case was the difficulty of diagnosis. In the first case mentioned in the tables—a case brought forward by the President and himself, the diagnosis was made after dilating the uterus. The patient had at first no tumour on either side of the uterus, though she had this watery blood-stained discharge. This was at first attributed to senile endometritis, and the uterus was dilated, but nothing was found. Within a week or two she had some sort of pelvic inflammatory attack, and when that cleared away the tube was distinctly felt and was subsequently removed. With regard to papilloma becoming malignant, his impression was that when it did so it remained a recognisable papilloma microscopically. In a case of papillomatous uterus after curetting several times, he determined to remove the uterus the next time it recurred. He did so, and then it was found that the papilloma had penetrated the walls of the uterus to just beneath the peritoneum, presenting appearances not at all like the sections that had been shown them.

The **PRESIDENT** said they hardly knew whether papilloma was a neoplasm or an inflammatory product. Doléry had written a very good paper on the subject, showing that it was akin to mucous warts, *i.e.*, that it was a purely inflammatory product which might become malignant. He thought cancer only began in an unhealthy tube. Last Thursday he had come across a case in an old woman. It had gone on so quietly that they thought it was a case of old fibroid of the uterus which, after quiesence, was becoming cystic. It proved to be a very large and very ugly malignant papilloma of the tube, which was filled with the growth. After enucleation there remained a large mass in Douglas's pouch, and there was a bud of the growth in the uterus. She died twenty-seven hours later, and post-mortem she was found to be perfectly riddled with cancer. The papilloma did not look so very malignant in the tube, and he was not sure that it might not have been inflammatory. One thing was certain, viz., that, however caused, cancer of the tube was very malignant. He urged that the attention of surgical registrars and pathologists should be directed to the subject to induce them to look for every trace of cancerous disease commencing in the tubes.

Dr. **ROBERTS**, in reply, said the chief symptom that might lead them to diagnose a case of this kind was, a number of years after the menopause, the appearance of this characteristic watery discharge.

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## ROYAL ACADEMY OF MEDICINE IN IRELAND.

### SECTION OF MEDICINE.

MEETING HELD JANUARY 27TH, 1899.

The President, Dr. **JOHN W. MOORE**, in the Chair.

### A CASE OF ERB'S JUVENILE FORM OF MUSCULAR ATROPHY.

DR. **LANGFORD SYMES** exhibited a case of juvenile muscular atrophy. The patient was a boy, æt. 8½. He was brought for advice for his "inability to walk properly," and has been ailing since he was two years old. It began when he was learning to walk. If he fell he could not get up alone; he is now getting more helpless, cannot walk upstairs, and is unable to get in or out of bed.

Dr. J. B **Coleman**.—(*a*) A Case of Progressive Muscular Atrophy; (*b*) A Case of Anterior Cornual Myelitis.

### THE CLINICAL FEATURES OF BERI BERI.

Dr. **Conolly Norman** read a paper on the clinical features of beri-beri. He briefly referred to the uncertainty which still exists with regard to the pathology of the disease, to the difficulties which may occur in diagnosis, and to the unfamiliarity with its symptoms existing among European practitioners until recently. He pointed out that tachycardia is an invariable condition, with extreme irritability of the pulse. Unconformability of heart and pulse is frequent and striking. Variable murmurs most commonly heard in the pulmonary area are not infrequent, also reduplication of the first or second sound. The heart is frequently dilated, and this dilatation, chiefly affecting the right side, often comes on with singular rapidity. Death from heart involvement is common, sometimes occurring quite suddenly, and in apparent convalescence, sometimes after a prolonged agony. The sensory symptoms, always occurring primarily in the lower extremities, and sometimes confined to the legs consist of various degrees of superficial anæsthesia and hypo-æsthesia combined usually with paræsthesia and hyperæsthesia, (painful anæsthesia). Deep (muscular) tenderness and tenderness of the nerve trunks coexist with loss, diminution, or alteration of superficial sensation. Spontaneous pain (aching and cramps in muscles, painful formication in skin) are common. Œdema is probably always present, though sometimes very slight and transitory. It varies in character, being usually less marked than in ordinary anasarca, say from Bright's disease, and sometimes approaching closely to the "solid œdema" of the myxœdematous state. It may be slight, fugacious, and confined to the prætibial region or it may spread all over the body. Cases which are highly œdematous constitute the so-called "wet form" of beri-beri. Effusions into the joints are rare, but common in the serous cavities, especially in pleura and pericardium. In the latter situation they often accelerate death, which may also be brought about or hastened by œdema of the lungs. The motor symptoms are paralysis of various muscles or groups of muscles. The muscles first attacked are usually those supplied by the peroneal nerve. The gait in well-marked cases is characteristically neurotic. The greater engagement and less resistance of the extensors gives the shifting equilibrium in standing, the dropped and inverted foot, the high action in walking (*de marche du stepper*). The paralysis rarely involves the upper extremities. The muscles of respiration not rarely suffer, particularly the diaphragm, a fact which constitutes one of the dangers of the disease. The muscles engaged tend to waste rapidly. When this wasting occurs after œdema has been slight and transient, the "dry" or "atrophic" form of the disease is produced, but the wasting may coincide with extensive anasarca, only becoming manifest when the latter has abated. He pointed out the importance of recognising the affection, which would appear to be spreading. Since 1894, when it first appeared in the Richmond Asylum, epidemics have been reported from two asylums in the United States, a few cases strongly recalling beri-beri have been reported from German asylums, and an epidemic has occurred in the autumn of 1897 in an asylum in the South of France, which attacked 150 patients, of whom about 40 died. Dr. Norman exhibited a number of photographs of beri-beri patients from the Richmond Asylum epidemics, showing also the peculiar dropping and inversion of the feet, and demonstrating the peculiar relaxation of the joints which occurs in this disease. For purposes of comparison, he exhibited some photographs of cases of alcoholic neuritis and tabes dorsalis.

Dr. **Smith** considered that the diagnosis of beri-beri was easy only when it occurred in places where the disease might be expected, or when one was already familiar with it. Quite lately two Norwegian sailors, who came from Florida, were admitted to Sir Patrick Dun's Hospital. The main symptoms which they presented were a curious combination of motor, sensory, and trophic conditions, which he thought would be hard to fit in with any other diagnosis than that of beri-beri. They would have been labelled probably as either cases of alcoholic neuritis; or perhaps some more high-sounding name, if the disease had not already been known in Dublin. It was a singular fact that on removing patients in the earlier stages of this disease to new surroundings they were likely to recover—a thing that would not happen in the case of other infective diseases. There was no use in removing a typhus fever patient to a place where there were no other cases of the same disease, though such a procedure was of benefit to the beri-beri patient. On account of this fact Dr. Manson supported the theory that it was due to a peculiar poison which was distilled, so to speak, from the soil, the building, and the surroundings in which the patient lived, and by removing them from these surroundings they removed the cause. He thought that the most interesting point in the morbid anatomy and clinical history of the disease was the remarkable and serious interference with the neuro-muscular apparatus of the heart. The only other disease offering a pathological parallel to this was diphtheria, for in that disease, like in beri-beri, the heart was often heavily hit, and an interesting comparison might be drawn between the cardiac symptoms of these two diseases.

Dr. **Littledale** remarked that the appearance and disappearance of anæsthesia was a curious symptom. In a case he had under observation he discovered anæsthesia and analgesia over the shins and peronei muscles On attempting to demonstrate this to a friend on the day after observing it, the patient immediately jumped on being pricked with a pin. On trying the electrical re actions in this patient he found that a current which would cause most violent contraction in his own muscles would have little or no effect on the patient.

Dr. **Dawson** said he had had the opportunity of examining the phrenic and vagi nerves in a few of the Richmond Asylum cases, and he found these nerves degenerated, showing the ordinary lesions of peripheral neuritis. In some cases the myelin could be seen to be breaking up into globules.

Mr. Croly, Dr. Knott, and Dr. Martley also joined in the discussion.

Dr. **Norman**, replying, said that Manson's opinion that the poison of the disease lurked about the soil of buildings seemed to be supported by appearances. Several writers on the subject had pointed out the seeming liability there was to an outbreak of beri-beri where the soil had been recently turned over, and this led them to think that it was a miasmatic disease Some even had gone so far as to say that it was malaria. In answer to questions, he said that he had not found the spleen or liver enlarged in his cases. He had not noticed any change in the hair or nails. He remembered one case in which the teeth had all fallen out, but he did not think this was due to beri-beri. One patient had exhibited a series of herpetic patches, which turned into bullæ, and left little ulcers after them. There were three or four cases ushered in by a curious eruption not distinguishable by him from erythema nodosum. He could not enlighten Mr. Croly as to why beri-beri should occur chiefly in asylums in this climate, and among the epileptics in those institutions. He was disappointed in the use of electricity in this affection, more so, since some writers on this subject have said that it was possible to diagnose beri beri before other symptoms occur, by means of the electrical reactions. They had not found changes of any consequence in the spinal cord, which was disappointing, as other observers have stated that the cells in the anterior cornua were frequently found to be degenerated.

The Section then adjourned.

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Dr. **Sherrington**, F.R.S., Holt Professor of Physiology, University College, Liverpool has received the Marshall Hall Prize, awarded by the Royal Medical and Chirurgical Society, for his researches.

## HARVEIAN SOCIETY OF LONDON.

Meeting Held Thursday, February 15th, 1899.

Mr. Henry Juler, F.R.C.S., President, in the Chair.

Dr. **Arthur Whitfield** read a paper on

### VARIETIES OF ECZEMA AND THEIR TREATMENT.

After pointing out that although eczema was one of the commonest of skin diseases, there was no unanimity on the subject of its sub division, Dr. Whitfield referred to the old classifications of eczema according to etiology, course, and distribution. All these were unsatisfactory, as they either implied a higher state of knowledge than at present existed, or else did violence to the truth by separating different stages of the same disease. The introduction by Unna of the class of seborrhœic eczemas was then discussed, and the evidence upon which this variety was based was examined. Dr. Whitfield pointed out that some of Unna's grounds for including seborrhœa of the scalp and psoriasis in this class were, in his opinion, insufficient, since the histological characters were little else than those of simple inflammation whilst the bacteriological evidence was incomplete. He then described the characteristics of the seborrhœic groups of eczemas which remained after separating off pityriasis of the scalp and psoriasis These were (1) follicular origin, (2) sharply defined margins to the patches, (3) serpiginous spread. After quoting a case of Andrej's to show that this variety could occur on parts devoid of glands and follicles, and was possibly parasitic in origin, Dr. Whitfield referred shortly to some other forms, including eczema folliculorism, eczema, mycoticum, and eczema circumscriptum. These he considered had better be classed under the general heading of seborrhœic eczema until more was known about the parasites forming them. Passing on to the subject of so-called simple eczema, he said that there were two main opinions about its etiology, one that it was parasitic in origin, and the other that it was a constitutional disorder. He then reviewed the evidence in favour of the relationship between eczema and gout, and concluded that although it appeared that gouty persons were more prone to attacks of eczema than others, there was no evidence to show that eczema was invariably associated with gout, nor were there any distinctive points of diagnosis between an eczema in a gouty subject, and one in an otherwise sound individual. Colombine's researches on the urine in eczema were then referred to as tending to prove that there was not any evidence of a toxæmia as a cause of eczema. Dr. Whitfield then summed up his remarks by saying that he thought there were at least two main classes of eczema, in one of which there was no proof of a parasitic origin whereas in the other there was a good deal of presumptive evidence that the disease was infective in nature. He then pointed out that the value of an accurate diagnosis lay in the fact that it was much safer to use strong anti-parasitic remedies from the beginning in the treatment of the seborrhœic form than in the so-called simple variety.

Dr. **Galloway** remarked that he thought that Dr Whitfield had taken an appropriate opportunity for protesting against the too easily accepted hypothesis of the bacterial origin of eczema, and he especially agreed with Dr. Whitfield in protesting that no special coccus, such as the "morococcus," had been discovered to act as a specific organism If anyone took the trouble to examine carefully the evidence on which Dr. Unna had based his description of his morococcus as the specific cause of seborrhœic eczema, it would readily be seen how slight it was. In the case which Dr. Unna demonstrated before the Hamburg Medical Society, in which he had produced what he called his inoculation vesicle from pure cultures of this "white" coccus, the important clinical fact outstanding was that the lesion so produced was not eczema at all, but something much more closely resembling impetigo. From the time of this demonstration, this coccus had been quoted by Unna and many of his disciples as the specific organism in his large group of "seborrhœic eczema.' About the same time as Dr. Unna, Prof. Welch, of Johns Hopkins University, published his observations on the bacteriology of the skin. He showed that the organism which he called the staphylococcus epidermatis albus was a constant denizen in the skin, where it lived a saprophytic existence, and appeared to produce no pathogenic effects. No sufficient evidence is on record to prove that the morococcus is not an organism of the same class, and there is much to support the view that it is simply a saprophyte. One could not help coming to the conclusion that if any organism does produce seborrhœic eczema, at any rate, it is not the morococcus. He felt inclined to look upon eczema as the ordinary inflammatory reaction of the skin to many varieties of irritation. There was little doubt that among these various irritants bacteria exercised considerable influence. The type of eczema which appeared to be of parasitic origin was the seborrhœic variety, but he wished to emphasise the fact that the evidence in favour of this at the present time is almost completely clinical, and has no definite bacteriological support.

Dr. **Bazly Thorne** said that he attached more importance to toxic conditions of the blood in relation to eczema than Dr. Whitfield was disposed to accord to them; and that he could not regard as valid the argument that, if the kidneys were sound they must be innocent of mischief, because they might, by habit and regimen, be inhibited from performance of their normal function. He gave as an instance the case of a lady who had, for seven years, suffered from a severe form of eczema palmaris with inflammation of the matrices and deformity of the nails, amounting, in the index fingers, to partial destruction. The total daily ingestion of fluids, consisting of tea, coffee, and claret, barely amounted to seven-eighths of a pint. In three weeks the disease was arrested by the use of an ointment containing ammoniated mercury, of a mixture containing grain doses of potassium iodide, and by the ingestion of two pints of water daily. The cure, which had been maintained up to the present time, was mainly, if not entirely, due, Dr. Thorne felt convinced to the water, which had restored to the kidneys the power of promoting the purity of the blood. He added that he entertained no fear of the local effect of salt water, as in every instance in which patients affected with seborrhœic eczema had, under his observation, undergone a course of saline baths, the skin had become sound before the termination of the treatment. That result might possibly be attributed to the diuresis which the baths, in all cases, induced.

Dr. **Alfred Eddowes** said that he found Unna's "bottle" bacillus so frequently in seborrhœic cases, that he was disposed to think with Unna that it probably had a causal relation to the disease. But this was hardly the time to deal with the bacteriology of eczema in detail. He thought the word eczema should mean a condition, not a definite disease, unless the word were qualified with an adjective. It was useful clinically to speak of seborrhœic eczema, impetiginous eczema, tuberculosis, &c. As for treatment there was much that might be said. It was easy to lay down certain definite principles which were always useful. We should keep in mind the physiological state of normal skin. We must dry a wet skin and grease a dry skin Dabbing with spirit and dusting with powder answered the first requirement, and ointments the latter; while pastes occupied the intermediate place and were most valuable. Take, for instance, a bad case of "scald head," eczema of scalp in a child. One thorough dressing with a paste such as Lassar's, frequently left nothing more to be done by doctor or mother for a whole week, and at once made the case greatly better and quite manageable. He was surprised to hear the reader of the paper say that he did not find pastes of great service.

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## NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

Meeting held at the Medical Institution, Liverpool, Friday, February 17th, 1899.

The President, Dr. Donald, in the Chair.

The following specimens were shown:—

Dr. **Walker**: (1) Dermoid tumour of ovary. (2) Ovarian cyst. (3) Scrapings from endometrium.

Dr. **BRIGGS**: Diffuse benign adeno-myoma of the uterus, occurring in one horn of a bicornuate uterus.

Dr. **GEMMELL**: Uterus removed for early malignant disease, together with microscopic sections.

Dr. **GRIMSDALE**: Multiple fibroids of the uterus complicated with pyo-salpinx, removed by abdominal hysterectomy.

Dr. S. **BUCKLEY** read notes of two

### CASES OF FIBROIDS COMPLICATING PREGNANCY,

in which abdominal section was performed.

*Case* 1.—A patient, æt. 28, pregnant three and a-half months. The fundus uteri was pushed to the left by a firm rounded swelling reaching up to the umbilicus, and very tender to the touch. On opening the abdomen the mass was found to be a soft fibro-myoma springing from the right side of the uterus. It was not pedunculated, and could only be removed by abdominal hysterectomy. As the symptoms were not urgent the abdomen was closed. The patient made a good recovery, and five months later was delivered naturally of a full-term living child.

*Case* 2.—Patient, æt. 28, five and a-half months pregnant. A tumour, the size of a large cocoa-nut, was found to be springing from the left side of the fundus uteri. It was freely movable, very hard and bad, caused severe pain, the result of localised peritonitis. The abdomen was opened, a pedunculated myoma found attached to the left cornu of the uterus and adherent to the omentum. The pedicle was transfixed and ligatured in the ordinary way, and the tumour removed The patient made an uninterrupted recovery, and is now almost at full term.

Dr. **ARNOLD LEA** read the notes of a case of

### SARCOMA OF THE OVARY,

occurring in a girl, æt. 13. The tumour, which had attained the size of a seven months' pregnancy, had been noticed for some months, and had grown rapidly. The mass lay somewhat to the left side, was very soft and freely movable. Per rectum the uterus was small and separate from the tumour, and a pedicle could be felt on the left side. There was no ascites. The patient had menstruated normally twice. Abdominal section was performed. The tumour was adherent to the great omentum, which was removed along with it. The right ovary was normal, and was not taken away. The patient made a good recovery from the operation. The tumour was a soft sarcoma, very vascular, and showing numerous hæmorrhages. Microscopic sections showed it to be of the round-celled variety. The prognosis of sarcoma of the ovary in young girls is very bad. Of twenty-six cases recorded as operated upon, seven died as the result of the operation (27 per cent ). Recurrence within a short time is very frequent, many cases dying from secondary growth within a few months of the operation.

Dr. W. K. **WALL** read a paper on the

### TREATMENT OF SEVERE ACCIDENTAL HÆMORRHAGE

generally concealed—based upon a personal experience of thirty-eight cases, and he discussed the treatment of this condition. He maintained that rupture of the membranes, as generally advised, was injudicious, owing to the inertia of the uterus generally present in these cases. He upheld the value of the plug and dilator combined as in de Ribe's bag. After summarising the methods of active delivery "per vias naturales" he discussed the value of abdominal section, expressing the opinion that it could only have a very limited field of usefulness. He suggested that after delivery of the child, if the uterus remained inert and did not respond to ordinary stimuli, vaginal hysterectomy might be justifiable, alleging that many of the fatal cases of concealed accidental hæmorrhage were brought about by the intractable post-partum hæmorrhage so commonly experienced.

The discussion on this paper was adjourned to the next meeting.

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# France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, March 5th, 1899.

### THE EMPLOYMENT OF SALINE SOLUTIONS.

AT the Société de Thérapeutique, Prof. Bolognesi read a paper on the above subject, which was very exhaustive. In referring to the methods employed, he said that artificial serum could be introduced into the organism by four ways, the serous, vascular, subcutaneous, and intestinal.

Intra serous injections were first proposed by Ponfick, who had remarked that the blood effused into the serous membranes was rapidly absorbed. The injections were nearly always made into the peritoneum by means of an incision made above the umbilicus, and penetrating to the linea alba; the needle was pushed in the operation of tapping for ascites. Perforation of the intestine, which many feared, was rare, but the operation was always painful, and followed by distension of the abdomen. As the slightest failure in antiseptic precautions could produce mortal peritonitis, intra-peritoneal transfusion was but little practised.

Intra-vascular injections were first employed by Hueter, Roux (Lausanne), and Kummel. The vessels chosen were the veins of the bend of the elbow, or the internal saphena vein over the ankle, which passing over the bone is more easy to discover in stout people, and whose calibre is larger than any of those at the bend of the elbow, while the introduction of air at such a distant point from the heart presented but little danger. The quantity of liquid injected varied between one to three litres, with an average of two litres, at a temperature of 86 degs. F. The rapidity of the current should not exceed ten minutes per litre.

Venous injections presented certain inconveniences not entirely exempt from danger. Consequently, many practitioners preferred for these reasons the subcutaneous methods. For inexperienced hands the venous injection was a regular operation; the veins were frequently difficult to discover; timid operators were afraid of introducing air into the veins, and in any case septic accidents might be provoked, such as phlebitis. Pozzi published one case of acute œdema of the lungs as a consequence of the operation. Further, the counter indications, cardiac lesions, and weakness of the myocardium in particular, were more frequent. Bosc, of Montpellier, preceded the injection of the serum by drawing off a litre of blood; while Barré invented a rather complicated apparatus to combine these two operations, so that the amount of blood withdrawn was replaced by its exact equivalent of artificial serum, but there was no necessity of being so precise, as the same effect could be produced by ordinary blood letting and the introduction of the serum subcutaneously.

The subcutaneous method was at present the most frequently employed, and answered to every purpose except in urgent cases requiring the intravenous method. The region chosen should be that rich in cellular tissue, such as the axilla, the abdomen, the thigh, or the gluteal region.

The instruments employed to make these injections were numerous, and varied from that of Dumouthiers to the simple funnel, but the simplest for all intents and purposes was the ordinary aspirator of Potain, possessed by every practitioner.

The only trouble arising from the subcutaneous method was the pain from the introduction of the needle, which, however, was insignificant, and that produced by the distension of the skin; or, again, the formation of an abscess, but this latter could be avoided with a little care.

Enemata of salt water were known and employed for a very long time, but it was only within the last two years that this method was substituted for the subcutaneous injections. All knew the facility and rapidity of rectal and intestinal absorption for medicated solutions, and no one was astonished at the extreme rapidity by which enematas of salt water were absorbed. Those enematas strengthened the pulse, rendered the urine abundant and suppressed thirst. They were used by Eitz with great success for uræmia, and by Boulengier for post-partum hæmorrhage and for intestinal hæmorrhage in typhoid fever.

In affections of the nervous system, Professor Grasset, of Montpellier, advised saline injections in apoplexy with arterial hypotension. They were proposed in contagious affections such as erysipelas, measles, scarlatina, small-pox, while Professor Tommassi, of Palermo, in certain skin diseases derived benefit from them, especially in chronic eczema, and in lichen attended with great itching. His colleague, Barbier, obtained considerable success with the saline injections in infantile cholera, and generally in all the intestinal affections of infants.

Lancereaux published remarkable effects of subcutaneous injections of a saline gelatine solution in cases of aneurysms (gelatine ʒj, saline solution ℥x.) injected under the skin of the gluteal region, and renewed once or twice a week, ten to twenty injections were generally sufficient to effect a cure.

Among the counter-indications of the treatment by saline solutions, he would mention heart affections, œdema of cardiac origin, dropsies, pulmonary congestive lesions, and renal sclerosis.

## Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, March 4th, 1899.

### Heroine.

Dr. Franz Tauszk (*Deutsch Med. Zeitung*) has given us his experience with heroine, the new substitute for morphia. It was used in sixteen cases, mostly cases of cough. There were eight cases of phthisis, one of bronchial asthma, one of croupous pneumonia, one of pleuritis, and four of bronchitis. The effect was good in all, the irritability ceased in all cases, or in a short time it was much alleviated. It was very rapid in its action. In the case of bronchial asthma the severe attacks did not return after a dose of 0·003 gms. (0·046 grains.) As compared with morphia, in one patient who had taken 0·003 grm. of that drug for weeks for relief of her cough without relieving the distressing night attacks, 0·003 grm. of heroine at once gave relief. In another patient who had taken 0·10 grm. of codeina per diem without relief, 0·003 grm. of heroine acted immediately. In another case, one of phthisis, on whom the round of narcotic sedatives have been tried without benefit, the results of heroine were striking. Patients seemed to grow accustomed to the medicine, but the result could always be obtained by increasing the dose.

Volkmann's Sammlung contains a paper by Hans Kehr on

### The Results of 360 Operations for Gall-Stones with Special Reference to 151 Performed During the Past Two Years.

The operations of the writer comprise all or nearly all that can be imagined in connection with gall-stones. The mortality of the operation in simple uncomplicated cases was 3·8 per cent. The writer advises early operation before the gall-stones can have been forced into the deeper bile passages. In the earlier periods the operation is less dangerous and also less difficult than when the choledochus has to be opened. When symptoms of obstruction of the passages are present, he proceeds to operate unless evidence is present of the re-establishment of permeability of the duct. Cure of the cholelithiasis by internal remedies the author looks upon as one of the rarest of events. Development of carcinoma he considers one of the dangers to be feared in cases of long continued irritation from gall-stones. The normal procedure is cholecystectomy, and although with this recurrence is possible, he has never seen it. Cholecystectomy is a more radical operation, but it is also more difficult and more dangerous. Ideal cholecystectomy can only be exceptionally performed, a free drainage of the gall-bladder is the surest means of overcoming the catarrh that so often exists.

Dr. Bruch (Budapesth) (*D. Med. Z.*) has lately made a study of the relation that exists between

### Bacteria and Chill.

He concludes that air, water, and soil, *i.e.*, cold air (draughts), cold water, and damp soil may act injuriously through the pathogenic bacteria they contain. These latter, so long as a physiological condition prevails, give no sign of their presence. In a latent or feebly virulent form they produce no effect on the normally healthy individual, but when an irritation is set up (in consequence of great change of temperature, for instance) that acts upon them and threatens to destroy them, they become virulent, and act injuriously on the organism already pathologically predisposed by a chill. Having given his views, he leaves it to a future collective investigation committee of clinicists, pathologists, and bacteriologists to unravel the remainder of the secret connection between these two factors.

At the Medical Society, Hr. Piorkowski showed a

### Simple Process for the Perfect Diagnosis of Typhoid Fever.

Two years ago he introduced a method of differentiating between bacterium coli and the typhoid bacillus, and since then he had been engaged in bringing to completion a more perfect process.

Starting from an observation of Hauser, of Erlangen, he suspected that with a small amount of gelatine in the nutrient soil, the growth of the firm offshoots of typhoid bacilli colonies would, perhaps, become even, more distinct. He found that a strongly alkaline reaction for the differentiation of the soil was an advantage. With five per cent. of gelatine the branching out of the colonies was greater, but this became still more characteristic when the concentration was only three per cent. Finally, he decided that the nutrient soil should be prepared as follows:—Two days old normal urine, of sp. gr. of 1020 made alkaline is mixed with

½ per cent. of gelatine, filtered without being warmed and placed in a reagent glass. After being stoppered with cotton wool it is sterilised in steam at a temperature of 110 C. This process can only be repeated on the following day, otherwise the mixture is damaged as a nutrient. The typhoid colonies can then be seen to appear in fibre form proceeding in a peculiar arrangement from a central point in long tendrils, and thus quite different, from the yellow round coli bacilli. The plates are always kept at a temperature of 22 C. (72F.)

The speaker then described his experiments with typhoid stools. Here the typical form appeared in every case The identity of the bacteria was otherwise proved in the ordinary way, and also checked by control experiments. Experiments were then made with mixed bacterum coli and typhoid bacilli growths, and although growing together the round yellow coli bacilli could be distinguished from the tendril-like typhoid bacilli. The speaker finally mentioned some cases in which with his method a diagnosis had been made with certainty in twenty hours, whilst Widal's reaction had given no indication, although the disease was already in the second week.

### Tuberculin Treatment.—Further Contributions.

The *D. Med. Wochensch.* contains the result of observations made in the Victoria Augusta Home and Eberswalde by Dr. Bandelier. Twelve cases were treated by tuberculin, but in none was the treatment employed when fever was present. Koch never claimed that tuberculin would be useful in septic fever, even of tuberculous origin. Patients were kept in bed during the treatment, but during the after treatment they went about. Only patients completely free from fever then were treated. The guiding principle was to enable the system to bear large doses by gradual increase. Local reaction always consisted in redness, swelling, and some pain, which passed off in a few days. Abscesses never formed. He could not speak as to any actual distinct local reaction at the seat of the disease. The changes took place gradually, and consisted in slow disappearance of the catarrhal symptoms, as well as in diminution of the area of dulness. The general reaction consisted of headache, weakness, heaviness, and dragging in the limbs, &c., a general feeling of unwellness like that of the initial stages of an illness. The symptoms increased with the height of the fever and with the size of the dose of tuberculine, but they were also present when there was no rise of temperature. The first eleven cases were selected with great care, but the physical signs of phthisis were unmistakable. The whole of the cases were undoubtedly influenced beneficially by the tuberculin treatment. By a comparison of the condition at the commencement and the close of the treatment, there was improvement in all, a cure in some. The writer does not deny that other factors contributed to the improvement, but he does not believe that the results would have been the same without the tuberculine treatment.

## Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, March 4th, 1899.

### Alimentary Glycosuria in the Gravid State.

In Prof. Schauta's Clinic Hofbauer gave an interesting lecture to the students on glycosuria in the gravid state. Commencing with the physiological condition and fixing the mean amount of saccharines used up in the animal economy he pointed out how easy a change in the assimilation would induce a form of glycosuria without any other morbid change being present. According to the labours of Strumpell and Strauss this condition is a relative one between the reception and burning of sugar in the organism. When a large amount of sugar was taken into the blood and a state of hyper-glycæmia produced glycosuria was inevitable, although tolerance was another factor to be considered in the renal elimination. The various conditions modifying this temporary form of glycosuria may be classed as neurogenic, toxigenic and febrile. Hofbauer next brought forward a few cases in the gravid state, in which urine had been examined and carefully noted from the beginning of pregnancy. The first case was one where 100 grs. of chemically pure grape sugar had been given early in the morning in tea, sometimes in cognac and water. After administering this quantity of sugar the urine was drawn off by a catheter and carefully examined. Forty-five cases were selected in order to ascertain the normal power of assimilation of sugar in different stages of pregnancy. It is found that the early stage of pregnancy has a constant quantity about the second month, and gradually increases. This positive appearance has led him to recognise in the diagnosis of pregnancy a confirmation of the gravid state. It is not present in the ectopic pregnancy, tubal abortions, or in hæmatocele formations. It is also negative in mole formations or where the fœtus is dead. He concludes by affirming that the glycosuric test is a physiological condition of the undisturbed and developing ovum The pathology of the reduced assimilation in the gravid state is attributed to changes in the nerve system and hæmatic circulation. The alteration in the abdominal organs and consequent metabolism are also recognised as factors in its production.

From the experiments on animals, transitory glycosuria is recognised as the result of an injury to the glycogenic organ where there is an insufficient accommodation for hyper-glycæmia, and consequently an easy transmission of glucos to the urine. It is interesting to note how this glycogen is produced in the organism during pregnancy. In a normal state of the body, where no pregnancy or disturbance exists, the blood is almost free from glycogen although present in large quantities in pathological conditions. Livierato has proved that the blood in pregnancy contains large quantities of glycogen which on approaching the end of the pregnancy is associated with leucocytosis. The colostrum in the gravid state is another phenomenon, somewhat analogous to the glycogen. With Ehrlich's test of potassic iodide mucilage (iodi pur. 1·0 gramme; potassium iodide 3 grammes; mucilage of acacia 100 grammes) this constituent may be easily determined. Under the microscope the cellular element has the characteristic brown granular colour. There is still a controversy whether this micro-chemical iodide reaction indicates the presence of glycogen, or whether it must be interpreted as another constituent.

## The Operating Theatres.

### WESTMINSTER HOSPITAL.

Exploration of the Thyroid for Dyspnœa.—

Mr. **De Santi** operated on a woman, æt. about 55, for enlarged thyroid, causing stridulous breathing and dyspnœa. The patient had had a large symmetrical goitre for many years, but until within the last year had suffered no particular inconvenience therefrom; about that time she commenced to suffer from difficult breathing, which increased, especially when she attempted any active exertion. She was admitted eight months ago under Mr. de Santi, having been sent to him by his colleague, Dr. Murrell; the woman then had a very extensive hard, but well defined, symmetrical goitre, the worst feature of which was that it extended mesially from the thyroid cartilage to the top of the sternum; there was no evidence of malignancy about the swelling. The laryngoscopic appearances showed good movements of cords. There was no dysphagia. When the patient was in the supine position she at once got severe dyspnœa. Mr. de Santi excised under an anæsthetic the middle portion of the isthmus of the thyroid. The wound healed by first intention, and the patient experienced immediate relief. She was discharged, and remained thoroughly comfortable until about six weeks ago, when there was a recurrence of the bad breathing and she was readmitted. The thyroid enlargement was somewhat greater than before, but still well defined, and showing no malignant tendency. An exploration was again made of the central portion, the object being to relieve tension and possibly perform tracheotomy; the incision extended to the top of the sternum, and a careful exploration was made in the mid-line along the whole length of the wound; the trachea was not to be found mesially, but on examining further it was discovered embedded in a mass of thyroid tissue, and well over to the right side of the mid-line. The division of the cervical fascia, and of the mesial portion of the thyroid swelling gave so much relief under the anæsthetic at the time that nothing further was attempted, and the wound was closed. Mr. de Santi said that the case was illustrative of the immense difficulty that may arise when a surgeon is suddenly called upon in such cases to perform tracheotomy; in this particular instance not only was the trachea considerably deflected from the middle line, but it was very much narrowed by lateral compression. Moreover, the central part of the tumour had extended to below the level of the top of the sternum, making it almost impossible to perform a low tracheotomy. It was out of the question to attempt in so bad a subject the removal of half the thyroid, and the only measures that appeared to offer any hope of relief to the patient were those that were carried out. The patient made a good recovery from the operation, but about a fortnight later suddenly got light-headed, and died from an attack of cardiac syncope. At the post-mortem a very extensive bi-lateral goitre was discovered which implicated the trachea and œsophagus; the trachea was for some distance not only displaced to the right, but very considerably compressed from side so side. The œsophagus was also found compressed. The central portion of the goitre extended well down into the anterior mediastinum, and on examination of the deeper and lower part of the neck, a few suspicious-looking glands were discovered; these were microscoped by the pathologist, and found to show commencing malignant disease.

## ST. THOMAS'S HOSPITAL.

**Gastrostomy by Albert's Method.**—Mr. **Battle** operated on a married woman, æt. about 53, who had been in his out-patient department for some time, suffering from difficulty in swallowing. She had noticed the difficulty for some weeks, and it had gradually increased until no solid food could be swallowed. Examination with a bougie showed no evident obstruction, although its passage caused some pain behind the upper part of the sternum. There was no blood on the instrument when it was withdrawn. When she swallowed she complained that the food appeared to stick behind the upper part of her breastbone, but there was nothing abnormal to be discovered either in the thorax or in the glands of the lower part of the neck. She had lost strength, but was fairly vigorous, and her appetite was good. Treatment in the out-patient department had relieved her for a time, but the condition became gradually worse until no solid food at all could be swallowed, and after admission to the hospital, when obstruction was more definitely felt, the operation of gastrostomy was advised. This was performed in the following way. An incision about two and a half inches in length was made in the left rectus muscle and carried through the posterior layer of the muscle sheath until the peritoneum was opened; the stomach was easily found and drawn through the wound to some extent until a cone-shaped portion as near the cardiac end as possible had been held up. The peritoneum and rectus sheath were then united by means of a continuous stitch to the base of this projection. The remainder of the wound was then closed. The apex of the cone was then carried upwards under the skin and subcutaneous tissue of the lower part of the chest, and made to protrude through an incision in the skin about two inches from the upper end of the first incision; it was then sutured there. So far the stitches had not penetrated beyond the submucous coat, but after the separate suturing of the rectus muscle and of the skin of the lower wound, four stitches were placed in the upper portion of the stomach wall, and after the stomach had been opened these were tied so as to hold the edges of the opening back. A No. 4 catheter was then passed into the stomach and secured in position; cyanide gauze dressing was applied. The advantages claimed for this method of operation, Mr. Battle said, are that there is less likelihood of regurgitation from its employment and to this the length of passage between the opening in the stomach and the point where it passes through the muscle, as well as the contraction of the muscle itself, are supposed to contribute. There is another advantage in the fact that the stomach is opened at a distance from the peritoneum, and is opened early so that the benefits of the operation are at once experienced. He remarked that he had previously performed the same operation, and the result had been satisfactory. The case just operated on was also interesting in the fact that the patient was a female; epithelioma of the œsophagus, or, indeed, any malignant structure in that situation, being very rare in that sex. The patient was fed through the catheter which protruded through the dressing, and up to the present has progressed extremely well, having had a normal temperature, complete absence of pain and great relief from the sensation of hunger; her expression is much improved, and she looks much stouter in the face.

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WEDNESDAY, MARCH 8, 1899.

## ROYAL COLLEGE OF SURGEONS IN IRELAND.

On this day week Mr. MacArdle, of St. Vincent's Hospital, Dublin, opened, as President, the session of the Medical Society of the Catholic University with an address which, in a general way, would not deserve notice from us, it being only a reiteration for the thousandth time of the politico-religious "screech" about anti-catholic intolerance of which Irish readers are so weary. We are called upon, however, to analyse Mr. MacArdle's address because in it his blatant oratory was chiefly devoted to villifying the Irish College of Surgeons, whose "reputation, honour, and dignity" he, as a Fellow, strove to uphold. Putting aside the orator for a moment we cannot refrain from expressing surprise that the authorities of the Catholic University should have countenanced a scurrilous attack on a sister institution with which it has always been on the most friendly terms, and that any Fellow or ex-Fellow should, by his presence and silence, have tolerated the proceeding. The charge of Mr. MacArdle against his College was that—

> "Out of the numerous class of Catholic students, many of them distinguished, the College had failed to select one to occupy any position of trust or emolument and when they came to examine the encouragement given to the (Catholic) students who thus supported (the College) they found that of all the offices in (its) gift not one was in the hands of our co-religionists."

We shall save time by saying, at once, that these statements are demonstrably, totally inaccurate and misleading, and that there is probably no medical institution less open to the odious charge which Mr. MacArdle makes than the College which he abuses. To begin with, the candidates for collegiate examinations, as a matter of fact their names, much less their religion, are not known to the examiners. Very many of them, and the College says, the more the better, are Catholics, and we challenge Mr. MacArdle to substantiate his suggestion that they are not on a perfect examinational equality with those of any other religion. Next, as regards the Fellowship of the College, we emphatically repeat the same challenge. Any licentiate can become a Fellow by passing an examination of a higher standard. No one can stop him if he knows his work, least of all does the College want to do so, and, as a matter of fact, a large and increasing number of Catholic diplomates obtain the Fellowship. There is not, here, as in some other Colleges, any selection of Fellows, by Catholic or otherwise. It is, indeed, a subject of regret that many do not take the Fellowship, and that many hospital and school teachers in Dublin do not hold it, but this arises from circumstances over which the College has no control. For the past forty years the whole of the Queen's College students have gravitated either to the Queen's University or to its successor, the Royal University, or have migrated to Scotland. This has arisen chiefly through local school association and a saving of money, and even Mr. MacArdle will scarcely aver that religion has anything to do with it. But the fact remains that the number of Catholic Fellows who are in a position to offer themselves for collegiate office is relatively few. Yet of those that *are* available almost every one (save Mr. MacArdle, who complains that he did not get even one vote) has served or is serving the College. For a seat on the College Council every Fellow can offer himself, once a year, to the 280 electors, and no power can prevent his election if his character and professional standing recommend him to these Catholic electors. As a fact, four Catholic surgeons are now Councillors, of whom one has been President, and two others Examiners. Mr. MacArdle's own colleague at St. Vincent's was both Councillor and Examiner, and, we believe, might be so again if he wished. The other specially Catholic hospital, the "Mater," contributes two of its surgeons—one of whom has been an Examiner for several years—Jervis Street Hospital—also supposed to be Catholic in sentiment—contributes two Catholics of its staff, one of whom has been an Examiner. The Professor of Anatomy in the Catholic University School is now an Examiner, and the Professor of Physiology was so for several years, while three of the Catholic learners of Mr. MacArdle, two of whom have ceased to be Fellows of the College, were all examiners in their time. As to Professorships in the College school—the only other offices of emolument—we may remind Mr. MacArdle that Dr. E. D. Mapother was both Professor and Councillor for many years. That only one new election of a Catholic or anyone else to a Professorship arises from the fact that there has been no vacancy in any chair—save that one

– since the amalgamation of the Carmichal and Ledwich School with the College School ten years ago. We hope we have now sufficiently refuted Mr. MacArdle's rash statements and calumnious inuendos, and that he may now appreciate the fact that even the making of politico-religious capital does not justify an orator in saying "the thing which is not."

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## A CHARITY PRIMROSE LEAGUE.

If anything were really wanting to show that another mistake had been made in connection with the Prince of Wales's Hospital Fund, that evidence is amply supplied by the chilling silence with which the inauguration of the so-called "League of Mercy" has been received by the public Press, from the *Times* downwards. It is remarkable and curiously significant that this proposal, to which Her Majesty the Queen, together with the Prince and Princess of Wales, had announced their support, should have been so received. We fear that it means that the Prince cannot be congratulated upon those who are responsible for advising him as to the exploitation of schemes designed for the benefit of hospital charities. Thus it is impossible to avoid expressing sorrow for the Prince in the circumstance in which he is placed. With every possible intention of doing everything in his power to advance their interests, he is asked to lend his name and support to impracticable schemes which from the first have no chance of success. We are grieved, for His Royal Highness's sake, to have to admit that his Hospital Fund has proved to be a failure; it is a matter of regret to have to record that the Hospital Stamps Scheme with its "ministering children" enterprise has failed to infuse life into the Fund, and lastly it is obvious that to make a further attempt to bolster up a failure by an impossible and impractical organisation such as the "League of Mercy," the ending of which is likely to be rather more disastrous than anything which the Prince's advisers have attempted before, is to follow a policy which no sane person could possibly commend. There would have been no need for such tinkering in order to maintain the success of the Fund to which His Royal Highness had lent his name had its administration commanded the confidence of those whom it was designed to assist. But from the first it was regarded askance by those in authority in the hospital world. There were many, for example, well known as workers and organisers in hospitals, men to reckon with in their sphere of work, who were severely left out in the cold when the announcement of the scheme was made. Thus the promoters of the Fund courted opposition before the work of the Fund was commenced, and it is not unnatural to believe that that opposition, as time progressed, has been fostered, and has had not a little to do with the present disappointing position to which the Fund has reached. But all this might have been otherwise had the Prince headed a movement which was accepted from the first as a national, as apart from a one man scheme. This is somewhat the position assumed by the *Daily News*, whose trenchant article upon the "Prince's Primrose League" has attracted so much attention. "The hospital stamps," says our contemporary, "the League of Mercy, the dependence on the name of the Prince of Wales, should be given up frankly, completely, and at once, and the Prince should be invited to place himself at the head of a movement for a thorough review and reform of hospital administration. When the hospitals are under a central and representative board, and are more amenable to public criticism and control, the money for their successful working will not be wanting; the Prince of Wales's Hospital Fund will not languish." Herein, after all, is possibly the solution to the question. The hospital world in London is made up of so many rival interests, that the only chance for any successful working of the same, at all events so far as the distribution of public funds is concerned, is, perhaps, the organisation of a central authority composed of representatives from each charity. There would then be no fear of each hospital, special and general, not receiving its due; there would be no room for favouritism with regard to the distribution of public funds; confidence would be felt in the decisions of such a board, and the public, imbued with the same confidence, would scarcely fail to do their part in providing the funds. The proposal of having a Central Hospital Board for London was, it will be remembered, submitted to the Executive Council of the Prince of Wales's Hospital Fund, and, as was to have been expected, the Council declined to have anything to do with it, no doubt because it emanated from the Charity Organisation Society, with whom Sir Henry Burdett has for long had variances. But since then the Executive Council aforesaid, having failed to make a success of the Prince of Wales's Fund, their authoritative control over the Hospitals has dwindled almost to vanishing point, and thus has made plainer than before that some central administrative organisation in the interests of these charities is needed.

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## PREMATURE BURIAL.

Among a multitude of popular errors there is probably none more widely spread and more deeply rooted than the belief in the frequency of live burial. Of recent years the subject has been fanned from a smouldering ember to a hot flame in various parts of the world, chiefly, it may be remarked, by folk who are interested in furnishing patent coffins, in the sale of special literature, in the paid certification of deaths, or in other ways productive of direct or indirect pecuniary benefit. The possibility which they maintain is terrible indeed, and one certain to grip tenaciously the imaginations of folk whose faith is not founded on logic. In America the movement has been so industriously engineered that a Bill is actually being introduced into the Legislature with the object of preventing premature burial. The ways and means by which it is proposed to compass that end are such as might be expected from men who have accepted the theory of so grim and ghastly an occurrence. Provision is made for the retention of a supposed dead body for at least twelve hours in a well ventilated public mortuary chamber open to inspection. The most important innovation, however, is that which demands from the medical attendant or the coroner a death certificate making specific mention of the following signs of death:—(1) Permanent cessation of respiration and circulation; (2) purple discoloration of the dependent parts of the body; (3) absence of blistering around a part of the skin touched with a red-hot iron; (4) rigor mortis; (5) signs of decomposition. Exceptions are made as to the exposure of those dead from certain communicable diseases, and also when vital organs are obviously destroyed or the body has been discovered in an advanced state of putrefaction There is nothing in these proposals which reasonable persons anywhere need hesitate to accept; indeed for that matter, the institution of a universal mortuary system in the United Kingdom would be a most desirable step in the right direction. Nor would they refuse any measure that rendered careful personal and skilled inspection of a dead body imperative before the granting of a certificate of death. At the same time, it seems likely that the whole theory of the frequent occurrence of premature burial is a bogey, a popular error, an imaginative myth that melts away before the prosaic touch of scientific investigation. A year or two ago a small volume was published in London under the title of "Premature Burial: Fact or Fiction?" The author did not deny the possibility of the occurrence of live burial, but altogether doubted its probability. He further analysed the literature of the subject, and asserted positively that of the many hundreds of reported cases he could not find a single one trustworthy from a scientific point of view. He pointed out the many fallacies that surrounded the subject, such as the impossibility of life being sustained for any length of time inside an air-tight coffin, and the numerous ways in which the position of a body might be disturbed in a coffin between death and burial; and he showed that the cases of resuscitation, if accepted, went to prove the difficulty of burial under such circumstances. Briefly stated, his main conclusion was that while no cases of premature burial could be taken as established, yet that under certain conditions demanding rapid burial it might be remotely possible, but at the same time it became practically out of the question after the supposed corpse had been subjected to a skilled medical examination. We allude to this little book because it is the only one with which we are acquainted that deals with the matter from a scientific standpoint. Its contentions have never been upset, indeed, the only attempts to meet them have been by untrained writers who have trusted to unsupported contradictions, and to the further testimony of hearsay and unsifted evidence which would not be accepted in any court of law. The course that will probably be adopted by the American legislature as regards the above-mentioned Bill is not within our knowledge, but, if passed, it will be by no means the first occasion upon which a knot of agitators has diverted the current of legislation into non-scientific channels although, fortunately, in this case, no actual harm is likely to ensue. For some years past the introduction of a similar measure has been hinted at in certain quarters in our own country, but it is to be hoped that Parliament will stop at the establishment of public mortuaries and the much needed strengthening of death certificates. Of late not a little has been heard of the coming millennium of social legislation. When that happy era is at hand it may be pretty safely predicted that a new Medical Act will occupy a foremost place in the scheme of reform, wherein the other points mentioned will also figure prominently. Meanwhile, the timorous citizen may be advised to disregard the bogey of premature burial, and the timorous legislator to exclude it from his list of matters that press for attention in the field of practical politics.

# Notes on Current Topics.

### Nitrous Oxide as an Anæsthetic.

NITROUS oxide is a very useful anæsthetic, but it is generally regarded as an agent which does not lend itself to operations requiring prolonged unconsciousness. Recent researches show that this view is founded on an imperfect appreciation of its properties, for it has been demonstrated that by a judicious and carefully regulated admixture of oxygen, or even of air, the anæsthetic effect can be maintained for an indefinite period. Moreover, this admixture removes the asphyxial phenomena which constitute the only danger which the use of this agent entails. It is evident that we have not reached finality in the matter of general anæsthetics, for there are many alternative ways of inducing insensitiveness to pain. Pure nitrogen and hydrogen, for example, produce anæsthetic effects very similar to those following the administration of nitrous oxide. It is a curious fact that the addition of about 5 per cent. of oxygen gets rid of the lividity and stertorous breathing which characterise the effects of nitrous oxide as usually given, and as the anæsthetic effect is not thereby lessened, we may infer that nitrous oxide does not produce its effect merely by depriving the nervous centres of their quota of oxygen, but in virtue of a specific action. It is suggested that it leads to an accumulation of carbonic acid in the blood sufficient to deprive the sensorium of its functional activity in spite of a provision of the element oxygen. Though possibly less convenient of administration than the anæsthetics in general use, the fact remains that nitrous oxide is by far the safest general anæsthetic we possess, and if a simple and not too expensive apparatus could be devised for its administration in combination with measured quantities of air or oxygen its more general use in surgery might conceivably do something to reduce the present lamentable mortality from anæsthetic narcosis. Neverthe less it does not appear likely to displace chloroform which, when properly administered, is safe enough for all practical purposes. When the profession and the public have come to regard every death under chloroform as entailing a presumption of careless or unskilled administration only to be foregone on proof of adequate experience, and the employment of the best apparatus procurable, the mortality under this head will, we doubt not, promptly fall, if not to zero, at any rate to the extent of becoming a negligeable quantity.

### The Right of Prosecution.

IN the course of a reply to Mr. McNeill on certain statements charging Dr. Hime with practising vivisection, it was stated by the representative of the Home Office that the performance of an experiment upon an animal calculated to give pain, by a person without a licence, was an offence under the ordinary law, in respect of which anyone might prosecute. We were under the impression that under the Vivisection Act the right of prosecution was vested in the Home Secretary, but closer scrutiny shows that this restriction only applies to proceedings against licensed persons, and amateur vivisectors unprovided with a licence would render themselves liable to prosecution under the ordinary law for the protection of animals. They would presumably be charged with "causing unnecessary pain," but the magistrate would have to decide whether such a thing as an inoculation with a specified object in view amounted to the infliction of unnecessary pain, and we feel sure that the average magistrate would hesitate to place the scientific investigator on the same footing as the irate coster who twists off his donkey's tail, or the wanton rough who sets his dog to worry a cat. We are not likely to see this point settled in a hurry, because, on the rare occasions on which a private and unlicensed person infringes the Act, he does not carry out his experiments on the doorstep for the information of the man in the street, but, in Biblical language, goes into his closet and shuts the door.

### Operations for Enlarged Prostate..

AT a recent meeting of the Clinical Society Mr. J. R. Lunn read notes of a series of six cases of castration for enlarged prostate with results which ought to go far to popularise recourse to what, so far, may lay claim to be the only surgical procedure which holds out any substantial prospect to these unfortunate patients of permanent relief from the terrible sufferings and permanent discomfort entailed by an enlarged prostate. There is, of course, a reverse to the medal. We cannot with impunity temper with glands which, in addition to their ordinary secretions, doubtless exert a far-reaching effect on the organism by means of the internal secretions of which Claude Bernard was the first to suspect the existence. Although Mr. Lunn does not appear to have observed any instance of mental trouble as a sequel of the operation, other surgeons have been less fortunate, and, in a certain proportion of the cases, mental disturbance accompanies or follows vesical relief. Even when a reduction in the size of the prostate has been attempted by this operation the necessity for measures having for object the removal of the mechanical conditions created by past difficulties remains. As a rule considerable damage has been inflicted on the genito-urinary tract before this *dernier ressort* is consented to, and, unless these are met, the supervention of renal disease is but too likely.

### The Asepticity of Urine.

IN former days it used always to be assumed that the extravasation of urine into the peritoneal cavity meant the development of an attack of acute peritonitis. Later experience, however, has taught us that this is by no means the case. Whether or not the peritoneal inflammation begins depends upon the character of the urine. If, for example, a ruptured bladder discharges healthy aseptic urine into the peritoneal cavity, no inflammation occurs; in other words, everything seems to depend upon the asepticity of the urine. Tuffier was the first to draw attention to this fact, and cases have been recorded in which the proof of his statement is placed beyond dispute Confirmatory too of the fact is the case recently published of a farmer who was kicked by a horse, after having been thrown, as the result of which he sustained an intraperitoneal rupture of his distended bladder, followed by extravasation of the urine into the peritoneal cavity. The perforation presumably was a small one, and, occurring at the time when the bladder was very much distended, it was closed by the contraction of the empty organ, and rapidly healed. The man recovered without a bad symptom, the whole of the extravasated urine having been absorbed by the peritoneum. Such cases as these are gratifying examples of what Nature can do when she is so disposed.

### The Flash Point Crusade.

WE are glad to see that the *Star* is still carrying on its able campaign against the dangerous low flash American mineral oil sold in this country. There must be no compromise in the matter. The public should understand that nothing short of a minimum flash point of 100 degs. F. is safe, so far as petroleum is concerned. It has been proved beyond dispute that the present low minimum flash point of 73 degs. F. is deadly dangerous to the consumer, apart from the construction of the lamp, and the only plea which can be urged in favour of its retention is one solely advanced in the interests of the monopolists by whom the oil is supplied. The Standard Oil Company, we understand from the *Star*, having taken alarm at Mr. Reckitt's Bill which is set down for second reading in the House of Commons on the 15th instant, are bringing pressure to bear upon oil vendors in order to cajole them into petitioning the Government not to raise the flash point to 100 degs. F., as the Bill proposes to do. It is to be trusted that the trade will do nothing of the sort. This attempt by the company to influence their customers adversely will probably defeat the object which the former are seeking to obtain. In the midst of all the discussion upon the subject it is difficult to understand the position assumed by the Government. The chairman of the Petroleum Committee, Mr. Jesse Collings, as is known, has opposed the proposal to raise the flash point, but why should the Government seem to be favourable to this view also? Surely enough evidence has been brought forward to show the evil that the low flash petroleum is capable of producing. Moreover, it is iniquitous that the lives of the people in this country should be imperilled by the sale of an oil which is not allowed to be sold in America.

### "The Cry of the Children."

It was wise on the part of Lord Salisbury to leave the "Children's Bill" to the decision of Parliament. Consequently the second reading of the Bill was carried by a very decisive majority of 258, on Wednesday last. Convinced of the great physical and educational evils inseparable from the half-time employment in factories, it was time this step should be taken. We may now hope, after the commanding success of Mr. Robson's Bill for raising the age of the children from eleven to twelve, the Bill will be placed on the Statute Book on a very early day. The measure is a necessity if this country is to compete successfully with France, Germany, Switzerland, and other countries in the commercial world, and because the physical deterioration arising out of the half-time systems means stunting and weakening the raw material of our Army and Navy. Indeed, the system of "half-time"—that is, of setting young children to premature toil—is cruel as well as fundamentally wrong. We, therefore, heartily endorse the sentiment expressed in Parliament by the author of the Bill, that "No nation can expect to prosper by hindering the physical and mental development of the young."

### Plymouth Guardians and the Local Government Board.

As the world knows, the policy of the Local Government Board has hitherto been to interfere as little as possible with matters of local administration. As a rule it is only when some scandal has stirred up the indignation of the public that the central bureau has taken decisive action—that is to say, so far as a brave show of authority goes. But local bodies have learned to disregard the *brutum fulmen* of Whitehall as an empty threat to be laughed at and evaded. A case in point may now be witnessed at Plymouth, where the condition of the Poor-law infirmary has long been notoriously inadequate and bad. For two years the Guardians have played the familiar parochial game of battledore and shuttlecock with the central Board, until the latter has lost patience and addressed a peremptory letter calling upon the Guardians forthwith to provide the necessary accommodation. The results of this official order has been a simple declaration of defiance on the part of most of the local administrators, whose chairman openly advocated a policy of masterly inactivity. So far as can be gathered, the chief objection to rebuilding is the cost, which will be about £50,000; but, of course, that is no argument for failure to discharge a legal duty. From the uncontradicted statements of Guardians, the present infirmary is inadequate both in space and in construction; in fact, a number of patients have to sleep in the main workhouse buildings, and one lunatic sleeps on the floor, while the bathing arrangements are described as "scandalous." Of late years the Poor-law administration of the West of England has gained an unenviable notoriety, and it is somewhat curious that Guardians should court further publicity in similar unfavourable directions. The next move of the Local Government Board will be awaited with some interest.

### The Irish Medical Association Reform Meeting.

We publish in our Irish Supplement of this day an extended report of the aggregate meeting of the profession held in the Irish College of Surgeons on Thursday last, and organised by the Association. We may truthfully describe the meeting as an unequivocal success. It was admirably administered by Sir Thornley Stoker, the President; was distinguished by the presence and by the advocacy of its objects by the Presidents of the Colleges and other leaders of public opinion on professional affairs; was the largest gathering of Poor-law Medical Officers which ever assembled in the College or elsewhere; and was characterised throughout by the calmness and argumentative discretion of the speakers, none, of whom asked for more, in the way of reform, than might reasonably be granted. Such a meeting must have, and we hope, has already had an excellent public effect, and will, we doubt not, do much to bring the authorities into line with the reasonable aspirations of the Poor-law Medical Officers of Ireland.

### Modern Views on Graves' Disease.

Exophthalmic goitre, or Graves' disease, is by no means the implacable morbid entity that is pictured in most text-books. On the contrary, it would seem that a very large proportion of the patients suffering from this malady sooner or later undergo partial spontaneous recovery. When death does occur therefrom, it usually takes place during the first eighteen months, and in view of the inefficacy of treatment, it is comforting to recollect that Nature has a way of her own of discarding the most troublesome symptoms. Of these, palpitation is certainly the most constant, and it is precisely the one which most uniformly undergoes spontaneous subsidence. The outward and visible manifestations in the shape of enlarged thyroid and prominent eyes, on the other hand, rarely do more than to cease developing. The pathology of the disease is still shrouded in much obscurity. The hyper-secretion of thyroid juice, to which are ascribed the clinical manifestations of the disturbance, may after all only be an effect of an underlaying disorganisation of the nervous system. Certain it is that the results of partial removal of the gland do not give better results than less drastic measures, while the intervention is of itself a highly hazardous proceeding.

### Myths About the Mahdi.

THE discussion which has been taking place in the House of Commons about the late eminent prophet of the Devrishes has not been edifying as an example of British intelligence. Great umbrage was displayed at the treatment meted out to the Mahdi's body by the Sirdar, and great pains were taken in the endeavour to discover what had become of his skull. The opinion still seems to prevail among a certain class of people that the Mahdi's skull is not now lying peacefully deposed at the bottom of the Nile; on the other hand, the conviction seems to be firmly implanted in the minds of some persons that it is now adorning the craniological collection in the Hunterian Museum at the Royal College of Surgeons, England. As a matter of fact, there is no evidence to show that the Mahdi's skull is not exactly in the place to which the Sirdar ordered it to be consigned, and the officials at the college aforesaid are just as ignorant of its whereabouts as probably the Mahdi is now himself. Again, someone is reported to have handed round to the guests at a dinner the other day one of the Mahdi's little fingers. There is, however, probably just as much truth in this as in the other *canards* about which so much unnecessary fuss has been made regarding the defunct prophet. But in all these transcendental displays of wounded sentiment no one seems to have recalled what the Mahdi did to the body of our great countryman, General Gordon. In their efforts to make political capital out of a necessary incident in the Soudan campaign, the busy-bodies, both within and outside the House of Commons, have overlooked the fact that nothing which may have been done with the Mahdi's remains could equal the savage indignities heaped upon the body of one of England's greatest sons whom fate placed in the power of the Mahdi.

### The Health of the Pope.

THE surgical intervention which the medical advisers of his Holiness thought necessary to practise last week, consisted in the removal, through a five inch incision, of a sebaceous cyst, the size of an orange, situated over the iliac bone on one side. The cyst had been slowly increasing in size for the last twenty-five years, but beyond preventing its illustrious possessor from sleeping on that side, it had seldom caused any trouble or inconvenience. As is not uncommon with this kind of cyst, its long-standing quiescence suddenly gave place to acute inflammation, causing a disquieting rise of temperature and considerable local distress. As the use of a general anæsthetic was obviously unadvisable in a patient nearly ninety years of age, sensation was diminished by the use of cocaine and a refrigerant, and the inflamed cyst, including its envelope, was removed without difficulty by Dr. Mazzoni. The temperature at once returned to normal, and in the absence of septic complications, no evil results are to be apprehended.

### A Reported Antitoxin for Pneumonia.

THE recent life-and-death struggle in which Mr. Rudyard Kipling has so happily gained the upper hand will focus for a time the minds of mankind generally upon the why and wherefore of pneumonia. The pathology of that scourge has been recently discussed in these columns, and the only reference that need now be made in that direction is the causative nature, in many if not in all cases, of a specific pneumo-coccus bacillus. With regard to that microbe a notable announcement was made last week by a disciple of Koch, Professor Wasserman, who hopes that he has discovered an antitoxin that may be curative of pneumonia. From the reports which are at hand it seems that the Professor first inoculated rabbits with active pneumococcic cultures. After prolonged experiments he discovered that the antitoxin produced in the animal was elaborated in the red marrow of the bones, so that red marrow taken from a human subject dead from pneumonia, and used as serum, will cure mice infected with that disease. Whether this observation will be upheld in the long run or not, there is little doubt that, sooner or later, in some such way the ravages of the deadly pneumococcus will be set at naught by the scientific medical man. It is well, however, to accept news of this kind with a good deal of caution, for it is the way of mankind eagerly to clinch the belief of whatever it wishes to believe. The wild excitement that ran through all ranks and conditions of society, medical and non-medical, rich and poor, at the announcement of Koch's supposed remedy for tuberculosis, will remain a standing memento of the unwisdom of accepting a theory that has not been subjected to the stern test of everyday practice.

### Prize Fight v. Boxing Contest.

THOSE who abide by the law will rejoice over the decision of the Glasgow Bailies that the modern match with light gloves is no mere boxing contest. Two men named Dobbs and McDonald were charged with assault and breach of the peace on February 22nd by engaging in a prize fight in the city mentioned. The police evidence testified to the fierce and determined nature of the conflict. In the second round Dobbs knocked McDonald down twice, on one occasion through the ropes and off the platform. The fighters' object was to knock each other senseless, and the encounter could not have lasted for the stipulated twenty rounds. The truth of the last statement has since been abundantly upheld at Newcastle, where the same two pugilists met while under remand from the police-court. The Scotchman was beaten before the second round by some tremendous knock-down blows. All this brutality reads like a newspaper cutting from the barbarous days of our forefathers, when prize-fighting was a fashionable art. The milder manners of recent generations, however, have changed all that, and have declared these brutal encounters illegal. In the name of commonsense, then, let the police stop the revival of the prize-fight under the specious pretence of being fought with light boxing-gloves, which afford about as much protection as would a pair of ordinary riding gloves. At the same time no one wants to hinder the healthy sport of boxing with ordinary gloves. Surely some rules increasing the weight of gloves, and making glove fights for money prizes or wagers illegal, would go far to scotch the spurious glove fight.

### Suicide in a Hospital Padded Room.

The padded room of the London Hospital seems bent upon winning its way into notoriety. A few weeks ago it witnessed the death of a patient suffering from delirium tremens, and bound hand and foot in some form of mediæval shackles. Now, it has been brought to the coroner's notice as the scene of a suicide of a temporarily insane patient. From the evidence it appeared that the deceased cut his throat, and that it was within the knowledge of the two male attendants that he had a knife in his possession. It would be interesting to learn what were the qualifications of the men to whom the arduous and responsible duty of attendance was entrusted. That they were unworthy of the confidence bestowed on them is to be gathered from the foreman's rider to the verdict: "We unanimously wish to pass a vote of censure on the attendants Green and Clark, as we do not believe a word they say."

### The Death of Dr. Boyd.

There are several points worthy of attention in connection with the lamentable catastrophe which entailed the sacrifice of a valuable life. First and foremost, is the carelessness which characterised the fatal error. No precautions can ever avail against accidents of this kind if patients will not even take the trouble to look at the bottle and its label, and in this instance, if the wrappers had been removed, as they normally would be, the error would have been impossible. Another striking feature is the extraordinary rapidity with which the acid produced irreparable mischief. There was immediate warning of the mistake and every opportunity, had skilled aid been promptly forthcoming, for antidotal measures, a dose of oil, or milk, or white of egg, or Epsom salts, and the mischief might have been limited to the local damage. What a splendid opportunity for "first aid" intervention! The occurrence serves to emphasize the singularly deadly nature of the poison which the Government, with inexplicable obstinacy, declines to safeguard. It suggests, moreover, the desirability of insisting that the label on all bottles containing a deadly poison shall bear directions for treatment in the event of a mishap. The extra cost of such labels would be trifling, and the gain of time all important. An additional precaution would be to have all poison bottles triangular in shape, thus calling attention in a way that could not possibly be misinterpreted to the nature of their contents.

In 1870, there were 527 medical women in the United States; in 1897 there were 6,882.

### The Medical Society of Victoria.

The Medical Society of Victoria, which has elected Sir T. N. Fitz-Gerald as its president for the current year, is a very flourishing colonial medical body. Its membership now amounts to a total of 276, and thus entitles it to be regarded as one of the first—if not the first—of the societies among the British Colonies, devoted to medical work. Our contemporary, the *Intercolonial Medical Journal*, the organ of the Society, publishes in its January issue a long list of valuable communications read at the Society's meetings during the past year, and a reference to the treasurer's report shows that the balance in favour of the Society now stands at upwards of £1,130. We congratulate our *confreres* in Victoria upon their successful organisation.

The second reading of the "Sale of Food and Drugs Bill" was moved by the Secretary of the Board of Agriculture, Mr. Walter Long, on Monday night, and stood adjourned. The debate is expected to be a prolonged one, much opposition being already manifested to some of its provisions.

## PERSONAL.

Surgeon-Gen. Muir has been selected as Deputy Director-General of the Army Medical Service.

Sir T. N. FitzGerald has been elected President of the Medical Society of Victoria for the current year.

Mr. E. F. Eliot, F.R.C.S., L.R.C.P.E., F.F.P.S., &c, has been appointed a magistrate for the County Borough of Southampton.

Mr. W. F. R. Weldon, F.R.S., has been elected Linacre Professor of Comparative Anatomy at Oxford in succession to Professor Ray Lankester.

Dr. Ray, who for the past thirty years has been in practice in Dulwich, was last week presented with a silver bowl and salver, together with a cheque for £116, subscribed for by his patients and friends in the district.

Professor Ray Lankester, Superintendent of the Natural History Museum, South Kensington, has been appointed a corresponding member for the Anatomical and Zoological section of the Academy of Medicine in Paris.

We understand that the Senate of the University of Aberdeen has decided to confer the honorary degree of LL.D. on Dr. James F. Goodhart, Physician to Guy's Hospital, a former graduate of the University with highest honours.

Lord Rosebery has been nominated by the Liberal section of students of the Glasgow University for the Lord Rectorship. The Conservative section have not yet decided on their candidate, but are expected to settle the point this week.

Surgeon-General Albert Gore, who has recently retired, with much distinction, from the position of Principal Medical Officer of the Indian Army, and on whom devolved the entire medical management of the extremely difficult campaign in North-West India, is temporarily residing in Kingstown.

THE Duke and Duchess of Fife visited the Hospital for Sick Children, Great Ormond Street, on Thursday last. The Duchess gave toys to 154 children in the wards, and the Duke gave £100 towards the £20,000 required to complete the purchase of the Nurses' House and the garden for the sick children.

THE fact that a member of our profession has reached the patriarchal age of a century is of such rarity that we are prone to call attention thereto. What is more remarkable in the present instance is that Surgeon-Major John Bouron served the best years of his life with the Army in India, dying at Brighton on Sunday last in the 101st year of his age.

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## Scotland.

[FROM OUR OWN CORRESPONDENT.]

THE GLASGOW CORPORATION AND MEDICAL FEES.—Recently a Glasgow practitioner became dissatisfied with a fee of five guineas for some work which he had done on behalf of the Corporation, and returned the cheque, accompanied by a note, "with compliments." The incident was duly reported to the committee interested, and they agreed to accept the gentleman's compliments and cancel the cheque. Probably the amount of work done would have been badly remunerated by the acceptance of this small cheque, but it is proverbial that the Glasgow Corporation does not consider medical men's time as of much value. Some time ago a medical man was sent for by the police in a case of accident, the best part of a whole day was taken up, an exhaustive report written, as well as evidence before officials. After a while a modest account for the large sum of one guinea was sent in, to which the Watching and Lighting Committee replied that if the charge had been, say, 3s. 6d. they *might* have considered it, and as no written order was sent to the medical man, even although summoned by the police on the beat, they would not entertain for a moment any indebtedness, and the claim was accordingly disallowed. Let Glasgow flourish!

CHAIR OF ZOOLOGY AT ABERDEEN.—A testimonial in the form of a letter is being largely signed by the professors and medical students in the Glasgow University in favour of the candidature of Mr. James Rankine, B.Sc., M.B C.M., Professor Young's assistant, for the vacancy caused by the death of Professor Nicholson. Mr. Rankine has been for several years assistant and demonstrator in the Glasgow University under Professor Young. He graduated B.Sc. in 1892 with first-class honours in zoology and botany, being awarded at the same time the George A. Clark Scholarship in Natural Science, of the value of £180, tenable for four years. He received his M.B.C.M. in July, 1897, with commendation.

GOVERNMENT LUNACY BOARD, SCOTLAND.—As Dr. Sutherland is likely to be raised to a higher grade on the Board, there is a rush of candidates for the post of Deputy Lunacy Commissioner. The appointment is in the hands of the Secretary of State for Scotland, and a great deal of canvassing is being carried on and wire-pulling done by certain Glasgow physicians, in order to secure the coveted post. Of course, influence will carry the day, and if a Glasgow man does not secure the appointment there will be great wailing and gnashing of teeth, in some instances of gums. It must be admitted that lately Glasgow men have been very fortunate in securing comfortable and lucrative appointments, and if their good luck continues, they will, after a while, expect to fill any vacancy to the exclusion of all others, as a *matter of right.*

## Parliamentary News.

AMONG the new Bills introduced is "The Inebriates Act Amendment Bill," the object whereof, comprised in two clauses, is to remedy omissions in last year's Act. It has been found necessary to provide that the expense of prosecutions under Section II. should be payable as in cases of felony, while the second clause gives power to deal summarily with breaches of the regulations made by the Secretary of State with respect to inebriate reformatories. The Home Secretary promised to consider the appointment of a lady inspector should this appear necessary.

THE Sale of Food and Drugs Act Amendment Bill is before the House. The first part deals with dairy produce. The Margarine Act is extended and rendered more precise, and cumulative penalties are proposed in connection with the adulteration of food and drugs.

IN reply to a question by Mr. W. Ambrose, Mr. Long said that no case of rabies was known to have occurred in Middlesex during the past six months, but he did not consider that the muzzling order at present in force in that and other parts of the Metropolitan Police District could as yet be safely withdrawn.

IN reply to a question by Dr. Farquharson, it was stated that an increased establishment had been given to all companies of the Volunteer Medical Staff Corps, in order to complete the *personnel* for transport sections. There was no present intention of making any alteration in the rank of Volunteer Medical Officers. The question of the reorganisation of the Volunteer infantry bearer companies was stated to be under consideration.

IN reply to Mr. Channing, Mr. Balfour stated that the Government did not at present contemplate the introduction of legislation having for object to provide that questions dealing with tuberculosis should be dealt with as for the whole country, the better to secure uniformity of administration.

THE nursing arrangements in the Egyptian campaign were again the subject of discussion on the initiative of Captain Norton. It was admitted that the principal Medical Officer of the army of occupation had asked for a hospital ship, and that the General commanding in Egypt had promised to consult Lord Cromer and make the application if necessary. No such application, however, was made. The Under-Secretary was fain to contest the advantages of a hospital ship, as if there could possibly be two opinions on such a subject, but he had to admit that considerable delay was entailed by the want of the ship in respect of the 280 men sent home. There were at the hospital base 226 men nurses and 10 women nurses, all trained, for an average of 541 patients. The difficulty of enforcing discipline was alleged as a reason for not increasing the number of female nurses. As this is a matter which closely concerns the comfort and well-being of those who have to do the actual fighting, we may expect it to crop up again, when it is to be hoped the weight of the Government will not be used to prevent the responsibility for shortcomings being brought home to the proper parties.

IN reply to Captain Norton, Mr. Powell Williams said there was not the same necessity for establishing convalescent homes for soldiers in Ireland as in England, the Irish barracks being mostly situated among small populations and in healthy surroundings. So far as circumstances would permit arrangements would be made for the reception of convalescing soldiers in Ireland similar to those in other parts of the United Kingdom.

IN reply to Mr. Strachey, Mr. Chaplin said he had no information to the effect that objections are felt by many medical men at having their patients visited by the public vaccinator. The duty of the public vaccinator to visit the home of an unvaccinated child does not arise until the child has attained the age of between four and five months, unless the parent requests him to visit the home at an earlier date. There is, therefore, ample opportunity for the private practitioner to perform the operation if it is desired.

IN reply to Mr. McNeill, Mr. Collings said he had caused inquiries to be instituted concerning the statements made at the meeting at Bradford referred to, but he had been unable to obtain any clear statement of what was actually alleged, nor any evidence of any illegal vivisection being performed by Dr. Hime. He added that the performance upon an animal of an experiment calculated to cause pain without a licence was an ordinary criminal offence for which any person could prosecute.

In reply to Mr. B. Simeon, Mr. Collings said the Secretary of State had requested the Inspector of Experiments on Living Animals to expedite his annual report as much as possible this year, but no date is fixed for it, and returns to be included in the report are not yet complete.

Sir Francis Powell obtained leave to introduce a Bill to extend the Infectious Disease Notification Act, 1699, to districts in which it has not been adopted. The Bill was read a first time.

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# Correspondence

We do not hold ourselves responsible for the opinions of our correspondents.

## THE PROPOSED "LEAGUE OF MERCY."

*To the Editor of* The Medical Press and Circular.

Sir,—I am hardly disposed to think the Prince of Wales has been wisely advised as to the founding of a "League of Mercy" for the further promotion of his Hospital Fund, which, so far, cannot be said to have achieved great success. The idea of a special order, with all its dazzling tinsel and paraphernalia of grades of Grand Cross Knights down to members ranking the Fifth Class, is inconsistent with, and repugnant to, the cause of charity and the work of philanthropy, which have hitherto escaped evil communications, since it is admitted to be in the interest of charity that the "right hand should not know what the left doeth." This will clearly not be so in connection with this brand new order, as in the printed statement it is said that "founders and benefactors will be eligible for the decoration." No doubt the Prince believes that he has taken every precaution in this respect, but the wire-pullers that surround him will take care to make it appear to the public there is something more to be got by subscribers to this fund than has ever before been offered to annual subscribers to the hospitals, and in an indirect manner there will be a proportionate falling off in the direct receipts of the hospitals. Indeed, some of them are complaining that the Prince of Wales's Hospital Fund has had the effect of withdrawing subscribers already; at all events, it has not improved their position. The motives of the Prince in this matter command universal respect, but as one officially connected with hospitals for very many years, I cannot but regret these have been diverted into so questionable a channel. Moreover, it will seem to imply that we all have our price, and herein lies the tempting offer for a higher bid. What has gone before did not go far enough. Agreeing as I do with the remark of one of your lay contemporaries that the motives to which appeal is made by this finery and flummery of a Knight of the Grand Cross of the League of Mercy, "are not those which brought our hospitals into existence, nor will such motives serve to maintain them."

I am Sir, yours truly,

A Hospital Surgeon.

March 4th, 1899.

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## SALOPHEN IN INFLUENZA.

*To the Editor of* The Medical Press and Circular.

Sir,—I happened to notice Dr. Wright's letter drawing attention to the value of salophen in influenza in your issue of March 1st, and, with your permission, would corroborate, as the result of practical experience, some of his statements, having used salophen in influenzal cases for over two years. Just as it is difficult to say in a case of rheumatism whether salicylate of soda is more likely to be of service than some other of the commoner anti-rheumatic remedies, so is it difficult, at the present stage of our medical knowledge, to judge in what cases salophen is more likely to prove beneficial than some of the other drugs in common use for treatment of influenzal symptoms.

The experience which I have had of salophen leads me to believe that its greatest value and efficacy lie in its employment for relief of muscular, gastric, gastro-intestinal, joint and head pains associated with influenza.

As to its anti-pyretic value I cannot speak highly, as I find that salophen is much more uncertain in action than phenacetin, for example, and the action is more delayed, and the effect passes off much sooner than when phenacetin is administered.

As affording relief for influenzal headache, especially when associated with giddiness and noises in the ears, salophen in doses of 15 grains, three or four times a day, is particularly valuable.

Compared with phenacetin, its hypnotic effect, especially in children, is slight. On the other hand, its diaphoretic action is, I believe, greater than phenacetin, antipyrin, or antifebrin, and I have never noticed any depression following upon its administration.

I am Sir, yours truly,

West Hartlepool, March 3rd, 1899. W. Gray.

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# Literature.

## STEWART'S PHYSIOLOGY. (a)

This is the third edition of a work which promptly conquered for itself a high position in the teaching world. It is not a mere reprint, the work as a whole having been revised and in parts rewritten. A considerable amount of new matter has been added especially in the department of practical exercises. These "practical exercises" constitute the most salient feature of a work which covers some 850 pages, and comprises upwards of 300 illustrations with five coloured plates. The author has adopted the plan of "interweaving formal exposition with practical work." On looking over the directions for practical work, one is struck forthwith by the fact that many of the experiments suggested would expose the confiding student to the penalties provided by the law against vivisection, but the author explains that "for various reasons," a somewhat wider range of experiment is open to the student in America than in this country, and English students will have to do many of them by proxy, *i.e.*, learning from demonstrations. The arrangement of the exercises is intended to secure that practical work on a given subject shall actually be going on at the time as it is being expounded in the lectures, obviously an admirable way of securing a proper correlation of theoretical and practical knowledge.

A text-book of physiology does not readily lend itself to detailed criticism, especially as the author is not personally responsible for the views and hypotheses therein contained. These have to be grasped by the student without reference to their ultimate fate. Moreover, in regard to the manner in which the subject is treated, for which alone the author can claim credit and incur responsibility, we have nothing but praise. When one compares the work with the text-books from which past generations of medical men gleaned their somewhat perfunctory knowledge of physiology, one is impressed by the progress that has been effected in teaching methods. The proper introduction to the study of a natural phenomenon is obviously an explanation of the mechanical laws which underlie the particular organic manifestation, and that is a rule which the author rigidly adheres to. We cannot adequately comprehend the circulation, unless we have previously acquired a knowledge of the elementary laws which regulate the behaviour of fluids under various and varying conditions and this holds good in respect of all the bodily functions. This method constitutes a truly rational and scientific method of teaching such a science as physiology, its mechanism being further elucidated, when necessary, by reference to the data of comparative physiology, a knowledge of which indeed assists the student quite as much as comparative anatomy does in the study of morphology. There is, strictly speaking, no such thing as human physiology, the various organs and functions having their counterparts throughout the whole animal kingdom. By such means physiology is lifted out of the category of dry-as-dust sciences, and is invested with an interest all its own. Instead of a series of more or less dubious "facts," we have a series of explanations leading up to certain conclusions which are, to a large extent, capable of actual demonstration. We must congratulate the student on the progress that has been accomplished in this matter, and on the enormously increased facilities placed at his disposal for an acquisition of this special and fundamental knowledge. The volume is clearly printed, tastefully bound, and the illustrations are both numerous and excellent.

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(a) "A Manual of Physiology." By G. N. Stewart, M.A., D.Sc., M.D. Ed., &c. Professor of Physiology in the Western Reserve University, Cleveland, U.S.A., &c. (University Series.) London: Bailliere Tindall, and Cox. 1899. Pp. 850. With five coloured plates. Price 15s. nett.

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## SNELL ON THE EXAMINATION OF THE EYE. (a)

THIS book is likely to meet the requirements of students of ophthalmology, traversing as it does ground which in the past has been too much neglected so far as this special subject is concerned. The author, therefore, in this small manual has made up for the obvious deficiency present in this regard, in the majority of modern text-books on ophthalmic surgery. The work includes chapters on the external examination of the eye, mydriatics and myotics, the ophthalmoscope, testing the sight, abnormalities of refraction, the field of vision, the movements of the eyeball and their anomalies, and simulated blindness—in all of which, in concise and clear language, he gives the necessary details which form the groundwork of the study of eye diseases. In brief, we can strongly recommend Mr. Snell's book, and no dresser in the eye wards of a hospital should be without it.

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# Medical News.

### The Medical Sickness and Accident Society.

THE monthly meeting of the executive committee of the Medical Sickness Annuity and Life Assurance Friendly Society, was held at 429, Strand, London, W.C., on 24th ult. In the absence of Dr. de Havilland Hall, the chair was taken by Dr. Major Greenwood, one of the vice-chairmen of the Society, and there were also present Dr. J. B. Ball, Dr. Walter Smith, Dr Alfred S. Gubb, Dr. J. W. Hunt, Dr. W. Knowsley Sibley, and Dr. F. J. Allan. As is usual during the early part of the year, a large number of sickness claims are being received by the Society, but not in excess of what is expected and provided for in the table of premiums. The list of those members who are permanently disabled also grows, and as all these are provided by the Society with pensions till aged sixty-five, varying in amount from 150 to 50 guineas a year, a considerable sum of money is expended in this manner. This, however, has been specially provided for, and there is every reason to hope that the valuation of the Society's premises, now in progress, will show ample reserves. In 1894, the date of the last valuation, a surplus of £5,000 was returned to the members as cash bonuses. Prospectus and all information on application to Mr. F. Addiscott, secretary, Medical Sickness and Accident Society, 33, Chancery Lane, W.C.

### Vital Statistics.

THE deaths registered last week in thirty-three great towns of England and Wales corresponded to an annual rate of 20·6 per 1,000 of their aggregate population, which is estimated at 11,404,408 persons in the middle of this year.

Birkenhead 20, Birmingham 18, Blackburn 32, Bolton 22, Bradford 21, Brighton 18, Bristol 15, Burnley 13, Cardiff 16, Croydon 18, Derby 20, Dublin 30, Edinburgh 26, Glasgow 25, Gateshead 19, Halifax 15, Huddersfield 20, Hull 17, Leeds 18, Leicester 14, Liverpool 26, London 21, Manchester 25, Newcastle-on-Tyne 20, Norwich 12, Nottingham 17, Oldham 20, Plymouth 22, Portsmouth 15, Preston 21, Salford 22, Sheffield 19, Sunderland 23, Swansea 20, West Ham 15, Wolverhampton 15. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 1·3 in Bolton, and 1·5 in Manchester; from whooping-cough, 1·1 in Bradford, 1·4 in Sunderland, and 2·7 in Birkenhead; from "fever," 1·9 in Blackburn and 2·3 in Wolverhampton. In none of the large towns did the death-rate from scarlet fever or from diarrhœa reach 1·0 per1,000. The 103 deaths from diphtheria included 29 in London, 12 in Leeds, 11 in Swansea, 9 in Sheffield, 6 in Liverpool, 5 in Blackburn, 4 in West Ham, and 4 in Birmingham. No death from small-pox was registered in any part of the United Kingdom.

### Mortality in Foreign Cities.

The following are the latest official returns, and represent the last weekly death-rate per 1,000 of the several populations:—Calcutta 34, Bombay 100, Paris 20, Brussels 21, Amsterdam 15, Rotterdam 19 The Hague 15, Copenhagen 29, Stockholm 24, Christiania 26, St. Petersburg 27, Moscow 24, Berlin 16, Hamburg 17, Breslau 33, Munich 23, Vienna 25, Prague 29, Buda Pesth 27, Rome 18, Venice 32.

### Death of Mr. Sargeant, of the Apothecaries Hall, London.

WE have to record the death of Mr. J. C. Sargeant, of the Apothecaries Hall, which took place at Lewisham, on February 27th, 1899, in his eightieth year For nearly forty years he acted in the capacity of Bedell to the Society. Ever kind and courteous, he will long be remembered by former candidates at the Hall. The funeral took place at Lewisham Cemetery, on Thursday last, March 2nd.

DR. WLILIAM HUGHES WILLSHIRE, whose death was announced on Wednesday from syncope, in his 83rd year, was formerly physician to, and lecturer on, the Practice of Medicine at Charing Cross Hospital.

DR. ARTHUR DAVID WHITE, who died on February 18th, at Sidi Omar, Tangier, Morocco, æt. 83. was, at the time of death, the oldest graduate in medicine on the books of Pembroke College, Cambridge, having graduated Bachelor in 1842, Licentiate in 1844, and Doctor of Medicine in 1848.

### An Unsuccessful Appeal.

THE dental practitioners of the Manchester district were invited to attend a meeting last week, convened for the purpose of discussing whether the practice of dentistry should continue to be left under the General Medical Council, as at present, or be transferred to a dental council pure and simple. Some 240 dentists had formally refused the invitation, so that the number of persons present was small, and the meeting was ultimately adjourned to enable the moving spirit in the agitation to draw up his conclusions in more precise form.

### Hunyadi Janos Substitution.

A MARSEILLES pharmacist was recently fined 200 frs. and costs for selling a purgative water from a spring called Lozer Janos, of Budaors, Hungary, the same being described on the label as "genuine Janos water." As Hunyadi Janos water is generally known in France as "Eau de Janos," it was held that this constituted illegitimate competition, and the judgment was ordered to be published in a local newspaper.

## PASS LISTS.

### Royal College of Surgeons, Ireland.

Fellowship Examination.

The following candidates having passed the necessary examination have been admitted Fellows of the College:

Mr. I. Knox Denham, L.R.C.S.I., &c., Mr. E. J. Moore, L.R.C.S.I., &c.. and Mr. T. G. Stevens. L.R.C.S.I., &c.

The following candidates have passed the primary part of the examination for the Fellowship of the College:—

Mr. R. J. Coulter, B.Ch., &c., Univ. Dub.; Mr. J. P. Frengley. B.Ch, &c., Roy. Univ.; Mr. R. D. Joyce. M.R.C.S.Eng., &c.; Mr. C. R. Boyce, Mr. E. Glenny, Mr. P. I. Hanafin, Mrs. H. L. Hennessy, Mr. J. M. S. Levis, and Mr. J. F. Peart.

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(a) "A Practical Guide to the Examination of the Eye, for Students and Junior Practitioners." By Simeon Snell, F.R.C.S. Edin.; Ophthalmic Surgeon to the Royal Infirmary and to the School for the Blind; Professor of Ophthalmology, University College, Sheffield. With eighty-eight illustrations. Edinburgh and London: Young J. Pentland. 1898.

# Notices to Correspondents, Short Letters, &c.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

### GLYCERINATED CALF LYMPH.

*To the Editor of the* Medical Press and Circular.

Sir,—I think it would be very desirable to find a shorter and more easily pronounced name for Glycerinated Calf Lymph, and I propose "Glycalymph," which is shorter by eleven letters and much easer to say, the "y" retaining, of course, its sound in glycerine.

The descriptive words might be used in full for a few years in the notices to vaccinate, and in a few other cases; but in by far the greater number the word glycalymph would be preferable, and would satisfy all requirements.

Yours faithfully,
J. P. H. Boileau, M.A.. M.D.,
Late Brigade-Surgeon-Lt.-Col. Army Medical Staff.
Trowbridge, Wilts, March 6th, 1899.

Mr. R. B. Anderson.—We are unable to accede to your request for publication, it not being in accordance with our practice to call in question the discretion of the editor of other journals.

Mr. W.—We must leave to you the responsibility for the views expressed, against which, though we publish, we protest.

M. H. S.—We will make inquiries, and will send our correspondent a private note in the course of a few days.

Mr. Shaw.—It is decidedly unprofessional for a medical man to recommend or prescribe a quack medicine to his patients.

Messrs. Potter and Clark.—The book will be reviewed in due course.

Mr. Ernest C. Clifford (Anerley).—We do not care to continue a correspondence on vegetarianism. The facts of the case have so often been thrashed out and the matter seems to have become so much one of sentiment rather than reason, that little good can be expected from dishing them up afresh.

Dr. Taylor (Nottingham).—Your very long letter came to hand as we were at press, too late, in any case, for insertion in present number, and too long, we fear, for our next.

# Meetings of the Societies and Lectures.

### Wednesday, March 8th.

Dermatological Society of London (11, Chandos Street, Cavendish Square, W.).—8.15 p.m. Demonstration of Clinical Cases.

Medical Society of London.—7 for 7.30 p.m. 126th Anniversary Dinner at the Whitehall Rooms, Hotel Metropole.

Hunterian Society.—8.30 p.m. Pathological Evening. Specimens will be shown by Sir H. Beevor, Dr. Goodall, Mr. Oliver, Mr. Targett, and other Fellows.

Royal College of Surgeons of England.—5 p.m. Prof. F. G. Parsons; Joints of Mammals contrasted with those of Man.

The Sanitary Institute (Parkes Museum, Margaret Street, W.).—8 p.m. Discussion on the Establishment of Public Abattoirs in the Metropolis in relation to the Prevention of Tuberculosis. Opened by Dr. W. A. Bond.

Royal London Ophthalmic Hospital (Moorfields).- 1 p.m. Mr Nettleship: On Retro-bulbar Neuritis.

### Thursday, March 9th.

British Gynæcological Society (20, Hanover Square, W.)—8.30 p.m. Specimens will be shown by Mr. C. Ryall and Dr. W Ramsay. Papers: Dr. G. Bantock: The Modern Doctrine of Bacteriology, with special reference to Gynæcology. Dr. J. Oliver: Adenoma Universale of the Endometrium.

Society of Arts (Imperial Institute, South Kensington).—4.30 p.m. Mr. H. A. Acworth: Leprosy in India.

Ophthalmological Society of the United Kingdom.—8 p.m. Card Specimens. 8.30 p.m. Papers: Mr. C. D. Marshall: Epithelial Implantation Cysts of the Iris. Mr. W. Dodd: Green Vision in a Case of Tabes Dorsalis. Mr. A. Lawson and Mr. Sutherland: Further Note on a Case of Albuminuric Retinitis in a Child. Mr. E. Donaldson: Strabismus Fixus.

Royal College of Physicians of London.—5 p.m. Dr. G. R. Murray: The Pathology of the Thyroid Gland. (Goulstonian Lecture.)

St. John's Hospital for Diseases of the Skin (Leicester Square, W.C.).—4.30 p.m. Dr. A. Eddowes: Cases of Keloid and other Affections of Scars.

### Friday, March 10th.

Clinical Society of London (20, Hanover Square, W.).—8.30 p.m. Papers: Mr. B. Robinson: Hydatid Cysts of the Upper Lobe of the Right Lung and Liver successfully removed. Mr. A. E. Barker and Dr. N. Nabarro: A case of Pancreatic Cyst treated by Incision and Drainage. Mr. Battle: Removal of a large Fungating Tumour of the Skull with subsequent Grafting of the Dura Mater. Mr. A. Lane: A Case of Erasion of the Ankle-joint, illustrating a new Operative Procedure.

Royal College of Surgeons of England.—5 p.m. Prof. F. G. Parsons: Joints of Mammals contrasted with those of Man.

# Vacancies.

Bristol City Hospitals.—Resident Medical Officer at the Ham Green Fever Hospital, Bristol, for one year. Salary £100 per annum, with board, lodging, and washing. (See advert.)

Cumberland and Westmoreland Asylum, Garlands, Carlisle.—Junior Assistant Medical Officer, unmarried. Salary £80 a year, with board and residence.

County Asylum, Whittingham, Lancashire.—Junior Assistant Medical Officer, unmarried. Salary commencing at £100 per annum. Apartments, board, attendance, and washing.

Liverpool Northern Hospital.—Assistant House Surgeon. Salary £70 per annum, with residence and maintenance in the house.

Roxburgh District Asylum, Melrose.—Assistant Medical Officer. Salary, £100 per annum, with furnished quarters, board, washing, and attendance.

Royal College of Physicians of London, and Royal College of Surgeons of England Conjoint Laboratories.—Director of the Conjoint Laboratories.

St. George, Hanover Square, Provident Dispensary, Little Grosvenor Street, London,—Resident Medical Officer. Salary, £100, with allowance about £80 and residence at the dispensary.

Stockport Infirmary.—Assistant House and Visiting Surgeon. Salary £70 per annum, with board, washing, and residence.

University of Glasgow.—Professor for Chair of Pathology. Normal salary £1,100.

# Appointments.

Cameron, J., L·R.C.S.P.Edin., Parochial Medical Officer and Vaccinator by the Fintray Parish Council.

Cuppaidge, J. L., M.D., B.Ch.Dub., Medical Officer for the Stoke Gabriel District by the Totnes Board of Guardians.

Gordon, J. E., L.R.C.P.Lond., M.R.C S., Medical Officer of Health for the Salisbury Rural Sanitary District.

Kempe, Gilbert, M.D., B.S.Durh., M.R.C.S, L.R.C.P. Lond. Medical Officer of Health for the Salisbury Rural District.

Lambert, J. R., M.B.Vict., L.R.C.P., L.R.C.S.Edin., L.F.P.S. Glasg., Medical Officer of Health by the Farsley District Council.

Langston, J. J., L.R.C.P. Irel., Medical Officer for the No. 6 Sanitary District of the Lambeth Union.

Laverick, J. T. B., M.B., M.S., D.P.H. Glasg., Medical Officer for the Lythe Sanitary District of the Whitby Union.

Miller, W. R., B.A., M.D., B.Ch., Admiralty Surgeon and Agent for Penzance and District.

Nott, A. H., Captain, M.B., M.R.C.S., I.M.S., Clinical Assistant to the Chelsea Hospital for Women, Fulham.

Ross, E. H., L R.C.P. Lond., M.R.C S., Assistant Medical Officer to the Infirmary, Parish of St. Mary, Lambeth.

Sproulle, A. E., L.R.C.P., L.R.C.S. Irel., Medical Officer of Health by the Withernsea Urban District Council.

Stuart-Low, William, F.R.C.S. Eng., Assistant Surgeon to the Hospital of St. Francis, New Kent Road, London.

Taylor, E. C., M.D.Lond., F.R.C.S., L.R.C.P., M.R.C.S, Medical Officer for the Workhouse, Parish of St. John, Hampstead.

Weldon, W. F. R., M.A., F.R.S., Linacre Professor of Comparative Anatomy at Oxford, vice Professor R. Lankester.

Whittome, H., M.D., C.M.Edin., Assistant Physician to the Hospital of St. Francis, New Kent Road, London.

# Births.

Anderson.—On March 1st, at East Street, Faversham, the wife of Charles Macdonell Anderson, M.D., M.R.C.S., of a daughter.

Barker.—On March 1st, at Corfe Castle, Dorset, the wife of Toft Barker, M.R.C.S., L.R.C.P.Lond., of a son.

Fuller.—On March 4th, at 7 Oxford Row, Bath, the wife of A. Leonard Fuller, M.R.C.S., L.R.C.P.Lond., of a son.

Shaw-Mackenzie.—On March 4th, at 31 Grosvenor Street, London, W., the wife of John A. Shaw-Mackenzie, M.D.Lond., of a son and daughter.

# Marriages.

Bell-Penruddocke.—On Feb. 28th, at St. John's Cathedral, Hong-Kong, by the Rev. F. R. Cobbold, M.A., Dr. John Bell, Government Medical Department, to Annie Elizabeth, eldest daughter of J. H. Penruddocke, Esq., late H.E.I.C.S., of Winkton, Hants (by telegram).

Green—Yates.—On Feb. 14th, at St. Thomas's, Howrah, Bengal, Major C. R. M. Green, L.M., F.R.C.S. Eng., to Alice Whitworth, daughter of Robert Yates, Esq., of Bolton, Lancashire.

Morton—Macpherson.—On Feb. 28th, at Christ Church, Bayswater, by the Rev. C. Ridgeway, William Britain Morton, M.D.Lond., of Brislington, eldest son of William Morton, Esq., of Gayles, Yorks, to Louisa Elizabeth, daughter of the late Hon. John A. Macpherson, of Melbourne.

Pedley—Wolsey.—On March 1st, at Denmark Place Baptist Chapel, London, Samuel Edward Pedley, M.R.C.S., L.R.C.P., L.D.S., of Camberwell, to Ada Elizabeth, daughter of James Wolsey, of Shelford Lodge, Camberwell.

# Deaths.

Bernard.—On Feb. 25th, at Woodford Green, Essex, Flora E. Bernard, daughter of the late Charles Edward Bernard, M.D., of Weston-Super-Mare.

Bouron.—On March 5th, at Hove, Brighton, Surgeon-Major John Bouron, M.D., Bergal Army (retired), in his 101st year.

Brennand.—March 3rd, at St. Thomas' Home, Westminster, Sophia, widow of James Brennand, Singapore, and daughter of the late Robert Little, M.D., F.R.C.S.E.

Forbes.—On Feb. 23rd, Arthur Daniell Forbes, M.B., fourth son of the late Dr. Chas. Forbes, R.N., at Horsmonden, Kent, aged 33.

Heath.—On March 2nd, at 248, Brunswick Street, Manchester, F. Ashton Heath, M.R.C.S., aged 69 years.

McBride.—At Arundell Villas, Weston-super-Mare, suddenly, Alexander McBride, M.D., Fleet Surgeon, R.N., aged 67.

Willshire.—On Feb. 24th, at Great Marlborough Street, London, W., Wm. Hughes Willshire, M.D., in his 83rd year.

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# The Lettsomian Lectures
ON
# SOME OF THE CLINICAL ASPECTS OF GRANULAR KIDNEY. (a)

By SAMUEL WEST, M.D., F.R.C.P.,
Assistant Physician, St. Bartholomew's Hospital; Senior Physician, Royal Free Hospital, &c.

### Symptoms.

**Granular** kidney may exist for a long time without appearing to affect the health or producing symptoms. When symptoms appear, no matter what, the disease is far advanced and in its later stages. The symptoms are multifarious, and, unless there be intercurrent nephritis, in no way of themselves suggest renal disease, so that they are very misleading, and the true nature of the case is often overlooked.

The symptoms fall into two groups, the cardio-vascular and toxæmic. Speaking generally, the symptoms occur in the order in which they are ranged, the cardio-vascular first and the toxæmic subsequently, though they may both be present together. The cardio-vascular are important, because they often cause death earlier than might otherwise occur. The toxæmic always develop if the patient live long enough. They depend upon the wasting of the kidney, become manifest when it has reached a certain degree, and progress with it *pari passu*.

The cardio-vascular symptoms are more or less mechanical or accidental. The cardiac are summed up in heart-failure. The vascular fall into two groups: the first is formed by hæmorrhage and its results; the second by chronic degenerative affections, especially in the nervous system, the result of imperfect nutrition through the diseased vessel. Heart-failure is often the first symptom to cause anxiety.

These symptoms are usually gradual in onset, but may come on suddenly. The pain, though usually slight, may be severe enough to be called angina. Cardiac symptoms are, however, not constant even where the heart is greatly hypertrophied or the valves diseased. Acute pericarditis belongs rather to the toxæmic group, and even where it does not of itself cause death it is a warning that the end is near.

The vascular lesions produce three sets of symptoms: 1, Those due to rupture and consequent hæmorrhage; 2, those which result from nutritive disturbances in the parts supplied by the diseased vessels. This is especially met with in the central nervous system and in the eye; 3, besides these it is necessary to refer to aneurysm, and that not only of the small vessels but of the main trunks.

Hæmorrhage may take place in almost any part of the body. It is in the brain that its most serious effects are produced. Post mortem statistics prove the remarkable frequency with which granular kidney is found associated with cerebral hæmorrhage.

Epistaxis is common, and may be the first symptom of disease and its importance be missed. Even in the young granular kidney must not be disregarded as a cause of repeated epistaxis.

*Hæmaturia.*—The next most important group of cases is that in which blood is found in the urine. This form of hæmaturia has led to frequent mistakes, as, for example, to the diagnosis of calculus in the bladder, for which operation has been suggestsd and performed. The hæmorrhage is not often copious, but in slight amount it is common and recurrent. Hæmorrhage may also occur from other parts in connection with granular kidney, stomach, lungs, uterus, &c.

In the last stage of granular kidney the patient may pass into an almost hæmophilic condition in which slight, though continuous and almost uncontrollable, oozing takes place from various parts of the body, from the gums, nose, tongue, lips, vagina, or from any wound or scratch in the skin.

The next group of cases to which I wish to refer is that in which, as a consequence of arterial disease, degenerative changes result in various tissues; the most delicate of these is the nervous system. To this Gull and Sutton long ago drew attention and the subject has not, since they wrote, received the attention it deserves.

The toxæmic symptoms fall into two groups; in the one they are of acute onset and great severity and usually lead rapidly to death. In the other they are of more gradual onset and of longer duration and of less apparent severity, and of a very indefinite character. They are respectively called acute and chronic uræmia; but as the groups stand in strong contrast with one another it would be well if different terms were employed to denote them. For the acute cases, uræmia in its ordinary acceptation might be retained. For the chronic group, on account of its varied and indefinite symptoms, chronic and renal toxæmia would be the better term.

Of the three main theories of uræmia the third only remains, viz., that which refers the symptoms only to perverted metabolism. According to this theory the poisons are produced in the body, and by processes not differing essentially from those which take place in health. The kidney plays its part only so far as it makes the elimination of the poison defective. Uræmia would thus be brought into close relation with other conditions in which the normal metabolism of the body is perverted. Symptoms resembling uræmia may arise under conditions with which the kidney may have nothing to do. When, as in uræmia, the kidney plays the chief part, it is very tempting to refer uræmia to defective internal secretion, for it is certainly not simply due to defective elimination.

If then we are thus led to associate the symptoms of chronic uræmia with chronic extractive poisoning, *i.e.*, with the presence of abnormal amounts of extractives in the tissues and the blood, we are tempted to refer the acute symptoms which often develop with so little warning to defective elimination by the kidney, and we might thus associate acute uræmia with the condition of the cells in the kidney just as we do in acute nephritis. It is to the chronic toxæmic form that most of the symptoms belong which bring the patient suffering with granular kidney under medical observation. They may be of such a kind as to point to almost any part of the body as the seat of disease rather than the kidney, and may thus lead to frequent errors in diagnosis.

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(a) Abstract of lecture delivered at the Medical Society of London on Monday, March 6th, 1899.

The gastro-intestinal symptoms are often pronounced, and may be very misleading. Obstinate dyspepsia, especially if associated with pain, might suggest ulcer of the stomach, and this might be attributed, if there were much cachexia, to malignant disease. Vomiting is often a source of difficulty, for it is very obstinate, and does not stand in relation to the taking of food. When to the vomiting retinitis is added confusion with cerebral tumour is only to be expected. Morning vomiting, which is not rare, might suggest pregnancy, and I have seen cases confused with both these conditions.

The symptoms in connection with the bowels are not as a rule so puzzling. Diarrhœa is common with any form of kidney disease, but there are cases in which diarrhœa is practically the only symptom, extremely obstinate, and almost uncontrollable.

The dyspetic symptoms are often associated with cramps, and cramp leads naturally to the consideration of gout. Gout naturally suggests lead-poisoning, for these three affections, gout, granular kidney, and lead-poisoning, stand in close relation to one another. The close association of chronic lead-poisoning and granular kidney is interesting as supporting the view that granular kidney is the result of the circulation of some toxic substance in the blood, which like lead excites cirrhosis in the kidney with all its results, just as alcohol produces cirrhosis in the liver. On the other hand, it is also possible considering that all persons who work with lead do not develop granular kidney, that the opposite relation may exist, viz., that they suffer so much from lead symptoms just as others do from gout because their kidneys are granular already.

*Cachexia.*—Patients with granular kidney may for a long time preserve their normal appearance of health, and even when the signs of granular kidney are well marked, but, as a rule, as the kidney disease advances the nutrition suffers greatly. The cachexia of granular kidney is characterised by anæmia and asthenia, and to some extent by loss of flesh, but emaciation is rarely carried to that degree which is met with in advanced malignant disease.

It is in connection with the nervous system that some of the most interesting conditions arise. Headache often occurs in such severe paroxysms as to closely resemble migraine. The vomiting is no doubt often central or nervous, for it stands in no relation with food and is frequently periodical. The dyspnœa, which may be paroxysmal, is very often cardiac and occasionally due to bronchitis and emphysema.

Fits are, of course, the common form in which acute uræmia manifests itself, but epileptiform convulsions are not rare as one of the early symptoms of the late stage independent of uræmia. In connection with fits may be placed the curious attacks of cerebral irritation, which are not at all uncommon. They may take the form of attacks of general nervous irritability, of emotional excitement, or of almost maniacal delirium.

The cases fall into two groups according as there is general œdema or not. (1) Rashes associated with œdema. These are for the most part erythematous in nature, transitory in duration, produce but few symptoms, and when localised have but little clinical importance. Sometimes the rash is of a papular, lichenous character, and is then generally met with on the backs of the thighs and arms. Eczematous eruptions are not at all uncommon, if there be much œdema, where the parts lie in contact with each other.

I have met with erythema in a patient of 42; pityriasis rubra—one in a man of 47, and the other in a woman of 42; dermatitis exfoliativa; a general eruption. Rashes of this kind in granular kidney seem almost invariably to end fatally.

The symptoms of acute uræmia have by no means that definite and uniform character which seems to be often assumed. The cases really vary very much from one another, almost as much as do cases of so-called diabetic coma. Fits and coma are the two most characteristic symptoms, and yet patients may not have fits, or, at any rate, no marked convulsions, and they need not be comatose. A patient may be comatose without any fits, or at most with but very slight twitching, and the condition may then closely resemble apoplexy. In other cases the condition almost resembles that of narcotic poisoning. In others. again, symptoms of the most profound collapse develop, The patient seems to have been suddenly poisoned, and presents symptoms very much like those met with in acute ptomaine poisoning. Whatever the form acute uræmia may take, the prognosis is as grave as it can be.

If any of the forms has a less grave significance than the others, it is, perhaps, that in which there are epileptiform convulsions, for these uræmic fits end in recovery now and then. The most interesting fact about uræmia in the course of granular kidney is that it may develop so suddenly, and with little or no warning in the midst of apparent health

The objects we should have in view in treatment are—1. To prevent the disease getting worse if possible, and to relieve the damaged organ in every way possible. 2. To guard against the accidents specially likely to occur. These are failure of the heart and rupture of vessels. 3. To counteract or relieve symptoms as they arise.

Of drugs I do not know of any more useful than nitrate of pilocarpin given in small doses two or three times a day by the mouth, or in urgent cases subcutem.

There is one noteworthy fact about pilocarpin in chronic renal disease—viz., that it often does not produce the sweating which under normal circumstances and in similar doses it causes, and yet without the sweating its effect is striking.

There remains, however, one line of treatment to which I wish more particularly to refer, for it has not so far been investigated as fully as it deserves—viz., the treatment of chronic renal disease by means of renal extracts. I have already said that there is no positive evidence at present of the existence of an internal secretion in the kidney; yet the cachexia which develops in chronic renal disease is not at all unlike that which is met with in Addison's disease, or even myxœdema.

Granular kidney also presents other resemblances with these diseases in that the grave symptoms do not arise until the organ is very considerably diseased. There can be no doubt clinically that the late symptoms of granular kidney do depend upon the disappearance of the glands, and it is, therefore, not at all improbable that the kidney has an internal secretion, though absolute proof is not yet forthcoming.

I have had two or three cases of the same kind, and in all the result has been the same, viz., an increase in the amount of urine, and an improvement in the general condition. This improvement followed, and appeared to be due to the action of the remedy.

The use of renal substance extracts is still in a purely experimental stage. Judging by the analogy of myxœdema, it would be in the cases of chronic renal cachexia only that we should look for striking results, and this requires early and correct diagnosis. In acute uræmia there is so little time to act that recourse must be had to other and more active measures.

My choice of granular kidney as my object was inspired by the hope that what had interested me would prove of interest also to others. I trust I may not have misjudged. I have not hesitated to express my own opinions, even at the risk of appearing egotistic, though I trust with sufficient modesty to escape the charge of dogmatism. On a subject so full of difficult and contentious questions I cannot expect that my views will commend themselves to all. Yet defined opinions challenge criticism, and criticism tends to advance knowledge.

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# Original Communications.

## "VANISHING TUMOURS." (a)

By D'ARCY POWER, F.R.C.S.,
Asst.-Surgeon, St. Bartholomew's Hospital, &c.

In the course of a paper on "Vanishing Tumours," the author applied the term to swellings which disappeared after such slight surgical operations as incision, puncture, or even simple exposure. Such tumours were not to be confounded with phantom tumours for they were real swellings, more often innocent, but sometimes malignant in nature. Mr. Power then proceeded to quote the following cases of vanishing tumours, which had occurred in his own experience.

Case 1.—A boy, æt. 8, was brought to me a few years ago suffering from a large cystic lymphagioma which occupied the whole of the left side of the neck, reaching upwards behind the pinna of the ear, the lobule of which it had invaded, and extending across the middle line in front of the neck. The swelling had been noticed directly after birth and it had been tapped before I saw it about 150 times with a trocar and cannula. It had not undergone much change in size, and though it did not increase proportionately to the growth of the boy, it got no smaller. The tumour consisted of an elastic and slightly lobulated tissue to which the skin was closely adherent. It clearly contained many cysts varying greatly in size and tenderness. With a full appreciation of the difficulties to be encountered I advised that the tumour should be removed, and in due course I extirpated as much of it as lay in the posterior triangle of the neck. The wound healed by first intention and without any trouble except for a sharp attack of lymphangitis about a fortnight after the operation, due to a long railway journey home in the frosty weather.

Five months after the operation the boy had a second attack of lymphangitis in the tumour and in the following month he had a third attack. After each attack the swelling seemed smaller. He was brought to me again nine months after the operation with the information that the tumour had vanished. I examined the neck carefully and found that the left anterior triangle was so soft that the beating of the carotid artery could be clearly felt and there was no trace whatever of the former swelling. I have seen the boy several times since, but there is no return of the tumour and the two sides of the neck are now quite symmetrical.

Case 2.—This case is an equally remarkable one and does not seem to be easily capable of an explanation. A girl, æt. one year and ten months, was admitted into the Victoria Hospital for Children, at Chelsea, under the care of my colleague, Dr. J. W. Carr, on November 1st, 1898. She had been ailing for six months, suffering at first from whooping cough, and afterwards from bronchitis and diarrhœa. During the week before her admission to the hospital she had been getting worse, being feverish, sick, and passing dark-coloured and slimy motions which contained blood, whilst for the last day or two her mother had noticed that she had been getting yellow. The ward-note states that on admission the child was fairly well nourished, with a pale yellow complexion and yellow conjunctivæ, the skin of the body generally being rather pale. The liver was enlarged and a little tender, and its edge could be felt about an inch below the costal margin. All the other organs appeared to be healthy. The temperature was 102·2 deg. F. Four days later the jaundice was deeper, the abdomen was distended, and the liver was rather larger, for it now reached about one and a half inches below the costal border of the ribs, the upper limit of the liver dulness being on a level with the sixth rib. After an interval of another four days a note was again made that the liver was considerably larger.

And again, on November 15th and 18th, the notes repeat the statement that the liver maintained its large size and that the jaundice was still present. The child was then handed over to the secular arm on November 22nd in the hope that an exploration of the liver might afford her some relief, and on the same day I opened the abdomen in the upper part of the right semilunar line. The liver was much congested, but its surface was perfectly smooth and free from any adhesions I passed a trocar and cannula deeply into its substance in three different directions as I thought it possible that there might be an hepatic abscess, but blood alone issued from the punctures. The lower border of the liver was then examined, and a cystic swelling was felt which at first I took to be the gall-bladder, for the liver tissue was firmly adherent to it, and was so thin that a part of the cyst projected through it at some distance away from the edge. A closer examination showed that the apparent cyst was in reality part of the small intestine which was so densely adherent to the liver that it was not thought advisable to separate them. The abdomen was closed and the child was said to have suffered very little from the shock the pulse being almost, if not quite, as good at the end as it was at the beginning of the operation. The temperature fell to 96·2 deg. in the night, and though it rose on the following day it was never more than 100 deg. during the rest of the patient's stay in the hospital. The abdominal wound was quite healed on December 2nd, and it was noted on that day that the liver was not quite so large, and from that date it gradually declined, and on January 17th, 1899, the patient was allowed to get up and was walking a little by herself, and on the 24th as the liver appeared to be of its natural size and the abdomen was quite soft, she was discharged from the hospital.

A third case occurred in a man, æt. 21, with a large and seemingly inoperable tumour situated between the umbilicus and the pubes, and apparently fixed to the pubes. Three months after the tumour had been exposed it had completely disappeared, and the patient had gained a stone and a half in weight. The fourth case occurred in a tailor, æt. 54, who had a well-defined tumour, shown by abdominal section to be adherent to the external abdominal wall, to the stomach and duodenum, and to the under surface of the liver above. The gall-bladder seemed to be surrounded by the new growth, which thus proved quite irremovable and was thought to be malignant. He was examined four months after the operation by many of the surgeons at St. Bartholomew's Hospital, who were unanimously agreed that no tumour could then be felt in his abdomen. A few months later he died in another hospital with all the symptoms of malignant disease in or near the head of his pancreas. A fifth case was that of a man admitted to the Royal Free Hospital, where he was seen by Mr. James Berry, who opened his abdomen to explore a rounded and hard lump as big as a fist, and situated in the region of the pylorus. Some adhesions were broken down, the man made an excellent recovery, and nothing more was seen or heard of the tumour. Mr. Bryant had also described cases of vanishing cysts which he had seen in the breasts of women.

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(a) Abstract of paper read before the Harveian Society, March 2nd, 1899.

Mr. D'Arcy Power considered that these five cases of vanishing tumour were in all probability innocent in nature and inflammatory in origin. But his sixth case was on the borderline between an innocent and a malignant growth. It occurred in a man, æt. 24, who had received a blow on the top of his head from the flywheel of an engine. A few months after the injury a tumour appeared at the seat of injury. It grew until it attained the size of a sparrow's egg, and then it disappeared. Six or eight tumours subsequently appeared in different parts of the head and then diminished in size. One of the tumours, however, continued to grow until it attained a size of ten inches when it was removed. Microscopic examination showed it to be a fibro-sarcoma, and Mr. Morrant Baker, who had charge of the case, gave it the name of "withering sarcoma." Mr. Power also drew attention to the fact that carcinomatous ulcers of very considerable size have been known to heal, sometimes only superficially, the cancerous process continuing beneath the scar, but in some few cases the repair has been complete and permanent. Instances of atrophying scirrhus, too, are not very uncommon in old and spare people, He also alluded to another class of vanishing tumours: cancers which disappear after the removal of an ovary; hypertrophied prostates which become smaller when a testicle has been cut out, or when the vas deferens has been divided and adenomata of the breast, which vanish as a result of pregnancy and lactation. The cause of the disappearance in these cases is to be looked for in the intimate physiological connection which exists between the organ removed and the part diseased.

Mr. Power considered that many interesting points for discussion arose in connection with vanishing tumours. He raised the question, what would have happened if no operation had been performed? The cystic tumour would probably have shrivelled up in the course of eight or ten years, when it might have become a wen, or it might have disappeared entirely. The enlarged liver, he thought, would have suppurated, and a similar fate seems to have been imminent in the cases of abdominal swelling.

It was of extreme interest from a purely pathological standpoint to recognise that such apparently causeless swellings might appear and disappear in the body. It indicated that the connective tissue cells of the part were in a very unstable condition, and it is easy to understand that given the necessary predisposition and the exciting cause such a swelling might determine the position of a malignant growth. The effect of surgical interference in these cases seemed to be identical with that produced by the incision of any inflammatory swelling. Tension is relieved, and a series of complicated physiological changes are set up which end in resolution—changes which seem to be the direct outcome of alterations in the trophic and vaso-motor functions. The older surgeons set these changes in action by bleeding, their successors with improved surgical methods have ceased to interfere with the blood pressure generally, and are content to modify it locally.

Mr Power concluded his paper by deprecating any attempt to remove a tumour locally, when it was in any way possible to eradicate it wholly. He said that modern surgery, based as it is upon pathology, teaches most emphatically that tumours should be removed as completely and as early as possible, and that the more a swelling is thought to be malignant the earlier and more complete should be the removal. But it has happened in these cases of vanishing tumours that from one cause or another so complete a removal was impossible, and yet by accident or good luck, coupled with some unusual modification of the morbid process, the result obtained was most satisfactory, though the method adopted was in the highest degree unsatifactory if we look to the means rather than to the end.

# EAR COMPLICATIONS IN INFLUENZA.

By MACLEOD YEARSLEY, F.R.C.S.,
Assistant Surgeon to the Royal Ear Hospital: Surgeon in Charge of Dept. for Dis. of the Throat, Nose, and Ear, the Farringdon General Dispensary; Hon. Surgeon for Dis. of the Throat and Ear, the Governesses' Home.

The *British Medical Journal* for February 25th, 1899, remarks that in the present epidemics of influenza the most common complications are pneumonia and otitis, "the latter being particularly frequent." Since the otitis of influenza is often of a rapidly destructive type, requiring prompt treatment, a few remarks upon it and its varieties may not come amiss to those who come much in contact with influenza.

Influenza may attack an ear hitherto normal and it may light up old troubles which have been for some time dormant. Like other middle-ear inflammations the influenzal forms may be *non-suppurative* or *suppurative*. The latter are much more common than the former, as the inflammation is usually so intense that suppuration is inevitable. When, however, suppuration does not occur there often remains a persistent tinnitus which either disappears after several months, or is the forerunner of a middle-ear catarrh with progressive deafness. I have found influenza assigned as a cause of a fair percentage of cases of middle-ear sclerosis, the latter condition being either due primarily to the influenza or following an acute non-suppurative influenzal otitis. I do not, however, remember to have seen a single case of sclerosis traceable to influenza in which there was not also present some nasal or naso-pharyngeal condition which would have acted at the least as a predisposing cause.

The acute otitis of influenza occurs in two types, (1) that coming on at the same time as the primary disease, and (2) that coming on some seven to ten days later. The symptoms of both types are substantially the same, only that in the former the pain is more intermittent and more severe, the duration of the deafness less, and the general prostration greater than in the latter.

The difference between an ordinary attack of acute otitis media and one due to influenza is marked and cannot fail to strike those who have much experience of the two diseases. In an influenzal otitis the pain is much more sudden in its onset and has more of a neuralgic character; it is distinctly intermittent, and its paroxysms are more frequent and last longer during the night. Perforation of the membrana tympani (operative or natural) gives scarcely any relief to the pain, the intensity of which does not correspond to the objective symptoms. The deafness is more gradual in onset than in simple otitis media, but becomes well marked and lasts three or four weeks, or longer. The nervous prostration is great, and there is marked insomnia

On examination the membrana tympani appears swollen and intensely congested, with, very frequently, punctate or diffused ecchymoses. When perforation occurs it will be found that there is great swelling of the tympanic lining membrane with a special tendency to the formation of granulations and polypi of the flabby, œdematous type. This great tumidity of the mucous membrane explains the marked deafness and the want of relief by Politzerisation. The discharge which follows perforation may be rarely abundant and purulent, but is more usually scanty, and may remain sero-sanguinolent during its whole continuance.

These acute suppurative inflammations of the middle ear occurring during influenza may take one of three forms:—

1. The distinctive type of hæmorrhagic otitis, of which some description has just been given.
2. A primary mastoiditis, due apparently to direct infection and not to extension.
3. A rapid caries and necrosis of the ossicles or mastoid.

Probably all these forms are due to the direct influence of Pfeiffer's bacillus.

The second type enumerated is a very important one, needing, as it does, prompt treatment on account of the tendency to rapid caries and necrosis, with consequent cranial or sinus complications. According to Politzer (a) the form of mastoid process most frequently affected is the "pneumatic," in which there are numerous cells communicating with each other and the antrum by very small openings. These tiny communications become closed by the inflammatory swelling, and a pent-up collection of pus results. Politzer found these abscesses in the middle or inferior segment of the vertical portion of the process, notably in the superficial cells situated under the cortical layer of bone. In most cases the tympanic suppuration had already ruptured the membrane, otherwise the ordinary symptoms of that condition were present. It must, however, be borne in mind that the invasion of the mastoid—antrum or cortical cells—by Pfeiffer's bacillus is not alwaye preceded by a discharge at the external meatus, and therefore, pain in and tenderness over the mastoid should at once be the indication for a careful examination of the tympanic cavity.

The usual symptoms observed in influenzal mastoiditis are as follows:—Local lancinating pain of a radiating character, tenderness on pressure or percussion on the mastoid, local heat, general rise of temperature. There may be bulging of the tympanic membrane and of the posterior superior meatal wall.

The course of influenzal mastoiditis is usually towards rapid destruction rather than resolution and, although it tends occasionally to open externally, its inclination is more towards caries and serious lateral sinus, or cranial complications.

The third type of influenzal otitis is one in which the destructive process is marked, there being rapid caries of the ossicles, caries of the tympanic wall and, when the mastoid is implicated, caries and necrosis of that process.

*Treatment.*—The treatment of influenzal otitis requires to be undertaken with care, and before anything is done, the surgeon should, as far as possible, satisfy himself as to the precise condition of the patient. As has been pointed out, pain in the mastoid occurring in the course of an attack of influenza should always be a danger signal to the medical attendant, and he should at once make a careful examination of the ear so that prompt measures may be taken.

At the onset of an attack of influenzal otitis leeches should be applied promptly, one over the mastoid process and one in front of the tragus. When they drop off bleeding should be encouraged by hot antiseptic fomentations. For the relief of pain hot, dry cotton-wool applications should be used, together with hot instillations of cocaine in a strength of 10 per cent. Any bulging of the membrana tympani should be met at once by paracentesis. This will be disappointing, in most cases, in its effect upon the pain, but it should be done more with the intention of relieving tension, and for that reason the incision made should be large and free. Ordinary antiseptic treatment should follow, and when the acute stage has subsided granulations and polypi should be removed with the curette, and the tendency to their formation checked by astringent instillations and applications. Bronner (a) has found instillations of nitrate of silver (10 per cent.) to be especially useful in influenzal cases. Until all pain has ceased and the acute congestion has disappeared no attempt should be made to inflate the tympanum either by the Eustachian catheter or by Politzer's method.

The severe prostration must be met by careful general treatment, antipyrin and morphia being specially useful. In some cases large doses of quinine appear to have a good effect. The insomnia should to be met by sedatives and hypnotics, of which sulphonal, trional, and paraldehyde seem to give the best results. When the otitis appears during the attack of influenza the patient should be kept in bed, when it comes on later in the disease confinement to one room will suffice, although bed is better.

When influenza attacks the maistoid as above described, and perforation of the tympanic membrane has occurred, leeches and the use of cold or heat by means of ice, Leiter's tubes, or hot antiseptic fomentations should be tried. The application of counter-irritants or blisters should not be employed, as such agents mask the symptoms and confuse the surgeon. Should the intensity of the symptoms not abate in about three days, an operation on the mastoid should on no account be delayed. If the case is first seen several days after the onset of symptoms, no delay should be permitted for the trial of antiphlogistic remedies. Bulging of the posterior-superior meatal wall, nystagmus, changes in the retina, or facial paralysis, should also decide the question of immediate surgical interference. When it is found that the abscess is in the superficial mastoid cells, Politzer insists that on no account should any artificial communication be made between them and the antrum (if they do not already communicate). This axiom is, of course, the opposite of that which holds good in ordinary mastoid cases. The importance of not delaying operation, is accentuated in influenzal mastoiditis on account of the destructive nature of the inflammation, and the tendency to caries and necrosis.

## ON SERUM INOCULATION.

By T. R. WOLFE M.D., F.R.C.S.Ed.,

Melbourne, Victoria.

An edict has just been issued by the Board of Public Health of Victoria that "every dairy cow must be subjected to the tuberculin test, and if shown to be tuberculous is to be at once disused and slaughtered." This edict is in accordance with the report of the British Royal Commission on Tuberculosis. The mention of Koch's tuberculin has brought to our recollection the incidents which must be fresh in the memory of us all, viz., the proclamation of a discovery for the cure of consumption, the rush to Berlin, the exultation of medical men in all parts of the world over the discovery and its disappointing results. So wild was the enthusiasm during its acute stage that in Vienna, the Professor of Surgery was hooted for excising a scrofulous joint instead of injecting it with the serum. Manufactories established for its production could not cope with the demand, the cry from every part of the inhabited globe being, send us more of the precious fluid. The cures continued merrily, and it was firmly believed that consumption would soon be counted among the diseases that were;

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(a) "Annales des Maladies de l'Oreille," May, 1892.

(a) The *Lancet*, March 8th, 1896.

for the serum was not only to cure, but also to diagnose. Then Virchow demonstrated by post-mortem appearances upon victims of the new cure, that, it not only aggravated the disease, but that it gave rise to disseminated tuberculosis, to acute hæmorrhagic pneumonia, and to pulmonary cavities. Then almost suddenly came the collapse.

One would have thought that no more would be heard of the new remedy. But it is astonishing how hard superstition dies, when nourished by a cohort of zealous devotees.

In connection with the general subject of serum inoculation, Sir Charles Gordon's article in The Medical Press and Circular of December 7th, brings the gratifying intelligence that, in the mother country there, at least, some influential voices were raised against certain prevailing practices based upon dreamy incoherences. I have always thought that, among English-speaking people, the philosophy of common sense is sure to assert itself in the long run. Sir Charles Gordon mentions Pasteur—the father of these systems. In discussing Pasteur's cure for hydrophobia with some of the Professors of the Paris Medical Faculty, I expressed astonishment that such a burlesque on medical science should have been allowed to exist, the bare mention of which would have raised "shouts of inextinguishable laughter" from my old masters and friends, Claude Bernard, Trousseau and the other authorities of that period. Their reply was "We raised our voices in the Academy against it, *mais que voulezvous ?* We were told it was unpatriotic, and Messieurs les Anglais have given *éclat* to the affair by contributing some thousands of pounds to the Institute." Let us glance for a moment at Pasteur's cure for hydrophobia. All we know of hydrophobia is that, demonstrated by Claude Bernard, it is a disease of the brain manifesting itself in a poisonous secretion of the salivary glands. When a dog is attacked by *la rage*, hyperexcitation of the brain changes the secretion of the salivary glands into a poisonous substance. It is not a blood poison, for when the blood of the rabid dog is inoculated or transfused into a healthy animal, that animal is not affected in the least, while in a blood disease such as glanders, infection immediately follows inoculation. When a rabid dog bites a man there is a risk of it communicating hydrophobia. When it does so, the symptoms of hydrophobia do not set in at once. There is always an indefinite period of incubation intervening, between the bite and the manifestation of the symptoms. Bacteriology has thrown no light upon the nature of the contagium, no particular coccus is associated with the disease, nor have any bacteria been isolated.

Something, however, may be said in favour of Pasteur's treatment. Cases of hydrophobia are extremely rare, and when a person is bitten by a dog there is generally a state of neurasthenia, the result of constant dread, and the mind may become unhinged. The treatment by Pasteur has a beneficial effect by soothing the nervous system, and we may take it for granted that, as a rule, the virus is so attenuated that it can do no harm.

But unfortunately, Pasteurism has produced a therapeutical epidemic to the prejudice of bacteriology and serumtherapy. Bacteriology has rendered excellent service to medicine, and will still achieve great conquests, while serumtherapy may yet dominate medical treatment; but they retard the advent of this practical application who rush crude schemes upon the profession.

I hold that each new discovery should be properly tested, and not issued for circulation till it is, like the sovereigns from the mint, of sterling value.

Oh! the irony of fate! Christopher Columbus, the discoverer of a new world, was loaded with chains and imprisoned, as a reward! but now—if one discovers, or imagines that he has discovered, a bacillus, he cries Eureka! and collects a host of adherents, who concoct a serum, and proclaim him a benefactor of his species—*sic iter ad astra.*

But to return to the compulsory inoculation of cattle with Koch's serum, which according to the Report of the Royal Commission, is still good enough for diagnostic purposes. At the Paris Congress on Tuberculosis, August, 1898, it was reported by a Committee that Koch's new tuberculin (T. R.), although free from the lethal properties of the original fluid, nevertheless contained a poison which lowered the heart's action, spread tubercle to the lymphatic glands, and favoured the development of specific inflammation. Moreover, it was also reported that of the cattle injected for diagnostic purposes from April, 1896, to May, 1898, that of 30,971 animals which did not react to tuberculin the first time, and got a clean bill of health, 4,524, *i.e.*, 14·6 per cent. reacted the following year, or have since become tuberculous. We find it, therefore, necessary to bring the subject under the notice of the British profession to consider whether, with such information before us, we are justified in enforcing inoculation of all animals.

# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

Meeting held Friday, March 10th, 1899.

The President, Mr. Langton, in the Chair.

Mr. H. Betham Robinson described a case of

### HYDATID CYSTS IN THE UPPER LOBE OF THE RIGHT LUNG AND LIVER BOTH SUCCESSFULLY REMOVED.

The patient was a little boy, æt. 6, admitted under his care into St. Thomas's Hospital on June 7th, 1898. There was not anything to note in the previous history, except that for some time he had had a cough. About three years before the abdominal tumour had been first noticed, the size of a marble This had gradually increased without any pain. Up to his admission there had been no suspicion of the cyst in the lung. On examination he was found to have a firm rounded elastic swelling in the right hypochondriac and lumbar regions, reaching almost to the middle line and below the level of the umbilicus. There was a rounded nodular projection on its inner side just under the umbilicus. The liver dulness began at the seventh rib in the nipple line, and was continued down over the tumour. The whole swelling moved with respiration, and it could be grasped between the hands placed in front and behind, and shifted out of the line. The urine was slightly albuminous. His chest on examination showed that the upper part of the right side in front bulged. The percussion note was dull down to the third rib, and dulness was also present high in the axilla and at the apex of the lung posteriorly. Over the dull area in front the breathing was tubular, and vocal resonance increased, but behind all sounds were diminished. No crepitations were elicited on coughing. There was no elevation of temperature, so the physical signs pointed to a hydatid in the lung. On June 22nd the liver hydatid was operated on by an incision in the linea semilunaris. The liver came well below the costal margin, and a cyst was seen springing from the inferior surface having the gall bladder on its upper surface and left margin. The cyst, having been pushed into the wound, was incised, and the finger was inserted and hooked the cyst well out of the abdominal wound, preventing any contamination of the peritoneum. The hydatid membrane was removed with forceps after about a pint of clear fluid had escaped. The fibrous wall was not interfered with, the cavity was washed out with 1-1000 perchloride of mercury solution, and the opening almost sutured up with catgut except for a hole for a gauze drain which was brought out of the abdominal wound. By packing the abdominal and cyst wounds were kept as closely apposed as possible. It will be noted that the cyst was not fixed to the abdominal wall. The subsequent progress was uneventful except that the discharge became purulent on the 10th day with a slight rise of temperature. In spite of this the wound was soundly healed at the end of a month and tucked up under the liver. During this time his lung signs underwent no change, but his liver still remained pushed down. A skiagram made by Dr. Berry Blacker showed a well-marked opacity in the upper lobe of the right lung, so dense as to obliterate the rib shadows. On August 15th the lung was operated on. The pectoralis major being split, an inch and a half of the second rib was resected, and then on careful incision it was evident that the pleural layers were adherent. Turning the boy on his right side so as to allow free exit for the fluid and to prevent a possible flooding of his bronchial tubes on the collapse of the cyst, a hollow needle was introduced to get a knowledge of the depth of the cyst from the surface, immediately a drop of fluid appeared, which was about one quarter of an inch in, a free incision was made and several ounces of hydatid fluid gushed out. The finger was introduced and the cyst membrane removed whole with the aid of forceps. The cyst was about the size of an orange, without any daughter cysts. There was fortunately no communication of the fibrous sac with the larger tubes, for there was no marked coughing nor bloody expectoration after the incision, nor from the physical signs afterwards. A large indiarubber drain was introduced. For some few days afterwards he had a high temperature, and physical signs indicative of some localised pneumonia, but without any signs of pleuritic effusion. At the end of ten days his temperature was only slightly raised at night, and the tube was removed and a gauze drain substituted. At each daily dressing the boy was turned on his face so as to thoroughly drain the cavity, which was then insufflated with equal parts of aristol and boracic acid. On September 7th (the twenty-second day) the wound was quite superficial, and the lung on examination was resonant all over, air entering well right down to the base of the lung with expiration, still in places tubular, but no adventitious sounds. On the 9th he got up, and on the 19th, when the wound was quite healed, the lung on examination gave no evidence of any cavity. He went to a convalescent home on September 22nd, and has remained well since.

**Dr. Kingston Fowler** asked whether the patient had continued in good health, mentioning that he had recently heard of two similar cases successfully operated upon, but in both instances the patient had subsequently developed pulmonary tuberculosis.

**Mr. B. Robinson**, in reply, said that up to two months ago at any rate the patient had remained perfectly well.

### CASE OF PANCREATIC CYST TREATED BY INCISION AND DRAINAGE.

**Mr. A. Barker** related the case of a boy, æt. 14, admitted July 12th, 1897. He had had a fall some weeks previously striking his left side. He was rendered unconscious and remained so for some hours, and for a fortnight after he was stated to have been delirious, also to have spit blood several times. A large swelling occupied the left side of the abdomen throughout the left hypochondriac, lumbar and left half of the epigastric and umbilical regions. There was also slight fulness in the right halves of the corresponding regions, especially the umbilical. The swelling came from beneath the left costal margin which was distinctly bulged. The tumour was dull on percussion, and on the left this dulness was continuous with that of the spleen. The tumour moved with respiration. There was apparently a small amount of fluid in the peritoneum. Considering it to be a pancreatic cyst he, on July 15th, 1897, opened the abdomen by a three inch vertical incision through the left rectus muscle close below the ribs. On opening the peritoneum the stomach was found stretched over the tumour and the transverse colon lay below it. Between the two there was a small space through which the cyst was tapped giving issue to three or four pints of fluid, at first clear and light coloured, but becoming slightly brown towards the end. He sutured the lips of the cyst to the edges of the wound and left in an iodoform gauze drain. The patient did well, and left the hospital on August 15th with the wound quite healed. There had been no return of the trouble. A careful analysis by Dr. Nabarro and Dr. Sidney Martin gave the following results:—the fluid was of a brownish-yellow colour, sp. g. 1010, with a sweet aromatic smell, not urinous, reaction alkaline, no sugar or bile, but a trace of peptone. On boiling it gave one-half (3 per cent.) albumen. Total solids 1·63 per cent.; ash 0·81 per cent.; total proteids 0·66 per cent. The fluid displayed marked amylolytic action, but no fat splitting or protolytic action.

**Mr. Alban Doran** remarked that one could not have a better clinical subject for surgeons to discuss than this cyst question. The author's paper seemed to clinch what a surgeon ought to do in the surgical treatment other than operating. In reference to the question of diagnosis he remarked that a broad-based cyst, if rather large, though fixed to bone or adjacent organ, could, when grasped, be made to move laterally very freely. That had been the case with his own patient. He pointed out that it was exactly the same with a pelvic cyst, which could often be freely moved, although so firmly fixed as to require enucleation. He agreed that the best treatment for pancreatic cysts was incision and drainage. It often happened that the nature of the cyst could not be diagnosed, even half through the operation, sometimes not till the very end of it, and several of the operators had openly admitted that they would not have done the operation had they known beforehand what it was, the risks being too great. He recalled that Kronlein had successfully removed a cyst, but the patient died on the tenth day, and post-mortem the transverse colon was found to have sloughed. Poncet, who had operated on several cases, did a very bold operation on an almost sessile cyst in which he left seven clamp and pressure forceps sticking out of the wound. One of them when removed was followed by hæmorrhage and had to be hastily reapplied, though it was impossible to see what one was taking hold of. The patient recovered, but it was obvious that in reapplying the forceps he might have grabbed anything. Eves and Nashville had removed a cyst of the tail of the pancreas which was a comparatively easy situation, yet not only the meso-colon but also the transverse colon were torn across. These were repaired, and the patient recovered, but that was a risk which few of them would be prepared to face. In other cases the splenic vein and artery had been wounded. Evidently therefore the risks of removal were too great if one bore in mind the excellent results of drainage, as in the author's case, in his own and in the three cases of Mr. Bilton Pollard's, reported in the *British Medical Journal.* The right treatment was not to perform an operative feat but to drain.

**The President** concurred in the view that drainage was the best treatment. He referred to the case of a gentleman with an enormous tumour in the situation mapped out by the author. It was not an ordinary pancreatic cyst, there being hæmorrhage into the substance of the organ. The patient was from the Sister Isle, and the case was supposed to be one of malignant disease far back. He thought, however, that he could feel fluctuation, but the exact situation of the tumour could not be decided. He made a median incision and went above the stomach through the gastro-hepatic omentum giving issue to 9½ pints of old blood. The patient, although very ill for a few days, did remarkably well with drainage. The interest in the case lay in the fact that three years afterwards he was taken ill and ultimately died, and post-mortem it was found that the portal vein had become so constricted in the scar tissue that there was practically no circulation through the hepatic area.

**Mr. Arbuthnot Lane** mentioned the interesting fact that in one of his cases the cyst, though distinctly pancreatic, was made up of three cysts.

**Mr. Barker**, in reply, insisted on the fact that the boy was delirious, a fact which suggested reflection as to the cause thereof. Many cases of multilocular cysts had been recorded, but he was interested to hear that Mr.

Lane had dealt with one successfully, a successful result being the exception.

Mr **Battle** brought forward the account of a case of

### SUCCESSFUL REMOVAL OF A LARGE MALIGNANT FRONTAL TUMOUR WITH UNDERLYING BONE.

The patient, a married woman, æt. 35, was admitted to the Royal Free Hospital on June 21st, 1898. Eight years before a small lump had been noticed in the scalp, a little to the left of the middle line behind the hair of the frontal region. Several operations had been performed for its removal, and the present growth had been growing for two years. In some months there had been intermittent hæmorrhage from it, and her general health had greatly deteriorated. A large irregular nodular mass with overhanging edges presented in the frontal region. This measured about 3 ins. by 4½ ins., and projected 3½ ins. from the level of the scalp. Vascular and foul smelling it presented a formidable aspect, whilst the removal of the dressings caused troublesome bleeding, which required steady pressure to arrest it. Firmly attached to the bone, it did not pulsate, and was not accompanied with glandular enlargement. On January 27th, after the application of an elastic bandage circularly to the head to control bleeding from superficial vessels, the tumour was removed from the surface of the bone, and pads applied to arrest the bleeding which ensued from the skull where the growth had invaded it. This pressure was removed next day. On February 7th the bone affected was removed; a trephine was first applied, and from the opening thus made a circular saw worked by a hand motor was guided so as to divide the bone above and below, after which a few strokes of the chisel were sufficient to free the implicated portion. The growth had not invaded the dura mater, but presented a series of closely set elevations with flattened tops where it had completely eaten away the skull. Very little hæmorrhage (comparatively) followed the removal of this piece of bone, but one vessel in the dura mater required the pressure of a pad and a bandage to arrest the bleeding from it. She got up on February 25th. Granulations soon sprang up, and on March 2nd skin grafts after Thiersch's method were taken from the thigh and placed on the dura mater—with full success. She left hospital on March 22nd—greatly improved by her stay. There was then an irregular circle of dead tissue around the area of operation, which gradually separated during the next few months, and cicatrisation took place around. The relief to the patient and the improvement in her general condition and appearance are very great. Wearing a handkerchief across the forehead and round the head she is comfortable, and there is no suspicion aroused of the underlying deformity. No attempt has been made to cover over the area left after removal of the bone, by means of a plate Mr. Battle drew attention to the various methods of removing portions of the skull now available, and Messrs. Down showed instruments adapted to this object during the course of the evening. The rarity of such cases was mentioned, and the unusual character of this fungating growth, the microscopical examination of which showed it to be a sphenoidal-celled carcinoma. The case was also interesting from the fact that it was necessary to apply grafts to the dura mater in order to provide for its better protection from the air.

Mr **Barker** agreed with the author that the motor had very considerable drawbacks being difficult to direct and apt to jam. Possibly with a large fly wheel it might be more practical. He recommended the use of Gigli's wire-saw which he himself had recently used with very satisfactory results. He suggested, however, that instead of the loops, if the ends were shaped like a sound it would be more easy of introduction.

Mr. **Battle**, in reply, said that at the time he did this operation he was not acquainted with Gigli's wire-saw.

Mr. **Arbuthnot Lane** read notes of a case illustrating an operative procedure for

### ERASION OF THE ANKLE-JOINT

which gave a clear field for the complete removal of tuberculous material from this joint without offering some of the objections he had found to arise occasionally in that he described in the "Trans. Clin. Soc," Vol. XXV. In that operation he divided by means of a transverse incision all the structures around the joint except the internal lateral ligament, the tibialis posticus and the flexor tendons of the toes. The divided tendons were carefully sutured, but in spite of this, often owing to infection of the joint previous to operation, they occasionally united imperfectly, and deformity and imperfect control of the foot resulted. Besides the transverse incision through the skin, he now made vertical incisions of sufficient length to enable him to expose the several tendons for a considerable length. In the young infant he found he could expose the interior of the joint by dividing the peroneus tertius alone as well as the external, anterior, and posterior ligaments, the other tendons being turned out of their sheaths and hooked aside. In older children he also divided the peroneus longus and high up, cutting through muscular and tendinous fibres, securing larger and more vascular areas in accurate apposition, and keeping the sutured portion at a distance from the joint and so minimising infection of it. He took the same precaution with the peroneus tertius. By this means the objections to the other operation are practically completely avoided without diminishing its thoroughness.

## HARVEIAN SOCIETY OF LONDON.

### Meeting Held Thursday, March 2nd, 1899.

Mr. **Henry Juler**, F.R.C.S., President, in the Chair.

Mr. **D'Arcy Power** read a paper on "Vanishing Tumours," of which we publish a full abstract elsewhere.

The **President** referred to the case of a woman who had been under his care, in whom both eye-balls were protruding, and there was extensive anæsthesia of the forehead and almost complete blindness. In each orbit an indurated mass could be felt at the outer canthus and below the globe. The growths were believed to be malignant, and a portion of one of them which was removed for microscopic examination presented appearances which were believed to be sarcomatous rather than gummatous. After a few months' treatment with mercury and iodide of potassium, however, the tumours entirely disappeared. They were in all probability gummatous.

Mr. **Alban Doran** suspected that Morrant Baker's "withering sarcoma" of the scalp was akin to the fibromas of the abdominal wall, a large specimen of which he had himself removed from the sheath of the rectus that very day. They caused danger by their size, but sometimes disappeared spontaneously. Reed, of Cincinnati had reported one case where the tumour seemed irremovable when exposed by the knife; the skin-wound was closed and the tumour, certainly a fibroma, disappeared. Mr. Doran knew of a case where the patient refused operation for what seemed to be a fibroma of the abdominal wall. She became pregnant, and the tumour vanished. The majority of vanishing tumours in the abdominal cavity itself were simply cases of tuberculous peritonitis. When a "cyst" was diagnosed, and a circumscribed collection of serum, bounded by intestine bearing old tuberculous deposit, was laid open by the knife, it was apt to be mistaken for a cyst of the urachus or for a malignant ovarian tumour with metastatic deposits. Even after long experience the surgeon often found such a case very puzzling. But it nearly always got well. Mr. Doran had seen perfect cure follow incision in a large number of cases where he had designedly incised the peritoneum for the relief of tuberculous disease, and also in two instances where he suspected the dense deposit in the parietal peritoneum to be malignant. He had never known improvement to follow exploratory, incision where real sarcoma or carcinoma was detected.

Dr. **Cock** mentioned the case of an old lady, æt. 71, who was feverish. On examination, a hard mass reaching from the right side of the pelvis to the lower border of the liver, easily defined from side to side, not doughy to the touch, and extremely tender, was discovered, uterus partly fixed and a bloody discharge noted.

Purgatives had no effect and there never were any signs of fæcal accumulation. Consultants were of opinion that the mass was carcinomatous. After an illness of ten weeks patient became better, the mass shrank, and at the end of a six months' holiday at the seaside patient returned quite well with no tumour. She ultimately died five years afterwards from bronchitis

Mr. **Eastes** referred to the large number of vanishing tumours which were associated with various parts of the organs of generation (male and female), including the female breast. A striking instance was furnished by fibromata of the uterus occurring in middle life He had seen an uterine fibroid (as large as a pregnant uterus towards the end of gestation) disappear almost entirely within a year after cessation of menstruation, and the patient recover health, though previously she had almost died on several occasions from excessive "monthly floodings." But, the vanishing tumours most often seen in general practice were probably fæcal accumulations in the colon. One patient, who found aperient remedies always produce pain and consequently neglected them, had twice within the last two years allowed such an accumulation to occur, and passed through a severe illness before she was relieved. She probably had adhesions; at any rate, there was a history of peritonitis in childhood, with constipation ever since. During each of these latter illnesses the cylindrical accumulation in the ascending colon, measuring six inches in length and four inches in diameter, had occupied a fortnight in vanishing, and on several days in that period some ten or twelve distinct hard, almost spherical, masses of fæces were removed by finger, or large enemata from the rectum. The medicine which had accomplished the removal in the last illness was a pill composed of resin podophyll and ext. belladonna, an eighth of a grain of each in each pill, given once twice or thrice daily, according to the necessities of the case

Dr. **Leonard Guthrie** believed that there are well authenticated instances of the spontaneous disappearance of tumours, both malignant and benign. He suggested that the phenomenon might be due to interference with the blood supply of the tumours. This explanation might be opposed to the effects of phrynin and various drugs vaunted as cures for cancer. For instance, carbonate of lime, chian turpentine and cinnamon, which latter contained tannic acid. Finally, the success which sometimes followed oöphorectomy for inoperable cancer of the breast was possibly due to the profound effect produced by that operation on the work of the sympathetic system.

Dr. **Washbourn** mentioned some observations which had been made by Mr. Bellingham Smith and himself upon infective sarcomata occurring in dogs, and which they had published in the Pathological Society's Transactions, and in the *British Medical Journal.* The sarcomata were originally situated in the mucous membrane of the vagina and penis, and were transmitted from animal to animal during the act of coïtus. They consisted of round cells with an alveolated arrangement, and were similar in structure to the round-celled alveolar sarcomata met with in the human subject. By inoculation they would be transmitted to the subcutaneous tissue of dogs. At the end of two or three months the resulting tumours reached their maximum development, forming lobulated masses about two inches in diameter. They then took one of two courses. Either they became disseminated, secondary nodules appearing in the internal organs causing the death of the animal; or they disappeared. In the latter case they either slowly dwindled away, being replaced by fibrous tissue, or they disappeared by a process of ulceration. A most interesting point was the fact that after the tumour had disappeared, the animals were absolutely immune to subsequent inoculation. Up to the present time no micro-organisms bearing a causal relationship to the tumour had been discovered.

Mr. **D'Arcy Power** replied.

### A NEW FORM OF ETHER INHALER.

Mr. **Bellamy Gardner** showed an improved ether inhaler which he had devised. Its advantages were: (1) a breathing channel two inches in diameter; (2) a reservoir for six ounces of ether, the quantity required being emitted upon a sponge by simply turning a tap; (3) compactness and portability in the filled condition. He had used it in over 700 cases during the past two and a-half years, and recommended it as combining the advantages of Clover's and Ormsby's inhalers.

In answer to questions by Dr. **Cock** and Mr. **Eastes**, Mr. Gardner stated that the supply of ether could be accurately regulated, and that with ordinary care there was no fear of any fluid ether entering the face-piece.

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## LIVERPOOL MEDICAL SOCIETY.

### Meeting held February 23rd, 1899.

The President, Dr. **Macfie Campbell**, in the Chair.

Mr. **Hugh E. Jones** exhibited patients on whom the operation of discission of the crystalline lens had been performed for high myopia.

Mr. **F. T. Paul** submitted a case of cholecystectomy for gall-stones and cancer. The tumour was a small villous carcinoma of the fundus of the gall-bladder, which was removed, together with the upper half of the organ and thirteen gall-stones. The patient recovered from the operation in a few weeks, but two-and-a-half months subsequently died from enlargement of the liver, which was apparently not due to recurrent cancer, but to some inflammatory condition, probably set up by stones in the hepatic ducts.

Mr. **Rushton Parker** remarked that few operations were more gratifying to the surgeon and patient than the removal of gall-stones. He took it that Mr. Paul in this case excised the gall-bladder, because being discovered in the search for gall-stones to be cancerous it appeared removable, and was not thereby advocating the general removal of similarly affected gall-bladders as hinted at by one speaker.

Mr. **Robert Jones** related the case of a youth of 16 who came to him because of difficulty in flexing his knee, caused by a hard mass apparently attached to the upper two-thirds of thigh, which interfered with muscular action. Further growths were found on the inner aspect of right jaw below ramus a small lump below right olecranon; thickenings at insertion of right patella, and at each first tarso-metatarsal joint. His back presented an extraordinary spectacle. Over the spinous processes a continuous line of hard material, cartilaginous or bony, extended from the level of the fifth dorsal to the fourth lumbar spine. This central ridge bifurcated at the lower end, the extremities of the bifurcated portions almost reaching to the iliac crests. From the central tissue two transverse strips projected at the upper end, and two at the lower, almost symmetrical in appearance. The upper ones arose about the level of the seventh dorsal and were about two inches in length: the lower ones at the level of the second lumbar, the right being about three inches long, and the left two inches. These prolongations were movable, and the fingers could be placed under their tips. The boy was unable to stand absolutely erect from the fact that extension of the spine resulted in the jamming of structures in contact with the lower end of the prominence. Four years ago the patient fell on a door-step and hurt his back; a year later the growth started in the centre of the spine. The origin of the tumour of the jaw cannot be fixed. The thickening at the elbow started after a blow, and the tumour of the thigh has lasted four months. Mr. Jones purposes removing the growth on the back, and any other deposits which may interfere with breathing.

Dr. **Alexander** read notes of a case of "Pylorectomy" for Stenosis of the Pylorus, Murphy's button was employed, and the patient quickly recovered.

Dr. **Briggs** read a paper on

### VAGINAL SECTION.

The paper was mainly based on sixteen operations in the author's practice. In thirteen posterior vaginal section, and in three anterior vaginal section was the operation performed. The cases treated by posterior vaginal section included five of hæmatocele due to ectopic pregnancy, three of tubo-ovarian cyst (ovarian hydrocele), one of simple papilloma of both ovaries, one of hydro-salpinx, one of chronic infective salpingo-oöphoritis, two of chronic infective metro salpingo-oöphoritis (with hysterectomy)—thirteen in all. The cases treated by anterior vaginal section included three of chronic salpingo-oöphoritis with retroversion, for each of which, after the removal of the ovary and tube, the uterus was steadied forwards by vaginal fixation. In hæmatoceles, the vaginal drain was employed in chronic cases, and the important question seemed to be: Was it necessary to empty or remove the Fallopian tube, in cases of incomplete tubal abortion or tubal mole? The uncertainty of being able to recognise the tubal condition ought not to be disregarded until it had been shown that drainage alone was sufficient. Dr. Briggs explained that in three of his cases a portion of the outer end of the tube was removed, and in two cases the tube was neither felt nor seen. All the cases recovered equally well, with the exception of one where the patient was lost sight of and the unhealed sinus suppurated. Operators seemed to agree that the tubes and ovaries might be left behind. In the one case where suppuration occurred the tubes were excised by another operator and found empty, four months afterwards available evidence pointed towards posterior vaginal section as the operative treatment of chronic hæmatocele distending the pouch of Douglas. Similarly tubo-ovarian cysts (ovarian hydroceles), simple papilloma-growths, and salpingo-oöphoritic lesions, if accessible from below, could be removed from the pouch of Douglas by posterior vaginal section. It is evident that where there is matting, thickening and firm fixation, especially towards the lateral walls of the pelvis, there is difficulty in securing the pedicle. More room is obtained by removing the uterus, which in infective inflammation is often, as Landau has urged, in an incurable state. Dr. Briggs removed the uterus in two of the cases quoted because of the conditions alluded to. One patient lost her life from hæmorrhage thirty hours after operation, the hæmorrhage had been concealed behind the cyanide-gauze pack, and escaped the notice of the attendants in charge of her. This case was a posterior vaginal section for adherent hydrosalpinx, with thickened broad ligaments and enlarged stiffened uterus. The specimen (pelvic organs) postmortem was carefully examined, the stump was apparently securely held by the silk ligatures, still *in situ*, the end of the stump swollen and its margins recurved; the uterine artery was tested by injection, water oozed through the vessels of the stump, but a thicker pigmented starchy solution would barely pass. Shrinkage of the stump and probably difficulty in securing the proper constriction of thick rigid tissues, rendered tense by forcible traction during operation, explained the incomplete hæmostasis. The results in the cases of removal of the appendages with vaginal fixation for retroversion affected by anterior vaginal section, were too recent to report upon. In sixteen cases there had been one death from hæmorrhage. A summary of the difficulties and dangers would lead one to advocate the exclusion of densely matted and thickened appendages.

Dr. Burton congratulated Dr. Briggs on the way in which he had brought forward his paper. He had not himself opened Douglas's pouch for hæmatoceles, as all his cases during the year had got better without, and he agreed with the reader of the paper that they generally did if left alone. At the same time he was of opinion that by operation the patient's stay in hospital would often be shortened. He had opened the peritoneum per vaginum himself six times during the year, for inflammatory tubal affection, removal of enlarged ovaries, and once for removal of a dermoid containing about 12 ozs. of fat, there was less shock than by the abdominal route. He was rather enamoured of the operation, as by it a scar was avoided, as was also danger of ventral hernia in cicatrix.

Dr. Grimsdale said that he considered that owing to the want of accurate diagnosis in pelvic disease the vaginal operation should be limited to the most simple cases. Slight errors in accurate diagnosis were more likely to assume graver proportions during vaginal operations than during abdominal operations. He did not suppose that anyone would contend that the actual opening of the peritoneum was safer in one spot than in the other. The ease of the operation would, therefore, be in the long run, the measure of the safety of any particular method of attack.

Drs. E. T. Davies and Gemmell also made remarks, and Dr. Briggs, in reply, stated that the advantages of the vaginal route were indisputable in suitable cases.

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## WEST LONDON MEDICO CHIRURGICAL SOCIETY.

A Clinical Meeting was held in the Society's Rooms at the West London Hospital, Friday, March 3rd, 1899.

Dr. S. D. Clippingdale, President, in the Chair.

Dr. Andrew Elliot showed a case of well marked locomotor ataxy in a women. Mr. William John asked a question.

Mr. McAdam Eccles showed for Dr. G. P. Shuter a woman who was a survivor of the Faversham detonator explosion She had lost her sight, and suffered amputation of the left forearm.

The President showed a young woman who exhibited a want of development of the forearm and hand

Mr. Rowland Pollock showed two brothers with multiple want of development of hands and feet

Mr. McAdam Eccles showed a man with marked arrest of growth of the right upper limb

These cases of deformity were admirably demonstrated on the fluorescent screen by Dr. F. H. Low.

Remarks were made by Messrs. H. P. Potter, E. P. Paton, P. Abraham, F. Savory, W. C. Musson, and Vaughan Pendred

Mr. Brindley James showed a young man with a deep sulcus above and behind the upper part of the manubrium sterni. Messrs. McAdam Eccles, and E. P. Pator made remarks.

Dr. Andrew Elliot for Dr. Seymour Taylor showed a man who presented many of the symptoms of myxœdema.

Mr. McAdam Eccles showed a man with a marked nævoid condition of the penis and scrotum.

Mr. Vaughan Pendred exhibited (1) a girl, æt. 19, who had marked symptoms of what appeared to be pseudo-hypertrophic paralysis; (2) a case of possibly early acromegaly.

Dr. Arthur Haydon discussed the cases.

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# Lunacy Department.

## ROYAL EDINBURGH LUNATIC ASYLUM.

The Annual Report of the Edinburgh Royal Asylum for the Insane has always been looked forward to of late years with interest by all interested in the management of asylums and the treatment of the insane, for especially in Scotland is Morningside looked to as a place of light and leading, and Dr. Clouston as an advanced and original thinker and observer. The prosperity of Morningside everyone hopes for, for many excellent advances have been made in the last twenty-five years—the period of Dr. Clouston's *regime*—in the direction of more liberal treatment of the insane and more skilled methods of treatment, so that the present advanced methods which distinguish many asylums are largely due to the promulgation of Dr. Coulston's ideas of the hospital, as distinct from the old asylum, as the proper conception of the treatment of insanity. One therefore looks with interest for the annual report of Dr. Clouston to learn what he may have to say. It is not so much that he often appears to be original in his views, for it may truly be said of many that here there is really nothing new under the sun, but that he dresses them up in such an attractive garb so as to give the freshness of a new dressing or new fashion to the idea. For example, he repeats the statement that cases are now sent more readily to asylums, and it has been stated time and again by others in their annual reports, viz., that the number of admissions to asylums increases, not much from increase of insanity, but from a more favourable conception in the public mind of the resources and conditions of asylums. The generally accepted fact that there are many degrees of insanity, and there are as well many degrees of sanity, Dr. Clouston expresses in this way:—"It is getting better understood that many forms of mental disease are just morbid accentuations of natural disposition — in one case, temper shading off into mania; in another, keen sensitiveness of feeling passing into melancholia; and in a third, suspiciousness verging into insane delusions so that the subjects of such changes become unfit for family or social life. The world is getting too busy to be able to attend to its mental breakdowns at home, and it is getting more intolerant of very marked divergencies from social order and even of the neglect of the conventionalities of life. The man with typhoid fever is now more frequently sent than he was formerly to an infectious hospital on account of the risk to others. For somewhat the same reason a patient who from morbid peculiarities is causing a mental strain and risk of breakdown in other members of his family is sent to a mental hospital." The outcome of this seems to be, and it is one real explanation of much of the so-called increase of insanity, that human nature has become more selfish. Men and women are not willing to deny themselves their comforts, luxuries, and ease and their social enjoyments for the sake of their less fortunate brothers and sisters. If this is true it is as well to face the matter honestly, and, instead of continually trying to throw the blame on other and wrong causes, to acknowledge the fact and, therefore, to admit that we must pay for our selfishness.

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## France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, March 12th, 1899.

### SURGICAL ANÆSTHESIA IN URINARY AFFECTIONS.

M. BAZY drew attention to the modes of anæsthesia in the surgical treatment of the urinary tract, these being local, general, and mixed. Local anæsthesia rendered incontestable services, but he was of the opinion that the employment of cocaine was not unattended with danger, as he had heard of cases in which the injection of a solution of cocaine into a healthy bladder was followed by a fatal result. However, he himself had introduced very large doses of cocaine into diseased bladder for a considerable time, and without any inconvenience to the patient, yet he did not feel warranted in disregarding the accidents experienced by others, and at the present time in the very rare cases in which he used cocaine in exploring the bladder he did not inject more than two grains. On the other hand, he used freely cocaine in affections of the urethra at a dose of 1—100.

In very nervous persons he had recourse to the mixed form of anæthesia; concurrently with the local application of cocain, he gave a few drops of chloroform in inhalation, just enough to allay the fears of the patient

For general anæsthesia he employed chloroform, ether, or bromide of ethyl. Although he preferred the chloroform, he used ether in young persons of weakened constitution and chloroform in elderly patients, and who in general supported ether badly. As to bromide of ether, he reserved it for operations that took but a short time to execute, such as internal urethrotomy, phymosis and some cases of lithotrity.

The effect exerted by chloroform on a healthy bladder was rapid and continued, even in small doses. The organ was patient and tolerant, and did not present those irregular contractions which hindered so much the surgeon and obliged him to suspend the operation until the muscular walls had become flaccid. The influence of the anæsthetic on the urethra in its three divisions is well marked, allowing catheters of considerable dimensions to pass through a canal rendered rigid and tortuous by a diseased or enlarged prostate.

### THE TREATMENT OF APPENDICITIS.

M. Tillaux in referring to this constantly recurring subject at the Academy of Medicine, said that he protested against the declaration of his colleague, M. Dieulafoy, that no one should ever die from appendicitis, for it was in contradiction with facts observed by him and many others of his colleagues almost daily. He similarly protested against the aphorism that there was no medical treatment of that affection. On the contrary they all knew that the greater number of appendicitis terminated in resolution. The medical treatment was not therefore a chimera, for it was frequently successful. An operation should only be performed where the formation of an abscess was suspected, and the time for executing it was when the acute symptoms had subsided, that was to say, *à froid*. It was there, in his opinion, that consisted the great progress in the treatment of appendicitis. They knew to-day that that affection was subject to relapses, more or less frequent, and that the first attack was less grave than those that followed.

Consequently it was the imperative duty of the surgeon to propose the ablation of the appendix to subjects who had had their first attack, for the return to health was always incomplete, and the patient was consequently exposed to a serious relapse.

### BLENORRHAGIA.

Menthol, ½ gr.
Salicylic acid. ii gr.
Phenic acid
Lactic acid
Essence of eucalyptus } iv gr.
Salicylate of methyl
Resorcin, x gr.
Water, ℥iv.

This formula is based on the principle that a mixture of several antiseptic agents is endowed with more energetic properties than one of those substances employed in strong doses.

Half a syringe is injected twice a day.

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## Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, March 10th, 1899.

### SURGERY OF THE STOMACH IN CANCER AND ULCER.

PROF. KOCHER, of Bern, whose experience in the surgery of these diseases is probably second to none in the world, gives (*Deutsch. Med. Zeit.*, March 9th, 1899) an interesting account of the present state of this subject. The indications given by him for operation are practically those formulated by Leube at the Surgical Congress, 1897, adding, however, that it is also indicated in cases where violent pains and vomiting persist after a lengthened course of careful internal treatment. One should not wait until the patient has exhausted nearly all his strength by hæmorrhages or excessive digestive disturbances. Operation should be considered as a refuge, but not as a last refuge.

As regards the choice of operation, the author only recommends simple excision of ulcer when it is well circumscribed and surrounded by healthy structure. With simple pain and dyspepsia gastroenterostomy or pyloroplastique is sufficient, but when there is hæmorrhage partial resection is called for.

If there is suspicion of carcinoma—and there always must be when the patient is elderly and the pains have lasted long—laparotomy is indicated, even when there is no palpable tumour and the chemical composition of the gastric contents is not greatly altered. The earlier the operation the better are the prospects of permanent recovery, and with the small amount of danger associated with exploration, the operator has no need to reproach himself even when nothing is found, and the pain is discovered to be neuritic, especially as such pains are frequently surprisingly relieved by exploration.

How far the carcinoma has advanced still to justify operation must be judged by the individual case, but Prof. Kocher has seen cases where there were metastasis in the adjoining peritoneum, and with lymph tracts that could not be removed, when the disease thus left behind retrogressed after operation. The more widely an operator extends his indications for operation, the more unfavourable will be the results.

Resection with subsequent gastroduodenostomy has given the author the best results: complete closure of the wounds of the stomach and duodenum, and then implantation of the duodenal wall into the stomach, with silk (not catgut) sutures, and without Murphy's button, as when this is used there is no guarantee that it will be ultimately expelled.

He promises shortly an exhaustive report on his stomach operations, saying at present only so much, that on the basis of his own statistics, with resection and gastro-duodenostomy, he can promise with a probability bordering on certainty, a favourable result in all uncomplicated cases of carcinoma of the stomach.

### ECLAMPSIA.

Dr. Carl Winkler has a paper on this subject in Virchow's Archiv. 154, 2, based on nine cases observed by him, in which a careful microscopic and histological examination was carried out. His main conclusion is that eclampsia is an intoxication of the organism with the products of tissue change. The occurrence of the intoxication is connected with a serious change in the kidneys, which are anatomically considered as the one fixed point in the disease. The kidney disease is a glomerulo-nephritis, it manifests itself in swelling of the glomeruli, excessive fatty degeneration of the epithelium among them, the tortuous and straight canaliculi, exudadation into the lumen, and hæmorrhage into the parenchyma.

The glomerulo-nephritis may be an exaggeration of the physiological alteration of the kidneys that occurs during pregnancy or a recurring chronic nephritis. Here the grave symptoms are brought about by exacerbation of the disease and overburdening of the kidneys in the act of birth.

Along with these fundamental changes a series of others are observed, necrosis of the parencyhma of the liver, cell, emboli, &c. These changes are not all constant, they are not characteristic of eclampsia, and to some extent they are results of the attacks of eclampsia or of the pregnancy itself.

### LIMITATION OF ABDOMINAL SECTION BY ANTERIOR KOLPOCŒLIOTOMY

Is the title of a work of 266 pages just published by A Duhrssen. The aim of the work is stated by the author to be "to help truth to its rights," but this may be said to be the aim of all books. I bring the book before the notice of your readers not because I endorse all the writer says but rather as an illustration of how things may be carried by an enthusiast. I would not minimise Duhrssen's deserts in the least, he has done as much as most men of his years for the advancement of his specialty, but one cannot help wondering sometimes whether with some people enthusiasm may not get the better of judgment.

In a tabular form he gives a review of 491 cases of vaginal abdominal section, 359 of them were vaginal fixation for retroflexion of the uterus, 35 vaginal fixations of the round ligaments, 6 vesical fixations for retroflexion of the uterus, 73 vaginal adnexa operations and operation on the uterus for anteflexion, 18 vaginal cœliotomies for tubal pregnancy. In 16 further cases the attempted vaginal operation had to be completed through the anterior abdominal wall. or by hysterectomy, 15 cases died, 2 of them belonging to the latter group. No death occurred in the group when simple retroflexion was reduced by vaginal fixation, and so far it seems a safer operation than that of shortening the round ligaments, but whether it is as effectual as a method of treatment time alone can show. What strikes one as remarkable is the enormous number of vaginal cutting operations for the comparatively harmless and easily treated condition of retroflexion of the uterus. Evidently gynæcology is becoming even more and more surgical. As regards this operation the author himself thinks some excuse necessary, for he compares retroflexion with hernia without symptoms, and he asks whether any competent surgeon would advise a patient who suffers from hernia without symptoms to leave it alone.

He suggests that midwives should be instructed to direct all their patients to go to a doctor to be examined 14 days after their confinement. By doing so any post-partum retroflexion could be put right in good time. He is not in favour of the use of pessaries, which rarely lead to a cure of the condition.

After describing the indications for anterior vaginal cœliotomy afforded by various diseases of the uterus, adnexa and pregnancy, he describes the method of artificially inducing sterility by vaginal resection of the tubes. In this way he has operated on 26 women, and so far he has only met with one case that was not successful. He based his procedure on the standpoint that the introduction of artificial sterility is not only permitted, but demanded in the cause of humanity under certain circumstances and conditions, and in such cases vaginal resection is the most suitable way of bringing the condition about.

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THE Plymouth Guardians have at length decided to build a new workhouse infirmary, and have opened up for consideration the question whether they shall not build a new workhouse as well.

## Austria.

[From our own Correspondent.]

Vienna, March 11th, 1899.

### Camphor and Pulmonary Tuberculosis.

Camphor has been employed to protect the person against attacks of different diseases from early times, but has often been condemned in our more recent literature as a worthless agent for antiseptic purposes. Bruno-Alexander has been experimenting with camphor, and comes to the conclusion that it is a valuable drug in pulmonary tuberculosis. When administered subcutaneously he finds it to be an antihydrotic, antipyretic, and effectual in checking purulent discharges and sputa formation. It does not impair the digestion in phthisical cases, but on the contrary improves the appetite, while it reduces the hyper-reflex action and thus effectually checks the irritable cough that usually accompanies the disease. The oil of camphor must be administered in small doses of 0·1 to 0·2 of a cubic centimetre (Germ. Phar.) daily, which would contain about 0·01 to 0·02 of camphor.

This treatment should be applied without intermission for four or six weeks, when a pause of one or four weeks may intervene before recommencing. If the patient have no fever 0·3 to 0·5 cubic centimetres of the oleo-camphor (German Pharmacopœia) may be given for eight or fourteen days, when an interval of eight days should be made. These patients can often be given one cubic centimetre of camph.—equal to 0·1 gramme of camphor—at one dose daily. The treatment should be continued some time after improvement has been established. Hæmoptysis is no barrier to the use of the drug.

### Erysipelas and Metacresolanytol.

The therapeutic value of metacresolanytol in erysipelas seems, from Kölzer's experiments, to be that of a powerful antidote. Löffler drew attention to anytol and anytine some time ago as antidotes, but from more recent experiments the metacresolanytol appears from the evidence of Kölzer to be still more potent. He produced erysipelas artificially in the ears of guinea-pigs with streptococci and mouse septicæmia bacilli. When the florid inflammatory rash was induced, a quarter of a c.c. of a three per cent. solution was injected well into the cartilage with the best effect. The same result could be obtained by painting the surface every five minutes for two hours with a piece of cotton steeped in the solution. The control animals throughout proved to be still suffering from a dangerous virulent infection after all symptoms and danger had disappeared from the protected animals. He has treated five human beings with the drug, and obtained wonderful results. Painting with the solution causes a brownish colouring with swelling of the skin. Further experience is necessary to confirm these results.

### Recurrent Fever and Anti-Spirochetic Serum.

Lowenthal, who has recently been devoting his attention to the subject of recurring fever, relates the result of 84 cases which he has treated with anti-spirochetic serum. On an average 18·45 c.c. of the serum was used. In the 84 treated 47 per cent. had no relapse, 37·3 per cent. had one relapse after injection, 13·1 per cent. had two relapses. Under ordinary treatment with drugs 12·8 per cent. had one paroxysm, 32·9 per cent. had two paroxysms, and 46·5 per cent. had three paroxysms Once in 328 injections an abscess formed in the abdomen.

The frequency and quality of the pulse suffered no alteration by the injections, while hepatic and splenic enlargement was rarely met with. In 131 injections a general rash with swelling of the joints and albuminuria with cylinders appeared twice. The so-called albuminuria febriles was temporary, and passed away after the serum treatment was stopped without leaving any bad effects.

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## The Operating Theatres.

### HOSPITAL FOR WOMEN, SOHO SQUARE.

**Dermoid Cysts of the Ovaries.**—Mr. S. Osborn operated on a woman, æt. 38, who had been married nineteen years, having had four children, the last five years ago. The patient had noticed her abdomen getting bigger during the last eighteen months; at one time she thought she was pregnant. For the last five months she had a burning continuous pain in the hypogastrium, which was only relieved when she laid down. There were no pressure symptoms; the bowels acted well, and micturition was normal. For the last five months she had suffered from sickness, generally the first thing in the morning. The catamenia had been regular, profuse during the last eighteen months, lasting about six days and being accompanied by very little pain; there was no œdema of the feet. After examination a diagnosis was made of ovarian cyst, and it was decided to perform ovariotomy. Mr. Osborn pointed out the patient's sister had been operated on for ovariotomy some ten years previously at St. Thomas's Hospital. A median incision about 4 inches long was made and the abdomen opened. A cyst rather larger than a cricket ball was easily removed from the right side, and then a corresponding one from the opposite side, this last one being a little smaller than the first. Both the cysts shelled out easily. Both the pedicles were ligatured with Japanese thread, and the abdomen was closed without flushing as the cysts had been removed entire. The cyst on the right side contained matted hair, with hair also growing from the inner wall; the cyst on the left side was about the size of a tangerine orange, and contained some hair, but its contents consisted mostly of gelatinous material. Mr. Osborn said the interest of the case lay more especially in the fact of a dermoid ovarian cyst existing on both sides and the woman having had children. He pointed out that the hair in the larger cyst was matted together in a similar manner to the stuffing of a cricket ball, and that hair was also growing from the interior of the cyst wall. He considered, also, that an interesting point with regard to the case was the fact of the patient's sister having been operated on for a similar complaint some years ago.

It is satisfactory to record that the patient never had a bad symptom after the operation, and made an uninterrupted recovery.

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Dr. Hogarth, in practice at Ilfracombe, was found dead in his rooms on March 9th, with a bottle containing poison by his side. He had only been in Ilfracombe about ten months, having for many years previously been in practice at Cheltenham. No motive can at present be attributed for the act.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 15, 1899.

## THE GENERAL MEDICAL COUNCIL.

A meeting of the Executive Committee of the Council was recently held at which several important matters were touched upon. The Committee had been entrusted by the Council with the conduct of an inquiry into the alleged illegal issue of certificates of proficiency in medicine, surgery, or midwifery, but the Committee decided to recommend that, as the Midwives Bill is now before Parliament, it should at present refrain from taking any action. As regards the certificates granted to spectacle makers it is obvious that the Council has no jurisdiction over opticians, but the Council would be prepared to consider any properly substantiated charge of improper conduct made against a registered medical practitioner in this connection, an intimation which we commend to the notice of those whom it may concern. The most interesting subject was that of the employment by medical men of unqualified dispensers, which had been brought to the notice of the Council by various communications. After discussing the subject the Committee arrived at the following halting and illogical conclusion—viz., that the Privy Council advised that while occasional accidents may arise from the employment by medical practitioners of careless or incompetent dispensers, the cases, in their opinion, are very rare, and the committee hold that probably the best protection is afforded to the public by the responsibility of the practitioner for the acts or defaults of the servants whom he employs. First of all, it must be apparent to everyone that the committee, in assuming that such accidents are very rare, is jumping to a conclusion. No data other than the published law and inquests reports are open to its members, and no weight is given to the fact that in any case only fatal cases are likely to become public. Moreover, in the majority of instances, it must be easy for the practitioner to hush the matter up, a course which he has every inducement and every facility to adopt. A more straightforward way of dealing with this important question would be to state formally that the matter is not one which comes within the scope of the Council's jurisdiction, though none can question that if so minded the deliberate employment of incompetent dispensers might legally be declared by the Council to be inconsistent with the duty of the practitioner towards the public. We shall await with considerable interest the view taken by the Council of this recommendation.

We are pleased to see that a feeling is gaining ground in favour of reciprocity of practice as between Italian and English physicians. A letter has been received, *via* the Privy Council, from the Italian Ambassador, asking whether, without obtaining a fresh diploma, Italian physicians can exercise their profession in this country, or at least attend on foreigners resident in Great Britain, and whether, if the answer to this question be in the negative, Her Majesty's Government would be willing to grant permission to Italian physicians so to do if the Italian Government would grant similar privileges to English physicians residing in Italy. The Committee decided to inform the Privy Council that they would welcome such a recognition of English practitioners in Italy as would enable Her Majesty in Council under Section XVII. of the Medical Act, 1886, to extend similar privileges to Italian practitioners in this country.

A communication was read from the Home Office stating that fresh legislation would be required to alter existing arrangements in respect of the allocation of penalties incurred under the Medical Act, 1858, within the Metropolitan Police district, but the Home Secretary did not see his way, for the present at least, to introduce a Bill for the purpose.

The Russian Ambassador having asked to be furnished with information as to the law of this country in regard to the professional secrecy of medical practitioners, Mr. Muir Mackenzie was requested to formulate an opinion, from which it appears that on the question of violation of professional secrecy a medical man is in no more favoured position than anyone else, and, further, that circumstances which, according to the custom of the medical profession, might be deemed to exonerate him from the imputation of improper violation of secrecy might, nevertheless, in a court of law, be deemed an insufficient justification. This oracular, but somewhat ambiguous, pronouncement does not throw much light on this very delicate and important question, but we hope next week to be able to find space for the full text of this opinion.

In respect of the identification of registered practitioners the Committee recommend that no application for the restoration of names of persons who have been removed from the Register shall be entertained unless it be accompanied by a Statutory

Declaration made by the applicant setting forth the facts of the case, and stating that he is the person originally registered, and by a certificate from a clergyman or magistrate or registered practitioner as to his identity. We are fain to confess that we doubt the trustworthiness of this precaution, which does not appear certain to offer complete security against personation. Among the other matters which came before the Committee was the promulgation of the conditions under which the documents, the property of the Council, shall be made accessible to members of the Council who may desire to take cognizance thereof. These are very fair, and will go far to undo the mischievous impression created by the ill-advised and arbitrary action of the President on a recent occasion.

An opinion which strikes one as curious was received from Mr. Muir Mackenzie to the effect that it would not be legal to add to the name of a practitioner registered in the list of colonial practitioners of a British qualification which he had obtained. We can only ask, if not, why not?

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## THE IRISH UNIVERSITY QUESTION.

Although the proposal to erect and endow a special Catholic University for Ireland is much too strongly redolent of religion and politics to be dealt with in an unsectarian medical journal, it appears to have so intimate a relation to higher medical education in Ireland that we desire to put before our readers a plain statement of the case which, indeed, is not accessible to the readers of Irish newspapers, every one of which is the exponent of and partisan of one or other politico-religious view. In August, 1850, fifty years ago save one, the Queen's University was established in Ireland, the principle of which was absolute unsectarianism. The teaching work of the University was provided for by the establishment of the three Queen's Colleges in Belfast, Cork, and Galway, the University itself being a *nominis umbra* which occupied an obscure office in Dublin Castle. From the first day of the inception of this system the Catholic Hierarchy, and the large population which followed their dictates, set themselves to "boycott" the Queen's Colleges on the ground that they were "godless," *i.e.*, secular, and their efforts proved quite effectual, save in the case of Belfast, where the writs of the Catholic Hierarchy do not run with as great authority as elsewhere. To emphasise this hostility to unsectarianism, the Catholic University as it now exists was opened on November 3rd, 1853, but it has carried on its functions, ever since, as a purely teaching institution, lacking Charter powers to confer degrees of any sort. On November 3rd, 1882, the Government of that day made a further effort to conciliate the Catholic Hierarchy by abolishing the Queen's University and substituting for it the Royal, an institution strongly flavoured with thorough-going Catholicity, but managed by a mixed Senate, in which the Belfast Nonconformist party have a potent voice. The "Royal" has, in the eighteen years of its life, been excellently administered, and has preserved the standard of education in Ireland exceedingly well, but, after all, it is only an examining body, and does not teach anything, and—irredeemable sin—it is not purely and wholly Catholic in its constitution. It is enough to say that the Catholic Hierarchy, after more than half a century of effort to settle the University question in Ireland are just where they were, clamouring for a University which shall be under their control but supported out of the public funds. The question is, therefore, by their attitude, converted into one, simply, of denominationalism against secularism. They insist that the Catholic population cannot be expected, and ought not to be permitted, to study or graduate anywhere save in a Catholic sectarian University. The Protestant party on the other hand fight against denominationalism of any sort as being the setting up, for all time, of an impassable barrier between the religious parties in Ireland, and the consequent perpetuation of social and political rancour. The Government, if Mr. Balfour speaks its mind, wishes to conciliate the Hierarchy and, to that end, is trying to bribe off the opposition of the Northern Protestants, as he bought off the resistance of the landlords to the Local Government Bill, by promising money for the establishment of a special Belfast University, but the bait has not been jumped at as might have been expected.

Our readers may at once clear the ground for the consideration of this subject by getting it out of their heads that any one in Ireland, be his religion what it may, suffers from any real educational disability whatsoever. There is not alleged to be the slightest hindrance to any Irishman obtaining the best education on the cheapest terms or the best degrees which he may wish for, save a sentimental grievance which we admit is none the less, material. In the very heart of Trinity College, a Catholic student may compete for and win and enjoy every distinction and monetary advantage which one of other religion can aspire to, and, as far as we know, his social life is made as pleasant to him by his brother students as is possible. Nevertheless, the Catholic Hierarchy have justice for their complaint that a Catholic student in Trinity College breaths in an uncongenial "atmosphere," just such as a Protestant student, if permitted, would breath a Catholic æther at Maynooth. Indubitably Trinity College (which is the University of Dublin), is, for the Catholic, offensively Protestant in tone. It has a Protestant Chapel in its grand square, and a subsidised School of Divinity of the Church of Ireland, and it is governed by a Board of Fellows, and a Council of whom, we believe, not one is a Catholic, or, under existing circumstances, is likely to be. Clearly the straightforward, statesmanlike way out of the educational *impasse* would be to make the University of Dublin *the* National University, removing from it at one swoop, all these anomalies, reforming, with liberal hand, the constitution of the governing bodies and, in fact, making the University perfectly free to all comers without a suspicion of religious bias in any one's favour. But this will not be done. The Catholic Hierarchy would not accept such settlement, because it would deprive them for ever of the grasp which they desire to retain on education in Ireland. The University itself would also resist, because the change would involve reform which, of all things, it dreads most, and therefore its Parliamentary representatives will vote a sectarian University when the time comes. The Government will, no doubt, do whatever is opportunist. It will throw Irish education to the strongest political party, just as it threw the vaccination question to the anti-vaccinationists. If Mr. Balfour finds that the Scotch and Welsh Nonconformists and the contingent of Protestants and Secularists in the House of Commons are too strong for him, he will find reasons to drop the subject, and the Catholic Hierarchy will be remitted to another quarter of a century of agitation and Trinity College to the same period of inertia.

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## THE SURGERY OF THE EPIPHYSES.

Among the manifold achievements of modern scientific medicine the more brilliant results have undoubtedly fallen to the lot of the surgeons. Indeed, it has been claimed with a not inconsiderable show of reason, that the days of the pure physician are numbered—that is to say, in other words, that he will be ousted by the surgical craftsman. Should that process of extinction occur it will undoubtedly also be hastened to no small extent by the raised standards of general health that stand like signal posts to mark the onward march of the sanitarian. Meanwhile, surgery itself is becoming yearly a more and more perfect art, with an increasingly accurate knowledge of details, and a wider application of general principles. Nowhere, probably, has the surgeon made greater strides of late than in the surgery of the epiphyses. Until lately all information upon this class of injury was of the scantiest and most meagre description, derived from the comparatively rare evidence afforded by operations and by museum specimens. Now, however, all that has been changed by the advent of the Rontgen method of diagnosis, which permits the surgeon to investigate with ease and accuracy every case of epiphyseal injury with which he may be confronted. The obscurity and the complex nature of traumatism of the kind are naturally great, a fact which is explained by the frequent combination of complete or partial separations with fractures of every possible kind and direction, both of the shaft and of the epiphyses themselves. The bulk of these injuries are inflicted during the age of growth, and date from the intra-uterine period up to about twenty-three years of age, the greater incidence being between the ages of twelve and eighteen. Keeping this age-incidence in view, the common occurrence of subsequent deformities will be readily understood, as by such injuries growth will be arrested, and the relations of joints altered by the various nutritional and anatomical changes that are entailed in and around long bones and joints. It is only of recent years, however, that surgeons have begun to recognise the nature and the importance of these lesions, from causes doubtless nearly connected with the above-mentioned difficulty of obtaining direct evidence. Mr. John Poland, who has just published a classical monograph on the subject, puts the matter as follows:—"Even at the present day," he writes, "we see that there are very contradictory opinions with regard to these injuries; one surgeon detects them very frequently, while another never does so, or only admits that they are rarely met with. This difference of opinion has been due in part to the absence hitherto of direct examination in a large proportion of cases, and in part to the ease with which the epiphyseal separation may be confused with dislocation or fracture of the end of the diaphysis." But the surgeon is in this instance indebted to the marvellous discovery of Rontgen not only for diagnosis, but also for valuable indications as to the need of operative measures, and of the subsequent progress of the case. In the whole range of surgery there has been no one particular field in which the application of the new method of diagnosis has been attended by more brilliant and more immediate results. Moreover, it must be remembered that many other pathological conditions involving the epiphyses may be disclosed with equal directness and certainty. Mr. Poland has been the first to apply the Rontgen methods systematically and universally to the investigation of epiphyseal separations, and he has been enabled thereby to bring the labours of many years to a triumphant issue. Had the discovery of the Würzburg Professor resulted in no other practical gain to humanity than in this matter of the bony epiphyses, it would have vindicated its claim to a permanent niche in the Temple of Fame. Yet it is only a little over three years ago that the news of these wonderful rays ran like wildfire through the length and breadth of the scientific world. Despite of all that has since been done by workers in many directions, it seems likely that we have scarcely passed the threshold of the new art. Meanwhile, epiphyseal surgery has now been established, thanks chiefly to radiography, upon a sound and unassailable basis.

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## Notes on Current Topics.

### The Great Atropine Poisoning Case.

The great sensation of the past week in Paris was the trial of a faithless spouse on a charge of having attempted to poison her husband by the administration of atropine. From a medical point of view the interest lies in the employment for criminal purposes of such a drug as atropine, and the difficulties which surrounded the diagnosis. Granting that no suspicion was entertained of the real nature of the symptoms, it is easy to imagine the number and variety of explanations suggested first by one doctor and then by another. Looking at the clinical *tableau* one wonders how it was that the dilatation of the pupils, the dryness of the throat, and the peculiar kind of delirium, did not excite a suspicion on the part of the medical man in attendance of possible accidental poisoning. It is proverbially easy to be wise after the event, but the case shows how necessary it is for a medical man to take a broad grasp of the situation, and not to reject an hypothesis merely because it is improbable. The French are very proud of the strictness of the regulations in respect of the sale of poisons, but nothing is easier than to forge a prescription, and though no chemist would supply a chance customer with such a poison as cyanide of potassium, this can be obtained by the pound by going to a dealer in chemical products instead of to a pharmacy. In this case the doctor was only put on the scent by the accused frankly asking him to give her a prescription for six grains of atropine on the pretext that it was wanted to make a collyrium for a pet dog, an explanation which was not thought adequate. An analysis of the urine promptly settled the matter by revealing the presence of the alkaloid, and the removal of the patient to a home was followed by speedy recovery. Fortunately for society criminals of this class are generally blunderers, otherwise their discovery and conviction would often be a very difficult matter. It would, however, not be wise to congratulate ourselves over much in this connection, because, as only the blunderers are caught, it is possible that the cleverer rogues escape detection.

### The Liverpool School of Tropical Diseases.

Two meetings of the Liverpool Association of Foreign Consuls have been held during the past few days for the purpose of explaining the objects and of promoting the interests of the proposed new school of tropical medicine. Prof. Boyce, at the request of the consuls present, briefly explained the intentions of the Council with regard to the school. There were to be four courses of lectures every year, to be given to qualified men, each course lasting two months. They had now a laboratory second to none in the world, and they had already appointed able men to the various branches, and within the next few days he anticipated that they would have acquired the services of a lecturer on tropical diseases, who, by his long experience in the tropics, and his scientific attainments would extend the usefulness of the school. There would also be on the staff a professor of zoology. Liverpool, he thought, was the best place in the world in which to establish such a school, as they had examples of the diseases brought from all parts of the world. They also intended giving a particular training to missionaries for districts where there were no medical men. They would give them microscopes and encourage them in various ways. Then there would be the training of nurses, including black women, who would go back and help to fight these dreadful tropical diseases. From evidence furnished by the Medical Officer of Health, it appeared that the number of cases of malaria in Liverpool, 1897, was 242, of beri beri, 14, of dysentery, 30, of tropical anæmia, 39, scurvy, 1. In 1898 the number of malarial cases was 294, and the number increases from year to year. The material was therefore at their doors, and as the Royal Southern Hospital had placed a floor at the services of the committee, they had a ward and chemical laboratory wholly devoted to tropical cases. In less than ten days the ward and the laboratories would be ready, the one to receive patients, the other to investigate the condition of the blood and the excreta. Subsequently a resolution, proposed by Mr. A. L. Jones, was unanimously carried to the effect: "That this meeting of consuls expresses its appreciation of the great importance of the work undertaken by the Liverpool School of Tropical Diseases, and suggests that each consul bring the matter to the notice of his Government, and also of the medical profession and others interested," in such a way as may be best according to his judgment."

### The Plague.

THE latest reports from India are very disquieting. A far higher death-rate from plague in Bombay has once more created quite a panic. The recorded mortality for the week exceeded eighteen hundred. These were wholly among natives; nevertheless, the richer and better classes have taken fright, and have been leaving the city as quickly as possible. The artisan classes are also following their example, so much so, that a serious commercial stagnation is looming in the distance. The death roll of this alarming visitation of plague has already exceeded two hundred thousand, while a very large number of natives secretly stole away from the city by night and have not since been heard of. The latest reports from the Kolar Goldfields show that the plague continues to spread in spite of strenuous precautionary measures. The panic among coolies continues, and the Mysore mine presents a desolate appearance, owing to the exodus of miners. The Secretary of State for India has received a further telegram from the Viceroy to the effect: "That the hospital arrangements are excellent; evacuation and segregation being vigorously carried out; panic somewhat ceased, but at Mysore mine 1,000 out of 4,000 coolies have left." The outbreak at Nasik, a town of 25,000 inhabitants, 500 cases of plague occurred in the first epidemic visitation, and 200 in the second up to the present time. Nasik was probably infected from Igatpuri by human agency. The epidemic proved to be more fatal during the cold weather. The ward system adopted here has proved satisfactory. From Constantinople we learn that plague has broken out at Jeddah, and that the issue of strict sanitary regulations led to serious disturbances, which led to their withdrawal.

### The Use of Colouring Agents in Food.

MARGARINE manufacturers profess to regard the threatened prohibition of colouring matter in margarine as a great hardship of the nature of an injustice seeing that no restriction is placed on the use thereof in preparing butter, &c., for the market. But the only object of colouring margarine is to increase its resemblance to butter, not perhaps exclusively for the purposes of fraudulent sale but because purchasers who affect this substitute for butter conceivably might not wish to be continually reminded that what they are eating is not butter. We can quite understand, too, that the proprietors of boarding-houses and eating-houses might be averse to flaunting the identity of this particular alimentary substance before the eyes of their guests and customers who might otherwise not notice the substitution. While Parliament is tinkering at food and drugs adulteration legislation would it not be well to take advantage of the opportunity to forbid the use of colouring agents in butter as well? Colour is not added merely because the public is supposed to have a decided taste for butter of a particular hue, but because inferior butter can thereby be made to resemble that of much higher quality. It follows that it is as much a fraud to use colour in butter as in margarine, and there is no obvious reason why it should not be treated as an adulteration.

### Extension of Hospital Accommodation for Infectious Diseases in Liverpool.

At the instance of the Local Government Board, an inquiry was held at Liverpool on the 9th inst., before Mr. T. Thomson, M.D., barrister-at-law, respecting the application by the City Corporation for sanction to borrow the sums of £3,500 for the purchase of additional land in Fagakerly, an outlying village, and £20,000 for the erection of a small-pox hospital in the same village, and also £40,000 for the extension of the City Hospital East in Mill Lane, Old Swan. There was not the least difficulty, either on the part of Dr. Hope, Medical Officer of Health of the City of Liverpool, nor of those associated with him, in supporting the proposal, among whom was Dr. Clarke, Chairman of the Hospital Committee of the Liverpool Corporation, in making out a strong case, the hospital accommodation for infectious diseases, and for small-pox cases as a separate item, being far behind legal requirements. A large sum of money is required it is true, but it will certainly be cheaper to spend it in the way proposed than to allow matters to drift on as they are at present.

### A Missing Drainage Tube.

Dr. Findlater, of Edgware, had occasion as far back as the summer of 1895 to open an abscess for a barmaid, in dressing which he inserted a short drainage tube. The next day the tube had disappeared, and Dr. Findlater probed the wound without finding any trace of the missing appliance. The wound healed, but the arm remained more or less useless, and in 1898 a fresh swelling formed, was lanced, and gave exit to the long lost drainage tube. Thereupon the patient sued Dr. Findlater for damages on account of negligence. It transpired that the plaintiff herself thought the tube had been lost in the bedroom, and evidence was given by Mr. Stonham to the effect that the tube would not have been discovered unless the sinus were laid open, a procedure which he considered would not have been justifiable under the circumstances. A verdict was returned in favour of the defendant. These cases, which may occur in the practice of the most careful and conscientious of practitioners, emphasise the desirability of becoming a member of the Medical Defence Union, because even a successfully defended case is, after all, a very costly affair for the unfortunate practitioner.

### The Yorkshire College and Vivisection.

Enlightenment upon the subject of vivisection moves only slowly among a certain class of otherwise estimable persons, and the truth of this has just been abundantly shown at Leeds. The Council of the Yorkshire College have for long recognised the inexpediency of not having a licence under the Vivisection Act for experiments upon animals, the application for such a licence having been delayed in consequence of the opposition of its chairman, Mr. Rawlinson Ford. The Medical School authorities in Leeds, however, recently again urged upon the Council the great need of having a licence, and, the request having been duly considered, it was at last agreed that permission should be given to apply to the Home Office for a licence under the Act. This action of the Council caused the resignation of the chairman, Mr. Ford. So far as Mr. Ford is concerned, he has, no doubt, by resigning his post, satisfied his conscience; but regret must be felt that he should have allowed his conscience to perturb him in this matter to the extent that it seems to have done. The late chairman of the Council earned a high reputation for the ability with which he discharged the duties of the post, and general regret has since been felt and expressed by his former colleagues that he should have deemed it necessary to retire. The wonder is that his connection with a body of scientific workers had not enlightened him upon the legitimacy and need of experimenting with animals. Anti-vivisectionists cannot be called reasonable persons, so far as their fad is concerned, and therefore a broad-minded view of the matter was to have been expected of a chairman who, like Mr. Ford, had shown so much capacity in conducting the affairs of the Yorkshire College.

### A New American Medical Editor.

The *Journal* of the American Medical Association is one of the best and one of the most successful of the medical papers published in the United States, and it is now being edited by Dr. George H. Simmons, who was appointed to the vacancy created by the death of Dr. Hamilton. For English readers the *Journal* has only one drawback, and that is the prevailing irritating method of spelling which disfigures its pages. There are some orthographic maniacs in Philadelphia and elsewhere who have left no stone unturned in order to diffuse this form of spelling among American editors. But the curious and most significant point is that, despite every persuasion, the New York medical journals have refused to follow any such lead. Another matter which claims attention is the remarkable inconsistencies of this American method of spelling. The plan is to "lop off" the "al" in adjectival words, such as anatomical, physiological and so forth. But we fail to see why the "al" should be allowed to remain in other words of the same kind. The following sentence will illustrate our meaning. "The case is really a gynecic [This word actually appeared in an American contemporary.] one. But doubt may be felt whether surgic treatment would be better than medic under the circumstances. The patient is obviously not strong in a physic sense, and probably, therefore, the most practic way of treating her would be first of all to try the effects of therapeutic measures." The new editor of the *Journal* of the American Medical Association has now the opportunity of purging the pages of this admirable publication from a new-fangled system of spelling English words which is both inconsistent, unnecessary, and irritating.

## The Chelsea Hospital for Women Appointments.

The current number of *Truth* calls attention to the fact that the Board of the Chelsea Hospital for Women recently passed a resolution to the effect that no general practitioner should in future be a member of the staff, and points out that since then two general practitioners have been appointed. One of the latter is now pathologist to the hospital, and this circumstance, our contemporary states, is the more remarkable inasmuch as in the advertisement declaring the post vacant it was expressly laid down that candidates "must be engaged in consulting practice only." We mention these facts mainly for the purpose of showing that it is evident the feeling against the Board in question is still alive, otherwise the editor of *Truth* would not have been asked to give publicity to these matters. Obviously, however, if the rule above mentioned has not been rescinded it should be adhered to, and the Board cannot be commended for their action in this matter. It does not appear to us to be a straightforward proceeding to say in an advertisement for a vacant post that a general practitioner is ineligible to compete and afterwards to appoint one.

## Sanitarianism in Excelsis.

When we deprecated, a couple of weeks since, the flights of fancy of the ultra-sanitarians as being the obstruction to the tuberculosis crusade which is most to be dreaded just now, and when we pictured the system which these enthusiasts advocate under which every one who coughs should be challenged by the sanitary police; investigated, if found guilty of consumption, notified; and promptly isolated, "willy-nilly," or, at the least, compelled to carry about a spit-cup in their pocket, and expectorate into it on all public occasions, some of our readers thought we were poking fun at the sanitarians. By no means. Some of these idealists go far beyond these proposals. A Dr. Knoff writes to the *North-American Review* to expound *his* suggestion. He wants in every State a commission of special examiners to examine each cough patient to make domiciliary visits to the home and investigate all members of the family, to put the sanitary authority in motion for the renovation of the house, or even to burn it down if considered to be badly infected, and—to cap the edifice of coercion—to inquire into the financial ability of the patient, and, if he is not able to pay for his own maintenance in the consumption jail to which he is to be relegated, to compel the municipality to do so, *paying, also, for the sustenance of the whole family*. Say we not truly that such sanitary visionaries as Dr. Knoff, are the most dangerous enemies of any movement for the improvement of the public health?

## Tuberculin as a Test Inoculation.

We publish this week a short paper from a Melbourne correspondent, who apparently holds very strong views in respect of the use of tuberculin as a test for the presence of tuberculosis—views to which we are quite unable to subscribe, and which he himself does not appear to us to have justified or substantiated. Experience on a large scale, carefully scrutinised and discussed by highly competent persons, has shown conclusively that it is a trustworthy means of diagnosing latent and otherwise undiscoverable tuberculosis in cattle. We are not concerned with the value of tuberculin in therapeutics, though it would be rash to assume that because it proved a failure some years ago it can never render any service in this direction. Its activity in procuring the cicatrisation of local tuberculous lesions of the skin, *e.g.*, lupus, proves beyond a doubt that under one set of circumstances, at any rate, it is possessed of curative properties. We welcome the news that the colonies are awakening to the importance of safeguarding their herds against contamination, one of the most important elements in the war against tuberculosis being the ability to isolate diseased animals before they have had time to infect their, as yet, uncontaminated fellows.

## Is it Illegal?

An inquest was opened at Southport on the body of a man, æt. 26, who had died after taking a certain quack "fit remedy," sold by a "Dr." Fanyau. This nostrum, which is largely advertised, contains, we believe, bromide of nickel and arsenic, so that it is really a very poisonous preparation when taken in other than a very careful manner. The circumstance that appears to us to call for remark, is that the *soi disant* Dr. Fanyau had written to the deceased advising him as to the manner in which to carry out the treatment, and this seems to be sailing very close to an infringement of the privileges of the Apothecaries' Society. If any means could be found of inhibiting these pestilential foreign quacks from vending their nostrums in this country, the public would be the gainers. In any event it ought to be possible to prevent them from carrying on this kind of irregular medical practice under an unregistrable and possibly fictitious medical title.

### The Presidency of the Royal College of Physicians, London.

Sir Samuel Wilks, President of the London College of Physicians, has decided not to seek re-election at the termination of his year of office on the 25th inst. Consequently, great speculation is taking place as to the choice of his successor by the Fellows. The election will be held at the College on Monday the 27th, and although several names are now being discussed in connection with the post, nothing approaching certainty is known. Sir William Broadbent, of course, is mentioned, and we should not be surprised if he were to be ultimately chosen by the Fellows.

### Stillborn Children.

A petition is being drawn up by the "British Institute of Undertakers" in favour of legislation, with the object of regulating the interment of infants alleged to be stillborn. This is an admitted scandal, and one which calls urgently for remedial measures. It is thought that the petition would gain in weight if it were endorsed by the medical profession, and we are requested by the secretary of the British Institute of Undertakers to solicit adhesions thereto, but we must confess to a distaste for any combined action of this character, and if a medical petition be really considered likely to further the object which we all have in view there is no reason why one should not be organised as and from the profession.

### The Government Adulteration Bill.

This project of legislation is now denounced in every quarter—except by the adulterators—as a miserable pusillanimous makeshift. It makes some right improvements in the method of prosecuting—but, in other respects, perpetuates most of the shortcomings of the present law.

### The Palmar Sign of Typhoid Fever.

What has been called the palmar sign of typhoid fever is a yellowness of the palms of the hands and soles of the feet. This change in colour is said to be more marked in proportion as the integument is thickened by toil, but is still present when the skin is thin. The change comes on in the early days of the disease, and lasts until the end, disappearing in convalescence. The yellowness has been attributed to feeble circulation by which the subcutaneous fat becomes apparent through the skin. We are not aware that this symptom has been looked for or observed in this country. Probably not.

### The Peculiar People.

The firm attitude of the judiciary which has fastened upon the members of this misguided sect the responsibility—common to all the world—of providing for the medical care of their families, seems to be producing its effect. It is stated that the elders of that cult are deliberating as to whether they shall give way, at least, to the extent of permitting their disciples, if they wish, to call in medical aid for their sick children. Should this course be adopted it will at least deprive these fanatics of any legitimate excuse for allowing their children to die of neglect.

### Astragalectomy.

This little-known operation of removal of the astragalus, should have a future before it in the relief of various forms of equine talipes. The bone in question is removed by a curved incision across the upper surface of the arch of the foot from a spot in front of the peroneus longus, to the tibialis anticus. The joint is opened, and the bone dissected out, the extensor tendons of the toes, and the achilles tendon divided; the foot brought into a right-angled position and fixed for six weeks or more in a plaster-of-paris splint. The malleoli soon adapt themselves to the tarsal bone, and a new joint is established, which is almost as useful as the ordinary ankle-joint. The operation is not altogether easy, but its results are most satisfactory, and it has the great advantage that it may be applied in the case of adults, when the chance of relief by other measures is of the scantiest. This brilliant illustration of modern joint surgery, which, by the way, appears to be more practised in America than in our own country, has been rendered possible only by the methods of aseptic surgery. With its aid the orthopædic surgeon will be enabled to undertake with confidence the treatment of a common deformity.

### Salaries of Medical Officers of Health.

The rate of remuneration adopted by the various authorities of the United Kingdom as regards their Medical Officers of Health may be described as arbitrary and chaotic. In one place we find a first-class man doing a great amount of work at a miserable salary, while in another a less able official draws an extravagant sum in return for the services of a few spare hours. Of late years there can be no doubt that a considerable change has taken place generally in the attitude of sanitary authorities towards their medical officers. The advance of democratic opinions, for example, has made local administrators far more exacting in their demand for actual routine and personal work. Their tendency on the whole has been to employ "whole-time" men as apart from the hybrid "half-timer," who undertakes to discharge in his own person the conflicting duties of general practitioner, and of a medical officership of health. Clearly a standard is wanted in these matters, not only as regards salary, but also to settle the important particulars of the duties to be performed, and the amount of time to be given to the service. An equalisation of this kind would be of inestimable value in many directions, and might engage the attention of the Local Government Board with advantage. At present many authorities having vast and teeming populations under their control pay their medical officers a wretched and inadequate dole. Some day the growing national wisdom will doubtless recognise that money sunk in public health improvement is a prudent investment.

## The Mortality among the American Troops During the Late War.

SOME significant figures dealing with the mortality among the American troops arising out of the late Hispano-American war, were cabled to this country through Reuter's Agency last week. The figures in question are taken from the reports submitted to the Adjutant-General of the American forces, and show that between May 1st, 1898, and February 18th of this year the following deaths occurred among the American troops in Cuba, Porto Rico, and the Philippines:—Killed in action, 329; died of wounds, 125; died of disease, 5,277. The enormous disproportion of deaths under the latter heading at once claims attention. The figures plainly show that the Spaniards were quite correct in believing that they would have a firm ally in disease, in the contest with their opponents, and, possibly, unless the campaign had not been carried on with that brilliant rapidity, which the world now knows of and has acknowledged, the Americans might have found their task an exceedingly more onerous one, in the face of such a foe, than ultimately proved to be the case. Admitting, however, all the difficulties encountered in fighting against the unhealthy climates in the seat of war, it is still, nevertheless, startling that such an enormous number of the American troops should have died of disease. In earlier days, perhaps a catastrophe of this nature might have been anticipated. But we are living in modern times, and thus irresistibly the question arises, was everything done to prevent the inroads of disease which modern science and organisation could suggest?

## Gout and Intellectuality.

HORACE, Leibnitz, Erasmus, Franklin, Milton, and Darwin, we learn, were sufferers from gout, that aristocratic but disobliging malady. Tiberius and Louis XI. of France were rheumatic, while Michael Angelo, Calvin, Montaigne, Colbert, Louvois, Buffon, and Désangiers—to mention but a few—were the victims of gravel. This enumeration would give a high idea of the intellectuality associated with the gouty diathesis; but to balance accounts we ought to mention a number of political and social eminences whose intellectual status would prove that gout is not necessarily, or even generally, allied with a high order of intellect. On the whole, it is safer to assume that gout and intellect are not incompatible, but that they can, and do, exist separately. Each gouty sufferer can thus decide for himself or herself whether gout is complicated by excessive intellectuality or the reverse, though we do not undertake to accept the verdict without cavil.

## An Exhibition of Antique Surgical Instruments.

NOT one of the least interesting sections of the forthcoming Paris Exhibition will be the collection of antique surgical instruments. Appeal is now being made to collectors, museum authorities, and all possessors of rare or unique surgical instruments and appliances for a loan of their specimens. Properly arranged and catalogued such an exhibition would have not only an instructive but an historical value, and would be worthy of some permanent record. We wish success to this enterprise, for nothing of the kind that we know of has ever been attempted before.

## Alleged Malpraxis.

AN action was tried a few days since in which a lad who had been injured in a street accident claimed damages against Mr. Zebulon Mennell, a Notting Hill practitioner, for having omitted to discover until some time after the accident, that the plaintiff's leg was broken. The defence was that there were surgical reasons for not putting the leg in splints at an earlier date, and this view was corroborated by Mr. Pitts and Mr. Ballance, with the result that a verdict was returned in favour of the defendant.

## Extension of the Medical Acts to the Isle of Man.

THE necessity for some means of differentiating between qualified practitioners and quacks has been severely felt in the Isle of Man, to which bailiewick the Medical Acts have never been extended. To provide such means a Bill will be introduced to-day into the Manx Legislature to provide for the island such safeguards—inefficient though they be—as are provided in the mother country.

## Typhoid Fever in Philadelphia.

AN epidemic of typhoid fever on a large scale has broken out at Philadelphia, and the number of victims already exceeds two thousand. The case mortality is high, as it usually is at the commencement of an epidemic. The occurrence is attributed to pollution of the tributaries of the river from which the city draws its water supply.

A DAILY paper announces that "one of our most most distinguished medical baronets has been lying seriously ill for a month," and comments upon the fact that not a word has been published on the subject in deference to the express wish of the patient. Under the circumstances it would ill become us to lift the veil of anonymity, though, as medical baronets are not as thick as leaves in the valley of Valombrosa, it cannot be difficult to read between the lines.

SURGEON-MAJOR QUINTON, who retired from the Army Medical Service in 1884 after prolonged service in India, was found dead in a field near his house at Kings Teignton, Devon. The cause of death had not transpired at the time of going to press.

## PERSONAL.

DR. GEORGE H. SIMMONS, of Lincoln, Neb., has been appointed editor of the *Journal* of the American Medical Association.

**Mr. Chamberlain** will take the chair at a dinner in aid of the proposed School for Tropical Medicine on May 10th, next.

**Prof. Koch** has written expressing his regret at his inability to be present at the Inaugural Dinner of the Liverpool School of Tropical Diseases.

**Mr. Frederick Treves**, Consulting Surgeon to the London Hospital, has been appointed an Emeritus Professor of Surgery to the hospital.

**Dr. G. A. Maconachie**, late Principal of the Grant Medical College of Bombay, has been offered the Lectureship on Tropical Medicine at the University of Aberdeen.

**The** Khalifa is reported to be suffering from leprosy' indeed, there is every reason to believe that the symptoms of the disease are well marked, sufficiently so for it to be necessary to wear a veil.

**Sir William Turner**, President of the General Medical Council has been chosen as the President-elect of the British Association, which will meet in Bradford in the course of the summer.

**Dr. G. A. Gibson**, of Edinburgh, has accepted the appointment of Inspector of the examination of the Apothecaries' Hall, Dublin, and Dr. Church has accepted that of Visitor for the same examination.

**Dr. Frederick Hetley**, a former student of the Middlesex Hospital, has contributed the sum of £1,000 to perpetuate the "Hetley Clinical Prize," in the Medical School, of £25 per annum founded in 1884.

## Scotland.

[FROM OUR OWN CORRESPONDENT.]

**The Royal Medical Society's Dinner.**—A large and representative gathering met on Friday last week at the annual dinner of the ancient Royal Medical Society of Edinburgh to meet Sir William Priestley, member of Parliament for the Universities of Edinburgh and Glasgow, the guest of the evening. The senior president of the Society, Mr. R. F. McNair Scott, officiated as chairman, supported by numbers of former members and presidents. The number of well-known names of men present, who once had filled the presidential chair in the Society, emphasised the prescience displayed by the various generations of members in electing them to this office Among those present were Sir William Gardiner, of. Glasgow, Professors Chiene and Simpson, Sir H. Littlejohn, C. Brown, Cossar Ewart, and Hunter Stewart; Drs. McMarin, Bury, Beatson, Allan Jamieson, Noël Paton, &c.

**The Vacant Edinburgh Chair of Physiology.**—The election by the Patrons of the Chair of Physiology in the University of Edinburgh, the Board of Curators, seven in number - four nominated by the Town Council of Edinburgh, three by the University Court—will not take place until after May 20th next, so that candidates will have a more prolonged breathing-space than usual, and a longer time during which to canvass. Dr. Noël Paton, Professors Schæfer, Stirling, and Weymouth Reid, and Dr. Carlier are the names of those who up to now have shown signs of an intention to apply. The post will be worth about £1,400 in the future.

**Glasgow University Medico-Chirurgical Society.**—The following office-bearers have been elected for Sessions 1899-1900 :—Honorary President, Professor Stockman; President, Mr. E. P. Cathcart; Vice-President, Mr. James Davidson, M.A.; Demonstrator, Mr. Thomas Richmond; Corresponding Secretary, Mr. Matthew Aikman, M.A.; Minute Secretary, Mr. John Muir; Treasurer, Mr. Alexander Fraser, M A ; Librarian, Mr. A. M. Pollock.

## Manchester.

[FROM OUR OWN CORRESPONDENT.]

**Medical School.**—Considerable changes in the teaching staff are likely to occur during the present year. An aural surgeon and an additional assistant surgeon are to be appointed to the Royal Infirmary immediately. Dr. Milligan and Messrs. Cox and Larmuth are candidates for the former post, while for the latter it is understood that the following gentlemen are applying :—Messrs. Collier, Pomfret, Smith, Platt, and Montgomery. Next year two vacancies on the surgical staff are likely to occur. The Senior Physician, it is rumoured, intends to resign this summer. At the College, Professor Delépine is seeking to secure the Chair in Pathology at Glasgow.

**Tuberculosis.**—Much interest continues to be taken in the "campaign" against tuberculosis. The Hospital for Consumption is about to start the working of the Liegehallen system. Mr. W. T. Crossley, a philanthropic citizen, has offered to erect an institution containing 100 beds if the city will guarantee something like three to four thousand pounds annually to support them. Dr. Ransome has been advocating the destruction of the many "tubercle nests," as he rightly calls them, in the crowded parts of the city

**Measles.**—The School Board authorities have been expressing disapproval of the action of the Sanitary Committee in closing schools when the cases exceed 10 per cent. of the average attendance. They show that this is a much more stringent practice than is carried on elsewhere. It is to be hoped there may be no clashing between the Medical Officer of Health and the School Board, but mutual forbearance may be necessary.

**Inebriety.**—Manchester has long taken a practical interest in the inebriate class. One of the most successful of the retreats for women is maintained by some of the citizens. The following statistics compiled by the chief constable of the city have important bearing on the new Act:—The tabulated statement shows the number of persons convicted in towns in the Salford hundred of drunkenness or of offences mentioned in the first schedule to the Inebriates Act, 1898, and amenable under Section 2, for the three years ended December 31st, 1898. In the year 1898, it appears, there were convicted in Manchester 13 males and 72 females; in 1897, 16 males and 76 females; in 1896, 11 males and 65 females In Salford there were convicted, in 1898, 18 males and 19 females; in 1897, 8 males and 10 females; in 1896, 13 males and 12 females.

## MEDICAL SOCIETY OF LONDON.

**The** meeting on Monday evening last (March 13th) was devoted to the reading of, and the discussion upon, a paper by Mr. John Langton on "The Radical Operation for Inguinal Hernia—And Afterwards." After sketching the history of surgical attempts to deal with this disabling infirmity and the various modifications of practice and innovations of principle that had from time to time been introduced the author stated his preference for the operation which aimed at the reconstruction of the canal with transplantation of the vas deferens and its vessels to the upper angle of the incision so as to form a new inner ring. He insisted on the importance of a month's rest in the recumbent position after operation, and then proceeded to discuss the frequency and causes of suppuration after operation. At Bart's the proportion of suppurative cases had been about 16 per cent. At this institution the mortality in about 650 cases had been only two, and death was due in these, in one to septic pneumonia and in the other to scarlet fever. He remarked on the great preponderance of male over female patients—9,900 males against 870 females—at the City of London Truss Society, the reason for which he discussed. He approved of the use of a truss after operation, remarking that the patients who applied for relief by reason of failure of the operation were persons who had been advised not to wear a truss at all, or had only done so for a short time. Operation was contra-indicated (1) under six years of age, (2) in presence of organic disease, (3) when the hernia was so large that the abdomen could not retain it under moderate pressure, (4) in very old patients, (5) with small herniæ when the abdominal walls were unusually weak, and (6) in septic peritonitis after strangulation. He commented on the extreme, even insuperable difficulty of ascertaining the ultimate results of the operation in hospital practice, but gave figures from which it might be inferred that the total number of failures must be considerable. In private practice the results were more encouraging, probably about 80 per cent. being successful.

The **PRESIDENT** (Mr. **EDMUND OWEN**) objected to the expression "radical cure," preferring to style it the operation for radical cure. He urged that unless the infant were well looked after it might be necessary to operate under six years of age. He himself operated as young as three.

Mr. **STANLEY BOYD** entered very fully into the subject, insisting on the importance of leaving the peritoneum smooth and tense, and of rearranging the muscular arches in the manner met with in nature. In the event of suppuration he advocated removing some of the outer stitches, passing through the internal oblique, and placing a drainage tube close to the neck of the sac. He himself had fixed three as the limit of age in children. It was not his practice to recommend the use of a truss after operation.

Mr. **OSBORN** pointed out that in a young child the use of a truss would often dispense with the necessity for an operation. He approved of the recommendation to use a truss after operation, though this often disappointed patients who had looked forward to being enabled to dispense with its use.

Mr. **LANGTON** replied, pointing out that before puberty and after the menopause, inguinal hernia was the rule, and femoral hernia, when it occurred, usually did so during the child-bearing period, though even then 99 per cent. of herniæ in pregnant women were inguinal and not femoral.

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## Parliamentary News.

**NOTIFICATION OF INFECTIOUS DISEASES**.—Sir Francis Powell has introduced a Bill, having for object to extend the Act of 1898 so as to make its application general throughout the country. Unless opposition from some unexpected quarter is manifested, there is great hope of this useful measure becoming law in the near future.

**THE RIVERS POLLUTION BILL**, which came on for discussion last week, was favourably received by the Government, but at the last moment it was "talked out" by one Jackson, the member for Leeds, so that for one more year, the sixth in succession, this very necessary piece of legislation fails to become law.

**THE CONSTRUCTIVE MURDER BILL** is set down for discussion to-day (Wednesday). It is very unlikely that any serious objection will be offered to a measure which proposes to abolish a judicial farce which has shocked the minds of all thinking people.

**DISEASE IN THE ARMY**.—Major Rasch asked the Secretary of State for India whether, in view of the facts stated in the Army Medical Report of 1897 that the number of admissions to hospital for venereal disease per 1,000 was 507, only 3 per cent. less than in 1896, and that the number invalided to England in 1897 was 662, an increase of 183 over the previous year, the Government would consider the advisability of permitting the Indian Government to take such measures as they might think fit for the detection of diseased persons of both sexes, and to detain such persons in hospital until cured; and whether the Government had received any reports as to the effectiveness or otherwise of the new cantonment rules enforced in 1899. Lord G. Hamilton, in reply, said the statement related to troops in cantonments only. Including those on field service, the admission rate for venereal disease was 485 per 1,000 in 1897 against 511 in 1896, a reduction of 26 per thousand. The new cantonment rules were not brought into operation until towards the end of 1897, and could not be expected to have much effect in lowering the ratio for the whole year. No report has yet been received as to their effectiveness or otherwise; and until the results of their working have been ascertained he did not propose to take any further action. The returns for 1898, so far as they were known, were very encouraging, and showed a considerable further decrease.

As might have been expected, a block has been put by Mr. Ascroft against the Bill which proposes to repeal the Conscientious Objector's Clause of the Anti-Vaccination Act of last year. This opposition does not affect the chance of passing the Bill, inasmuch as, with the Government against it, it had no chance.

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## Laboratory Notes.

### LITHIATED JOHANNIS WATER.

IT has been a desideratum to find a *natural mineral water* suitable in its composition for regular and continuous use, and containing a definite and adequate proportion of a salt of lithium. This is exactly what we now have in "Lithiated Johannis." The proprietors of this spring have had the very happy idea of adding, under the most careful and skilled supervision, one grain of lithium bicarbonate to each small bottle of Johannis. We have examined samples, and find on analysis that the proportion of lithia contained is as stated on the label, viz, 1 grain of bicarbonate of lithia per bottle of 360 c.c. This proportion is one which may be safely commended for regular and general use. This is a point of some importance, because the much larger proportion of lithia contained in the B P. solution renders its habitual use as a table water quite inadmissible.

In lithiated Johannis the drug is exhibited in an agreeable and convenient form, and in doses which can under no conceivable circumstances become excessive. So that we now have a natural mineral water of extremely advantageous composition containing just that amount of a salt of lithium which experience has shown to be best adapted for regular and continuous use.

### PEPTARNIS.

[Prepared by the Liebig's Extract of Meat Company, Limited.]

The sample on analysis yielded the following results:—

| | |
|---|---|
| Proteids (or nitrogenous matter) ... | 53·0 |
| Extractive matter... ... ... ... ... | 6·0 |
| Water ... ... ... ... ... ... | 33·0 |
| Mineral matter (phosphates, &c.) ... | 8·0 |
| | 100·0 |

The above results show this extract to be of high quality, in particular the amount of mineral matter is satisfactory as showing that the article is not overloaded with salt.

### THYROGLANDIN.

**MESSRS. EVANS and Co.**, of Liverpool, have submitted to us samples of Stanford's "Thyroglandin," a standardised product of the thyroid gland, prepared, we are assured, under conditions which preserve the active principles intact, under the Patented Process of Mr. E. C. C. Stanford, F.C.S. It is claimed to represent five times the strength of the raw gland, and to be free from any tendency to undergo decomposition. The sample before us is a light brown powder, non-hygroscopic and free from any appreciable odour. The powder is also put up in pill form, pearl-coated, each pill containing one grain of thyroglandin. A product of this high standard is obviously in every way preferable to the B.P. preparations, which is simply the gland freed from fat, dried and powdered, and in which the characteristic odour of de composition is soon manifested. The activity of "Thyroglandin" has been experimentally tested, with uniformly satisfactory results, by Dr. Wm. MacLennan, of the University of Glasgow, who made use of it in a number of cases either for the relief of symptoms of myxœdema or for the reduction of pronounced obesity. This observer attributes the therapeutical activity of the product to its containing iodoglobulin and thyroiodin in the form and in the proportion in which they exist in the gland, and to the absence of any injurious impurities of glandular origin.

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# Obituary.

## DR. FRANCIS N. MACNAMARA.

The death is announced of Dr. Francis N. Macnamara, late of the Indian Medical Service. After a brilliant career at King's College, says the *Times*, he obtained, in 1853, an appointment to India, and, having particularly distinguished himself in chemical science, was at the early age of 22 appointed by the court of directors of the East India Company Professor of Chemistry at the Calcutta Medical College, to which was united the office of Chemical Examiner to the Government of India. In that capacity he devoted much time and skill to detecting in water the germs of cholera. By analysing various specimens of water from different parts of the country he was enabled to identify disease with the presence of impurities, and the necessary precautions were taken under his advice, though considerable prejudice and opposition had to be overcome. In conjunction with his brother, Charles Macnamara, he raised the question of supplying pure water to Calcutta, a work which was subsequently accomplished. Dr. Macnamara attracted to him the native students, by whom he was greatly respected and beloved, and from whom, on leaving India, he received sincere marks of esteem. He was as modest and retiring as he was earnest and persevering, and public notice scarcely followed his successful efforts. Upon his return to England after leaving the service, he was appointed by the Secretary of State Examiner of Medical Stores at the India Office. He was about to relinquish this appointment when death overtook him, on the 5th inst., at the age of 67. Dr. Macnamara was the author of "Climate and Medical Topography in their Relation to the Disease Distribution of the Himalayan and sub-Himalayan Districts of British India" (Longmans, 1880), and contributed articles on "Goitre" to "Davidson's Hygiene and Diseases of Warm Climates"; on "Pathological Chemistry" to the "Indian Annals of Medicine"; on "Abscess of the Liver" and other papers to the *Indian Medical Gazette*.

Mr. Henry Butler, M.R.C.S., Bradford, died on Wednesday last, at the early age of 35, from blood-poisoning, resulting from a prick from a safety-pin while applying a dressing. He was formerly on the staff of the Leeds Infirmary.

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# Correspondence.

We do not hold ourselves responsible for the opinions of our correspondents.

## THE HOSPITAL FUND "HAT" AGAIN.

*To the Editor of* The Medical Press and Circular.

Sir,—It is gratifying to note that there is, at least, one weekly exponent of medical opinion which has the courage to protest, in the name of the profession, against the shameless flunkeyism of those who have dragged the name and rank of the Prince of Wales through the mire in order to make the Hospital Fund fashionable. His Royal Highness, in his proverbial good nature, was persuaded—first, to start the Fund without due inquiry as to whether the hospitals deserve or require more money than they have; second, when the monied public showed their distrust of hospital administration by standing severely aloof, the Prince was induced to countenance the issue of stamps bearing his impress, and the organised importunity of Society people and school boys to buy and preserve them—to remind them, let us hope, in future, of what fools and toadies they once were; third, His Royal Highness is now again pressed into the begging service as the patron of a sham order of knights errant, who are to purchase, by a small donation, the privilege of calling themselves dames, or members or whatnot of the "League of Mercy," pose as philanthropic associates of royalty, and figure about with a pretty little decoration, pinned on their dress or, perhaps, in a neat and becoming distinctive dress.

It is, Mr. Editor, very pleasant to observe that the feeling of the general public disapproves of this form of mendicancy, and that it declines to listen to the blandishments of the Fund wirepullers until the prevalent suspicion that London hospitals neither merit nor need additional subsidy is set at rest. Even if it were possible to satisfy them of this, the method of importunity would be distasteful. His Royal Highness's advisers have misconceived the motives of the great body of monied philanthropists, and, gauging public sentiment by their own, have appealed to the weaknesses of human nature among the upper classes. They know that the Society would-be's are willing to pay anything to be in the fashion, and if hospital benevolence is the correct thing they would just as soon have that sort of fashion as any other. They know that such people will go any distance to preserve their connection with the Society craze by buying stamps and little medallions which they can afterwards show admiring friends and by preserving newspaper reports in which their names are mentioned as attending some meeting at which the Prince of Wales presided—coached by medical toadies and supported by Duchesses and other leaders of fashion. The Fund wirepullers knew the money value of such incentives, and they have worked them—to use a vulgar phrase—'for all they are worth." But they forgot that in resorting to such methods and in refusing to allow any questions to be asked as to where the hospital money goes to, they have disgusted the infinitely more valuable *clientele* of wealthy philanthropists who care nothing at all about "Sassiety," and who—as business men—are accustomed to look into an investment in philanthropy or anything else before they make it.

There is, as you say, Mr. Editor, but one way of recovering the lost confidence of this class, and that is, to cease all this foolery of stamps, medallions, and empty titles and make a clean breast and a root-and-branch reform of the abuses and maladministration of hospital incomes. With infinite respect and humility I suggest to his Royal Highness that he will do well not to continue his patronage of the begging movement until this is done.

I am Sir, yours truly,

The Young Man from the Country.

# Medical News.

**Sixth International Otological Congress, 1899.**

The Hon. General Secretary asks us to publish the following as the latest arrangements. The Congress is to be held in London from August 8th to 12th, under the presidency of Dr. Urban Pritchard. The British Organisation Committee, which numbers over seventy members from Great Britain and the Colonies, has Mr. A. E. Cumberbatch for its treasurer, and Mr. Cresswell Baber for Secretary-General. It has also appointed the following sub-committees, viz.:—

1. *Reception*.—Vice-chairman, Mr. Field; Hon. Sec., Mr. R. Lake.
2. *Excursion*.—Vice-chairman, Dr. Dundas Grant; Hon. Sec., Mr. P. Macleod Yearsley.
3. *Dinner*.—Vice-chairman, Mr. Mark Hovell; Hon. Sec., Mr. L. A. Lawrence.
4. *Museum*.—Vice-chairman, Mr. C. A. Ballance; Hon. Sec., Mr. Arthur H. Cheatle.

The president-elect is chairman of all the sub-committees. The meeting will be held at the Examination Hall of the Royal College of Physicians of London, and Royal College of Surgeons of England, and the following details have been arranged:—On Monday evening, August 7th, a preliminary reception will be held by the president-elect. On August 8th, 9th, 10th, 11th, the Congress will be in session, and will be followed on Saturday, August 12th, by an excursion for members and their lady friends. The official languages of the Congress are English, French, German, and Italian. The subscription, to include a copy of the transactions, is fixed at £1, to be paid to the treasurer, Mr. A. E. Cumberbatch, 80, Portland Place, London, W, before the opening of the Congress. The subject chosen for special discussion is "Indications for Opening the Mastoid in Chronic Suppurative Otitis Media," which will be introduced by Prof. W. MacEwen, of Glasgow; Dr. H. Knapp, of New York; Dr. Luc, of Paris; and Prof. Politzer, of Vienna A Museum of Specimens and Instruments relating to Otology, shown by members, will be held during the meeting. Communications regarding the museum should be addressed to Mr. A. H. Cheatle, 117, Harley Street, London, W.

Intending members of the Congress are requested to send in their names to the Hon. Sec Gen. as soon as possible, and in any case not later than May 1st. Titles of communications, together with a short abstract of the same, to be sent to the Hon. Sec. Gen. by the same date According to the regulations of the Congress no papers shall exceed fifteen minutes in reading, therefore all long communications should be read in abstract.

The Manchester Committee of the David Lewis Trust have purchased Sandlebridge Estate, near Knutsford, for the purpose of turning it into a colony for epileptics. The estate is 450 acres in extent. The colony will consist of villas with gardens, a social hall, and administrative buildings, and the land will be sufficient to find employment for the patients, who are to be treated after the German method. Insane or feeble-minded cases will not be taken, and there is to be an endowment for the admission of some patients free of charge.

### Medical Practice in the Isle of Man.

The English Medical Acts do not extend to the Isle of Man, and as an outcome of the recent agitation in the island, a Bill will, on Wednesday next, be introduced into the Manx Legislative Council, providing that only persons registered under the Imperial Medical Acts can sue for or recover fees for medical attendance, and only registered persons can be appointed to public medical positions. The penalty for pretending to be registered practitioners is a fine not exceeding twenty pounds.

Dr. Arthur David White, news of whose death has only just come from Tangier, was the oldest graduate in medicine on the books of Pembroke College, Cambridge. He graduated Bachelor in 1842, Licentiate in 1844, and Doctor of Medicine in 1848. The doctor was eighty-three years old.

The annual meeting of the Asylum Workers' Association will take place on Monday, the 27th inst., at 4.30 p.m., at the rooms of the Medical Society of London, 11, Chandos Street, under the presidency of Sir Jas. Crichton Browne, M.D., F.R.S.

### Medico-Psychological Association.

The next examination for the certificate in nursing and attending on the insane will be held on Monday, May 1st. Candidates should obtain from the Registrar (Dr. Spence, Burntwood Asylum, near Lichfield) a schedule to be filled up, signed, and returned to him at least four weeks before the date of the examination. Monday, April 3rd, will be the last day upon which, according to the rules, candidates can enter their names for the May examination.

### Mr. M'Ardle's Address.

The Registrar of the Royal College of Surgeons in Ireland requests us to insert the following: Mr. Cameron's History of the College, page 187, the author says:—"From their foundation to the present time the College, in at least their corporate capacity have never exhibited religious or political intolerance. Although a large majority of the members have always professed the Protestant religion, the Roman Catholic minority have never been deprived of their fair proportion of the honours and emoluments in the power of the College to bestow. At a time when the municipal corporations and many public boards rarely appointed a Roman Catholic to any office of honour or profit, the College of Surgeons elected Roman Catholics to be their presidents and professors — Williams Dease (President, 1789), Francis M'Evoy (thrice President, 1791, 1804, and 1807), Richard Dease, James Rivers, Cusack Rooney, James Kerin, Francis White, James O'Beire, Andrew Ellis, Leonard Trant, and Christopher Fleming, all Roman Catholics, occupied the presidential chair during the first three-quarters of a century of the existence of the College."

### Annual Dinner of the Medical Society of London.

The 126th Annual Dinner of this venerable society took place at the Whitehall Rooms on Wednesday last (March 8th), Mr. E. Owen, President, in the chair. In point of view of numbers it proved to be the record dinner of the society, no less than 168 persons joining in the alimentary fray. Among the guests were the Presidents of the Royal Colleges and of the principal sister societies. In proposing the toast of the evening the President gave a humorous sketch of difficulties with which the Society had to contend in its earlier days, and made some very pertinent remarks on the qualities expected of papers expected to be read before the Society. He deprecated non-contentious papers which could only excite admiration, urging that a paper should be bold in outline, here and there a little aggressive, with some apparently straying lines, so that when read it should excite a desire to discuss it in the minds of the listeners. He added that a paper should not be too long or "gaseous," and when printed should not contain too many footnotes referring the reader to other writings which had not come from the author's pen. Nothing, he remarked, would be lost if the writer now and then feigned a transient disbelief in his own omniscience. An interesting feature was the presentation to Dr. Monckton Copeman, of the Fothergillian medal, the award whereof we recently announced. The musical arrangements, which were of exceptional excellence, were under the management of Dr. R. Maguire, to whom the Society was indebted for the pleasure of hearing Dr. Plimmer on the piano and Mr. Foster Ferguson in his admirable rendering of various ditties.

### Mortality in Foreign Cities.

The following are the latest official returns, and represent the last weekly death-rate per 1,000 of the several populations:—Calcutta 38, Bombay 112, Madras 46, Paris 20, Brussels 20, Amsterdam 16, Rotterdam 16, The Hague 13, Copenhagen 25, Stockholm 24, Christiania 23, St. Petersburg 27, Moscow 26, Berlin 17, Hamburg 18, Breslau 29, Munich 22, Vienna 23, Prague 30, Buda Pesth 31, Trieste 19, Rome 19, Turin 21, New York 18, Philadelphia 23.

George Vince, the most notorious exponent of the doctrines of the "Peculiar People," has lost another of his children, the fourth out of nine, so that whatever the ethical importance of the treatment may amount to, it cannot be regarded as therapeutically successful. He was charged last week at the West Ham Police Court with having caused the death of his child by withholding medical assistance. As the medical evidence did not support the suggestion that death would have been averted by skilled advice, the prisoner was discharged. The case subsequently came before the Central Criminal Court on the coroner's inquisition, where he was also found not guilty, but the question was raised whether, as the prisoner was under recognizances in respect of a conviction for manslaughter in 1897, he ought not to be called up for sentence. The judge pointed out that it was for the Crown to decide whether the prisoner ought to be called upon to surrender to his recognizance, and in the meantime he was discharged. It is time this playing at justice ceased, and that a definite pronouncement was made for the future guidance of judges and magistrates in these cases.

# Notices to Correspondents, Short Letters, &c.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

**Reading Cases.**—Cloth board cases, gilt lettered, containing twenty-six strings for holding the numbers of The Medical Press and Circular, may now be had at either office of this journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

### MEDICAL ETHICS IN INDIA.

The following is the copy of a placard posted up at all the public places in Lucknow, which we reprint from the *Indian Medical Gazette* :—

"Dr. M. S. Varis, M.B., C.M.Edin., consulting physician and surgeon. Consultation, all hours free, 9-11 a.m. Share Darvoza.

"Notice.—Dr. Sayad Mahomed Varis, surgeon. 'Good news to thee, O heart; a Jesus-like man has come. Be it known to the seekers after bodily health and to those in the clutches of deadly diseases that the Aristotle of the times and Galen of the universe, Dr. Sayad Mahomed Varis, M.B., C.M., after learning the art of medicine and practising it in Great Britain, has come to this town (Lucknow). He studied for six or seven years in modern Athens—viz., Edinburgh, which is the capital of Scotland. and he obtained the diploma of a physician and surgeon; and there for three years he established himself in practice and performed Christ-like miracles. It is our good fortune that he has established himself here. It is hoped that whosoever will apply to him for treatment will fill his pocket with pearls of health. He lives close to Kaisar Bag, near Share Darvoza, opposite the telegraph office, in house No. 1. Patients can consult him all day."

**Croydon.**—The extraordinary condition in the will you mention was doubtless due to a dread of being buried alive on the part of the testator. Upon the more general question as to the probability of such an occurrence, we must refer you to a little book entitled "Premature Burial, Fact or Fiction ?" (Bailliere, Tindall and Cox), published in London last year. From an examination of published reports, the author concludes that no scientifically authentic instance is on record. and that the possibility of such an alarming event as live burial is exceedingly remote.

### THE VALUE OF PULPIT UTTERANCES.

**Mr. F. Lawrence** writes us that the late Sir Douglas Galton was alive to the influence exercised by the pulpit in regard to sanitary matters, and thought that set sermons should be preached on such subjects as "Consumption, and How to Prevent It" But for the fatal termination of his illness he would have presided at the forthcoming annual meeting of the Church Sanitary Association at Westminster.

**Dr. A. Depage** (Brussels).—Our "Exchange List" is already too full, we regret we are unable to accede to the request on behalf of "The Société Belge de Chirurgie."

**Ergo.** It has been calculated that a cyclist weighing between eleven and twelve stone, riding a machine weighing 40 lbs., at an average rate of ten miles an hour, consumes 4·5 c.c. of oxygen per yard. This falls 6 per cent. when the rate is reduced to six miles an hour, and increases 10 per cent. if the speed is accelerated to fifteen miles an hour. At ten miles an hour the cyclist consumes seventy-two litres of oxygen per hour, as compared with the pedestrian, who, at four miles an hour, does not consume more than sixty litres.

# Meetings of the Societies and Lectures.

### Wednesday, March 15th.

**Royal Microscopical Society** (20 Hanover Square, W.)—8 p.m. Mr L. Wright: The Projection Microscope.

**North-West London Clinical Society** (North-West London Hospital).—8.30 p.m. Annual General Meeting. Election of Officers. Demonstration of Cases.

**Royal College of Surgeons of England.**—5 p.m. Prof. C. Stewart: Alternation of Generation, and Recent Additions to the Museum.

### Thursday, March 16th.

**Harveian Society of London** (Stafford Rooms, Tichborne Street, Edgware Road).—8.30 p.m. Dr. Mouillot: Modern Views on Gout in Relation to Treatment.

**Royal Society.**—Prof. Burdon-Sanderson: The Electrical Concomitants of Motion in Plants and Animals. (Croonian Lecture).

**Royal College of Physicians of London.**—5 p.m. Dr. S. Gee: The Causes and Forms of Bronchitis. (Lumleian Lecture).

**St. John's Hospital for Diseases of the Skin** (Leicester Square, W.C.)—4.30 p.m. Dr. M. Dockrell: Cases of Purpura and other Hæmorrhagic Affections.

### Friday, March 17th.

**Dental Hospital of London** (Leicester Square).—Annual General Meeting of Governors, at 5.30 p.m., to receive the Annual Report, and elect the Committee of Management, the Treasurer, and Auditors for the ensuing year.

**Epidemiological Society of London** (11, Chandos Street, Cavendish Square, W.).—8.30 p.m. Paper; Dr. W. H. Crosse: Blackwater or Hæmoglobinuric Fever.

**Society of Anæsthetists** (20, Hanover Square, W.)—Papers by Mr. H. B. Gardner and Mr. A. Granville. Casual Communications.

**Royal College of Surgeons of England.**—5 p.m. Prof. C. Stewart: Alternation of Generation, and Recent Additions to the Museum.

# Vacancies.

Belmullet Union.—Medical Officer for the Knocknalower Dispensary District. Salary £120 with £10 extra as Health Officer with the usual extra fees. Immediate applications to the Clerk of the Union. (See advert).

Chorlton-upon-Medlock Dispensary, Manchester.—Resident House Surgeon, unmarried. Salary £100 a year, with furnished rooms and attendance.

County Asylum, Whittingham, Lancashire.—Junior Assistant Medical Officer, unmarried. Salary commencing at £100 per annum, with furnished apartments, board, attendance, and washing.

Cumberland and Westmoreland Asylum, Garlands, Carlisle.—Junior Assistant Medical Officer, unmarried. Salary £100 a year, with board and residence.

Dinorwic Quarry Hospital.—Assistant to act as Assistant Surgeon. Salary £150 a year, with half midwifery fees attended by him. Applications to Mr. Roberts, Dinorwic Quarry Hospital, Llanberis, North Wales.

Essex County Asylum, Brentwood.—Junior Medical Assistant Officer, unmarried. Salary £120 per annum, with board, residence, and washing.

Monmouthshire Asylum, Abergavenny.—Third Assistant Medical Officer. Salary £100, increasing by two yearly instalments to £ 50, with board, lodging, and washing.

Royal College of Physicians of London, and Royal College of Surgeons of England Conjoint Laboratories.—Director of the Conjoint Laboratories.

Staffordshire County Asylum, Stafford.—Junior Assistant Medical Officer, unmarried. Salary, commencing at £100 a year, with furnished apartments, board, &c.

West Riding Asylum, Menston, near Leeds.—Fourth Assistant Medical Officer. Salary commencing at £100, with board and apartments.

# Appointments.

**Bryne, P. K.**, M.D., B.S.Lond., Medical Officer for the Christchurch Sanitary District of St. Marylebone, London.

**Chesson, H.**, L.R.C.P.Lond., M.R.C S., Assistant Medical Superintendent to the Hospital for the Insane, Goodna, Queensland.

**Cooper, A.**, F.R.C.S.Eng., an Honorary Consulting Physician to the St. Mary's Hospital, City Road, London.

**Forster, Fred. C.**, M.R.C.S., L.R.C.P., Assistant House Surgeon to the Royal Berkshire Hospital, Reading.

**Hoffman, A. H.**, M.D. St. And., L.R.C.P., L.R.C.S.Edin., Medical Officer of Health for the Knighton Rural District.

**Jones, F. F.**, M.R.C.S., Medical Officer of the No. 2 Sanitary District of the Bath Union.

**Kelynack, T. N.**, M.D., M.R.C.P., Honorary Pathologist to the Manchester Clinical Hospital for Women and Children.

**Kenny, A. S.**, M.R.C.S., Medical Superintendent of the Government Sanatorium at Rotorna, New Zealand.

**Kerr, J. L.**, M.D.Aberd., C.M., Medical Officer for the Biddenden Sanitary District of the Tenterden Union, Kent.

**Mackenzie, E.**, M.D.Glasg., C.M., Medical Officer for the Workhouse and the Cheadle Sanitary District of the Cheadle Union.

**Miller, Victor**, M.B., C.M.Edin., Honorary Ophthalmic Surgeon to the North Ormsby Hospital, Middlesborough.

**Parr-Dudley, Arthur**, L.R.C.P.Lond., M.R.C.S., Medical Officer for the Fifth District of the Chipping Sodbury Union.

**Thurnam, H. L.**, M.A.Cantab., M.R.C.S., L.R.C.P., Public Vaccinator for the whole District of Gravesend and Milton.

**Woodroofe, R. P.**, L.R.C.S.Irel., Medical Officer by the Eccleshill Urban District Council.

# Births.

**Cox.**—On March 6th, at 58 High Street, Watford, Herts, the wife of Alfred E. Cox, L.R.C.P., M.R.C.S., of a son.

# Marriages.

**Brown-Pope.**—On March 9th, at St. Margaret's Church, Westminster, Henry Reynolds Brown, M.B.C.M., of Maldon, Essex, to Helen Evelyn Pope, of Latchingdon Rectory, Essex.

# Deaths.

**Barkley.**—On March 8th, at Brighton, suddenly. after a long illess, Charles Horace Barkley, L.R.C.P., L.R.C.S., aged 40 years.

**Burns.**—On March 5th, at his father's residence, Berar, Vale Road, Ramsgate, Alfred Hugh Burns, L.R.C.P.I., L.S.A., aged 44 years.

**Dambrill-Davies.**—On Feb. 26th, at his residence, Alderley Edge, W. R. Dambrill-Davies, M.R.C.S., Lieut-Col. Vol. and Army Medical Reserve.

**Gartley.**—On March 4th, suddenly, at Sackville Street, Piccadilly, W. John Alexander Gartley, L.D.S.R.C.S.Eng. aged 63 years.

**Rose.**—On March 7th, at Dale Bank, Chesterfield, suddenly, John Rose, M.D. (Retired List R.N.), aged 76 years.

**Smith.**—On March 1st, at Stuart Lodge, Polwarth Terrace, Edinburgh, John Stuart Smith, M.D., retired Surgeon-Major. Army Medical Department, aged 84 years.

The Medical Press and Circular.

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## The Harben Lectures.

# THE ADMINISTRATIVE CONTROL OF TUBERCULOSIS.

By SIR RICHARD THORNE THORNE,
K.C.B., M.B., F.R.S.,
Medical Officer to the Local Government Board.

### ABSTRACT OF LECTURE II.

I HAVE had hesitation in adopting some of the more advanced views which have been put forward, both as to the amount of risk to which man is subjected through the consumption of the meat of tuberculous animals, and as to the measures of control which have in consequence become necessary, I know no grounds which would justify me in attempting to minimise either the risk which arises from the consumption of the milk of tuberculous cows, or the grave consequences to which the practice gives rise in this country. Indeed, I am profoundly convinced that the danger is great and widespread, and that it is absolutely necessary for those engaged in the pursuit of preventive medicine to take a prominent place in arousing the public to a proper appreciation of the fatal consequences to which it gives rise.

I have already pointed out that the form of tuberculosis most identified with the reception of the tuberculous infection into the digestive tract is that which in its fatal form is registered under the heading "Tabes Mesenterica." While the mortality from tabes mesenterica at ages between 15 and 45 years is only 44, it rises to one of 1,577 per million living under 5 years of age; and under 1 year of age it reaches no less than 4,046 per million births.

Then, too, if we contrast the reduction of 27·9 per cent. which has taken place during the last 45 years in all forms of tuberculosis, and that of 66 per cent. in phthisis with the corresponding one from tabes mesenterica, which only reaches 2·9 per cent., you will see that in considering the latter cause of death we are dealing with a totally different state of affairs.

If we limit ourselves to the first year of life, when milk is most largely used as a food, we find that the reductions in the rate of death from the various forms of tuberculosis, which reduction has been going on for about half a century, not only disappears, but is actually transformed into a large increase, reaching no less than 21·7 per cent.

From whatever point of view we regard this ominous increase in the rate of death from Tabes Mesenterica among infants, we are forced to the conclusion that it is largely related to the use as an article of food of the milk of the bovine animal.

We must not overlook the fact that there is some relationship between tabes mesenterica and diarrhœa, indeed, the rates of death from these two diseases commonly rise and fall together. Apart from errors of diagnosis I infer that the existence of an intestinal condition leading to diarrhœa, or the absence of any such condition, largely explains whether or not an infant, or even an adult, will be susceptible to, or experience immunity from, the infection of tuberculosis. It seems to me that a really healthy animal, whether man or one of the lower animals, is not easily susceptible to the effects of a pathogenic organism such as that which we are considering, and to which he must so often be exposed, whether the bacillus be conveyed aërially or by means of food; whereas, on the other hand, when that organism reaches a surface which exhibits an evanescent or more lasting departure from that normal state which we describe as healthy, the matter is different.

It now becomes necessary to consider more in detail what is the nature of the evidence to the effect that the milch-cow is a danger to man, in the matter of tuberculosis, through the agency of her milk.

We know that the bovine race is peculiarly susceptible to tuberculosis, and that it is the female which, to a much greater extent than is the case in the human subject suffers most. The conditions favouring tuberculosis are also altogether exceptional in the case of the milch-cow. In the first place, there is the exhausting process involved in the production of milk, a process associated in the milch-cow with the constant loss of fat, albumen and salts contained in milk, and with a consequent tendency to emaciation. Then, too many cows are kept and fed under conditions which are altogether opposed to Nature, especially in towns where they are kept in cowsheds in which, for the purposes of warmth, they generally lie in couples in close contact with each other, with inadequate ventilation; and it is no uncommon thing to find that cows which, in their natural state, live and graze in the open air, never for one moment leave their sheds for the outer air during the whole period—often ranging from 8 to 12 months—in which they are used for milking. Their food, too, is especially selected with a view to the production of milk. In fact, they are artificially turned into milking machines. By my reference here to towns I by no means exclude country cowsheds in so far as conditions are favourable to tuberculosis are concerned. That is a point to which I shall revert.

In forming some estimate as to the number of milch-cows in England and Wales affected with tuberculosis, very varied evidence is available, but if I take it for the purposes of these lectures that 25 per cent. of our milch-cows are tuberculous, I feel confident that I greatly understate the case. There are in England and Wales about 2,100,000 milch-cows, and on this low estimate some 525,000 would be tuberculous.

All tuberculous cows are not, however, necessarily a source of danger through their milk. Indeed, in so far as immediate danger to the human subject is concerned, it is only the cow with tuberculosis of the udder that exhibits tubercle bacilli in the milk, as proved by an experiment carried out under the auspices of the Royal Commission of 1890, by Dr. Sidney Martin, on seventeen cows believed to be tuberculous. Only fifteen turned out on slaughter to be so, and of these it was found post-mortem that five had some tuberculous affection of the udder. In the case of ten out of the fifteen tuberculous cows, eight had healthy udders, and two had an udder affection which was ultimately found not to be tuberculous. In no single samples of milk from these ten tuberculous cows with non-tuberculous udders could tubercle bacilli be found, and sixteen test animals, which were fed on, or inoculated with, their milk, remained perfectly free from tuberculous disease. Of the five cows which turned out to have tuberculous disease of the udder, three exhibited tubercle bacilli in their milk, and two did not Fifteen test animals were fed with the milk that contained tubercle bacilli, with the result that tuberculosis was produced in every one of them. The milk of one or other of the two cows having tuberculous udder disease, without evidence of tubercle bacilli in the milk, was used as food for twelve test animals, and four of these became tuberculous. On the other hand, similar experiments, including the inoculation of animals, made with the milk of the two cows having an udder affection, which was found to be non-tuberculous, failed to give tuberculosis to any of the test animals employed.

The deposit of small tubercular masses in a bulky organ such as the udder of a milch-cow is most difficult to detect, and it is by no means always possible to detect the existence of tubercle bacilli in milk which is potent to communicate tuberculosis. In fact, it is very important to remember that the failure to detect tubercle bacilli in a single sample of milk in no way implies that another sample taken at another time from the same cow will not contain them, for the spread of tubercle in the udder "goes on with alarming rapidity." This difficulty of detecting tuberculosis of the udder in its earlier stages, indeed constitutes one of the principal dangers to man as a consumer of cow's milk.

In determining what are the administrative measures of control which are necessary to meet this evil, the one which first presents itself to most minds is the exclusion of all tuberculous cows from dairies. The presence in a dairy of a tuberculous cow, as Drs. Martin and Woodhead have shown, is a decided source of danger to the public, especially having regard to what we have learnt respecting the rapid development of tuberculosis in the udder, and the degree of danger to milk-consumers incurred by the invasion of the udder in tuberculous cows.

What would be the effect of at once eliminating every tuberculous cow from our dairy-farms and cow-sheds? Even on the low estimate which I have already given you more than half a million cows would have to be at once withdrawn from the milk-supply of England and Wales, and yet the majority of these cows are probably supplying milk which is derived from healthy udders; and if we held the view that every cow which, in the hands of an expert working with material prepared according to an acknowledged standard, responded to the tuberculin test, then the proportion to be condemned as milk suppliers would be very much greater. Whatever, therefore, the ultimate end which we may rightly seek to attain, we must at least commence on lines that are practicable of application.

Foremost among the measures to be advocated is the adoption throughout the country of regulations as to cowsheds which will give our dairy cows a better chance than they now have of avoiding the infection of tuberculosis during the term in which they are confined in sheds and byres for the purposes of milk production.

At present both the law and practice are deficient in this matter. No department of Government is invested with the power of laying down regulations as to the construction, ventilation, or provision of air-space in cowsheds, the details of which they can enforce. All that the Government can do is to refuse sanction to the operation of any regulation which they "are satisfied on inquiry . . . is of too restrictive a character, or otherwise objectionable." The result is that the existing regulations differ widely in different districts in matters which we now know to be of vital importance.

The Royal Commission of 1896, whilst recognising the immense difficulty—indeed, impossibility—of at once attaining all that is needed in this respect, endeavoured to meet the more pressing need in this matter by laying down certain rules as to the registration and construction of cowsheds, and they urged that power should be conferred upon the Local Government Board to require the adoption of those rules. Their recommendations as to this were as follows:—(*a*) That in future no cowshed, byre, or shippon, other than those already registered, shall be permitted or registered in urban districts within 100 feet of any dwelling-house; and that the discontinuance of any one already existing shall be ordered on the certificate, either of the medical officer of health that it is injurious to the health of human beings residing near it, or of the veterinary inspector that it is not a place wherein cows ought to be kept for the purpose of milk supply, and that it is incapable of being made so. (*b*) That the conditions of the attached cowsheds that shall warrant the registering of a dairy in a populous place, whether technically urban or rural, in the future shall include the following:—(1) An impervious floor. (2) A sufficient water supply for flushing. (3) Proper drainage. (4) A depot for the manure at a sufficient distance from the byres. (5) A minimum cubic contents as regards such districts of from 600 to 800 feet for each adult beast, varying according to the average weight of the animals. (6) A minimum floor-space of 50 feet to each adult beast. (7) Sufficient light and ventilation.

While we have prescribed a minimum cubic contents and floor space, without mentioning definite dimensions affecting ventilation and lighting, we are distinctly of opinion that these are by far the most important, and that requirements as to cubic and floor space are mainly of value as tending to facilitate adequate movement of air. The same conditions as those recommended for populous places should apply to cowsheds in sparsely populated places, except in so far as cubic contents per cow are concerned. In hospital construction the first point to be aimed at in the matter of air-space is to secure adequate movement of fresh air at the level above the floor at which the patient is breathing, and hence that the provision of adequate floor-space, and still more of wall-space per bed, outweigh in importance the mere provision of cubic space. In the case of milch-cows the need for maintaining bodily warmth is held to be one that cannot be ignored, and hence it is that so small a minimum as 50 square feet is all that it was deemed expedient to require at the present time. But it is a step in advance to maintain that a minimum amount of floor-space must go hand in hand with a requirement as to cubic capacity; and to insist that both these shall be controlled by the requirement that the ventilation and the lighting of cowsheds shall be adequate.

There is a general impression that cowsheds in rural districts need less control in this respect than those in urban districts, but I can only say that, according to my limited experience, by far the worst constructed, worst ventilated, and the dirtiest cowsheds are to be found in villages, hamlets and rural areas. In small farms on hillsides and exposed places, where movement of air is said to abound, I have often found that a most inadequate cubic capacity has coincided with the blocking up of every opening and cranny that could afford reasonable means of ventilation.

Whilst I am certainly no advocate for the retention of cowsheds in towns and cities, yet I am bound to say that, with the present neglect of rural cowsheds, the city byres often take precedence of the country ones in the matter of tuberculosis. Thus, of 144 samples of milk taken from cowsheds in the city of Liverpool, 4, or 2·8 per cent., exhibited the tubercle bacillus; whereas of 24 samples taken at railway stations of milk arriving from "the country," the tubercle bacillus was found in 7, or 29·1 per cent Later investigations in Liverpool showed that a total of 228 samples of milk from city cowsheds gave 12, or 5·2 per cent. as infected with the tubercle bacillus, whereas in 67 samples derived from country cowsheds, 9, or 13·4 per cent. were found to be so infected. In Manchester similar inquiries have for some time past been carried out, and it has been found that out of 93 samples of milk taken at the railway stations on their arival from the country, 17, or over 18 per cent., contained the tubercle bacillus. Comparison between this country milk and that of cows in the city shippons was on this occasion not practicable, because earlier inspections had led to the removal from these city shippons of a number of cows suffering from suspicious udder disease, including five the milk from which contained tubercle bacilli.

Facts such as those to which I have adverted, taken together with the prolonged detention of milch-cows in sheds, point strongly to the need for more stringent and uniform control of these constructions. This will, I trust, before long be effected. I only wish I could also anticipate the speedy adoption of a regulation that would prevent cows being placed, as they now almost invariably are, with their nose and nostrils to the wall. If the object is the most effectual manner to deprive them of all chance of breathing fresh and moving air, nothing could better have achieved that end than the now prevailing system; and when we call to mind the fact that tuberculosis in the cow is, in the main, a matter of direct infec tion through the respiratory apparatus, this point becomes all the more important. To enact a requirement involving the abandonment of this practice would, of course, mean the provision of additional air-space; and this would under some climatic conditions involve measures of artificial warming to secure the temperature deemed necessary for milk production. In other words, it would mean increase of cost in construction, if not for the purposes of maintenance.

As to this, however, it may be interesting to put on record a piece of personal experience. On a somewhat recent visit to a large, well-managed dairy-farm on the outskirts of London, I observed that the cows were stalled down the centre of a shed measuring 17 feet 6 inches in width, a passage 4 feet 6 inches wide being provided both in front of and behind the cows. On inquiring, at a later date, how far this excellent arrangement necessitated artificial warming in the winter months, I was informed in writing by one of the owners of the dairy-farm that, although steps were taken during the colder weather to avoid actual draught, no artificial warming was ever resorted to. The "winter feed" for the cows, it was added, was fonnd "sufficient" to enable them "to withstand any ordinary change of temperature." The writer, referring of course to an experience based on the climate of the metropolis, added: "I do not think a properly ventilated shed requires any artificial heating."

Proper regulation of cowsheds would bring about other advantages in our milk supply than those which are concerned with the prevention of tuberculosis. To name one of these only. I would refer to the necessity of forbidding the storage of cows' dung within a specified distance of the sheds. At present the air of sheds containing large numbers of cows is laden with the smell of decomposing dung piled up in proximity to them, and it must necessarily be highly charged with those bacilli—such as the *bacillus coli*—which find in the large intestine their principal habitation. But enough has been said to show that proper control in the construction and management of cowsheds and their surroundings is an administrative measure that is urgently called for; and I may add that uniform efficiency in this respect can only be attained as the result of further legislation.

Another point has to do with the need of systematic inspection of dairies and sheds, and of all cows the milk of which is placed on sale. This should be carried out by the officers of the sanitary authority of the locality in which the premises are situated. But since the milk used in one district is now so often derived from one or more outlying or even distant districts, power should be conferred by statute for the inspection of cows, wherever they may be situated, by the officers of the authorities within whose districts milk from the premises in question is supplied; and this power should everywhere be supplemented by the further one to suspend or prohibit the sale within the district of an authority of milk from any dairy, whether obtained within or without the district, whenever this is deemed necessary either by the medical officer of health or veterinary official by reason of the health of the cows.

Just as Scotland is ahead of England in the matter of public slaughter-houses, so also has she set us an example in this matter of the control of milk from tuberculous cows, wherever they may be situated. Sections 24-27 of the Glasgow Police (Amendment) Act, 1890, deserve consideration in England in this respect. And, further, there should, to use the terms of the Royal Commission of 1896, be power to prohibit the sale of milk from any cow certified by a veterinary surgeon to be suffering either from such disease of the udder as in his opinion renders the animal unfit for the supply of milk, or from any cow exhibiting clinical symptoms of tuberculosis. And lastly, udder disease in the cow should be made a notifiable disease, and a penalty should attach to the sale of milk from any cow so suffering, unless the owner of the animal is in possession of a veterinary certificate to the effect that such disease is not tuberculous.

The possession of these powers as to suspending or of prohibiting the sale of milk from certain cows will, in many instances, involve the seizure of the animals in question by the local sanitary authority, acting on veterinary advice; and here again, as in the case of the seizure of tuberculous carcases, we are met with the claim for compensation. But the circumstances are quite different. I have given my reasons for objecting to grant compensation for an article of food, like meat, which is placed on sale for the sole profit of its owner when it is seized because it is unfit for human consumption. But in the case of a milch-cow believed, or found on inspection, to be tuberculous, the animal has not been placed on sale. Apart from her milk, which is "seized" by reason of its sale being prohibited, the animal may be of value for, and quite fit for, the purposes of meat supply; hence confiscation of the cow herself would be wrong.

If, therefore, in the exercise of a power conferred by statute the sanitary authority should seize such a cow in the interests of the public, the seizure should be accompanied by compulsory slaughter. And if, on slaughter, the animal should turn out not to be tuberculous, then her full value as a milch-cow should be given to the owner out of the local rates; whereas if, on the other hand, the animal be found to have been tuberculous, only the value which the carcass may possess as a food supply or otherwise should be paid in compensation The principles here laid down are, I believe, just and equitable. And it is worthy of note that whereas our national death returns from tuberculosis call for no departure from these principles in the case of our meat supply, those same returns point strongly to the need of their application in the matter of our milk supply.

Measures such as I have indicated would go far to control tuberculosis through the agency of milk; but it would be manifestly unfair, as well as wrong to the community, to apply them to the dairy-farms and cowsheds of this country, and at the same time to admit milk and milk products from abroad without submitting these to restrictions resembling, as nearly as practicable, those applied at home. Holding this in view, the Royal Commission, of which I was a member, made a recommendation to that effect, and they added that any costs thus incurred should be borne by the importers.

There remains the danger of the direct infection of tuberculosis from cow to cow—a danger which is the greater by reason of the fact that, to quote the words of the report of the Royal Commission of 1896, "the insanitary conditions under which dairy stock are often kept constitute highly favourable circumstances for the encouragement of tuberculous disease, and for its dissemination among sound animals." The experience derived from Denmark as to the action taken on the basis of the results of the tuberculin test, goes to show how much may be done to avoid this danger. Dairy cows to the number of 144,800 were submitted to the tuberculin test, with the result that in 45,899, or 31·7 per cent., tuberculosis in some stage or other was detected. The detection of unsound animals is followed by their immediate isolation from the healthy ones by the simple and inexpensive process of placing one set on one side of a wooden partition erected across the byre, whilst the other set are stalled on the other side. Each spring and autumn the sound set of cows are re-tested, and any that respond to the test are placed on the unsound side of the partition, the process being repeated so long as any react to the tuberculin.

In one typical form, at Thurebylille, this process had been carried on for five years. When the test was first applied, in 1892, it was found that 131 out of 208, or nearly two-thirds of the animals, were tuberculous, whereas in 1897 the matter was reversed; for out of 204 animals only 55, or one-fourth, reacted, the bulk of the animals being sound, and this notwithstanding the fact that the disease must constantly have been introduced afresh by means of newly purchased animals. Such action, if combined, in England, with proper administrative control of cowsheds, would probably be even more efficacious than in Denmark in securing the elimination of tuberculosis from our dairy stock. But the testing, to be trustworthy, must be applied under the supervision of experts, and the tuberculin must be of a guaranteed standard potency. How far control of tuberculosis in this direction should be administered under the direction of the State is, I believe, a matter on which there is some difference of opinion. The Royal Commission was, however, unanimous in making recommendations in this sense; and I am bound to say that I find it difficult to understand how the desired end of protecting the public health in this way can be properly attained, except as the result of some such action by the State as that which is adopted for the control of small-pox, and in which both the vaccinator and the necessary lymph can be obtained at the public cost.

Thus far the measures of control which I have suggested have had concern with the cow, and the means of housing her; but, knowing as we do that the dried sputa from phthisical persons are easily mingled with the air, that the tuberculous infection of the cow takes place mainly through the medium of the air, and that aërial infection of milk easily takes place, it should be an invariable rule that no individual suffering from tuberculous consumption should be employed in connection with milch-cows, with dairy processes, or in the sale of milk, and such inspection and control as I have already advised should be accompanied by periodic examination of dairy employés, and certification as to their freedom both from tuberculous and other infections. Regulations can already be made under the Dairies, Cowsheds, and Milkshops Order, rendering it unlawful "to allow any person suffering from a dangerous infectious disorder . . . to milk cows or to handle vessels used for containing milk for sale, or in any way to take part or assist in the conduct of the trade or business of the cowkeeper or dairyman, purveyor of milk or occupier of a milk-store or milk-shop, so far as regards the production, distribution, or storage of milk. . . ." But when this regulation was drawn up in 1885, the term "dangerous infectious disorder" was not regarded as including tuberculosis, and further restrictions, based on the assumption that an acute infectious disorder, such as scarlet-fever, was in question, and controlling persons who had even "been in contact" with a person so suffering, may raise some difficulty in applying this to a disease lasting at times for many years, besides which no provision is made for ascertaining whether a person is so suffering. This point raises the question of the notification of tuberculous disease notably phthisis, in man, a question to which I shall refer in my next lecture Then again, the adoption of such a regulation cannot be enforced, and it seems clear that to effect this, as well as other necessary reforms in relation to our milk-supply, fresh legislation will be required.

It is a somewhat curious fact that the inhabitants of the United Kingdom stand almost alone among civilised nations in the habitual use of uncooked milk as a food. This is the more to be regretted because, by reason of this practice, human life, especially that of infancy and childhood, is being sacrificed on a scale which, to use the mildest term, is altogether deplorable. That this should be so is also altogether unreasonable in the face of the certain knowledge possessed, and which is set forth in the report of the Royal Commission of 1890 in the following words: "The most deadly tuberculous material can be rendered absolutely innocuous, in so far as any spreading of infective disease is concerned, by the action of a temperature at which water boils." And again: "It is sufficient to state that boiling, for an instant even, renders the tubercle bacillus absolutely innocuous."

Even the taste which attaches to boiled milk, and to which infants become at once habituated, may be largely avoided if the milk boiled after the morning delivery be stored in the cool for use in the afternoon, and if the afternoon milk be similarly set aside until morning.

But some maintain that cooked milk is less nutritious than raw milk. There may be an element of truth in this. Milk is a fluid having a biological character; it is a living fluid, and this character is destroyed by boiling or sterilisation. From the purely scientific point of view it is most desirable to bear this in mind, but in its practical aspect it is well to remember that the slight diminution in nutritive value which cooking brings about in milk cannot be named side by side with the immense gain in freedom from the risk of infectious disease and death which is thus insured.

One word more. Milk, as it comes from the normal milk gland, is a sterile fluid, and it would be well for future generations if mothers could be brought to realise that "there is no sterilising apparatus that can give results comparable with those provided by Nature in the healthy female breast." Happily I can add that tuberculosis in the human milk glands is a disease so rare that it hardly needs consideration in connection with the feeding of infants. At the child-bearing age it is all but unknown.

Dr. Sidney Martin informs me that out of some 9,000 patients, mostly suffering from tuberculosis—namely, phthisis—which have come under his own care, he has never met with tuberculosis in the mammary gland. He adds that in only one instance has such an occurrence been brought under his notice, in the patient of another physician, and even that case he regarded as more than doubtful. The need for educating the public of this country as to the risks involved in the use of raw cow's milk, and as to the simple methods by which these risks can be effectually avoided, is a pressing one, and it can only be met by enlisting the active services of my own profession. Our influence in such a matter is necessarily considerable; our responsibility is a correspondingly heavy one.

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# THE MODERN DOCTRINE OF BACTERIOLOGY, OR THE GERM THEORY OF DISEASE, WITH SPECIAL REFERENCE TO GYNÆCOLOGY. (a)

By GEO. GRANVILLE BANTOCK, M.D., F.R.C.S.E.,
Consulting Surgeon to the Samaritan Free Hospital for Women.

After a few preliminary remarks Dr. Bantock said, I am quite aware that my views will probably be regarded, by a majority of those present, as very heterodox, but that does not deter me from giving expression to them and boldly courting publicity, notwithstanding the belief that they are only too far in advance of those held by my contemporaries for immediate acceptance. I am very anxious to call attention again to this subject, for I am driven to the conclusion that few of you took any interest in a discussion which occupied the correspondence columns of The Medical Press and Circular, a little over two years ago, on the modern doctrine of bacteriology, and which arose incidentally out of the question, "What is Listerism?" It is a fact worthy of note that no follower of Lister, no modern bacteriologist, dared to enter into that discussion, or, if there were such an one, had the courage to disclose his name.

Before proceeding further it will be well to define what I understand to be the modern doctrine of bacteriology. It is this, viz., that in the majority of, or as some extremists would seem to hold, all acute diseases, the condition is due to the influence of a specific so-called pathogenic micro-organism. Hence we hear of the typhoid bacillus, the diphtheria bacillus, and so on. This is the doctrine that I proceed to combat by propounding the very opposite doctrine, that the presence of these various micro-organisms is the result and not the cause of disease—in other words, that the bacilli are found in association with the disease because of the disease, or that the disease furnishes the conditions necessary for the presence of the special micro-organism.

You may have overlooked or forgotten a very important fact told us by Dr. Newman. He told us that in the examination of the vaginal discharge of a healthy woman, obtained for him by one of his colleagues, he found a great variety of organisms, and among them the staphylococcus pyogenes and streptococcus pyogenes. In the abstract published in the *Journal* of this Society, he tells us that "more than thirty different species of micro-organism have been isolated from the female genital tract, or from discharges." This is confirmed by numerous observers. Dr. Whittridge Williams also tells us that in the vaginal discharge of pregnant women "pyogenic bacteria were found in the vulval secretion in nineteen cases (76 per cent.)" and within the vulva in 48 per cent. Among those enumerated by Dobbin we find, in addition to the two just mentioned, the bacillus coli communis, the bacillus of tetanus, Klebs-Lœffler bacillus of diphtheria, and the bacillus typhosus. Dr. Newman adds that "the most frequently present is the staphylococcus pyogenes aureus, which is the commonest of the group of suppurative bacteria." Here we have the doctrine plainly indicated—and I need not trouble you with any more examples—viz., that the staphylococcus pyogenes and the streptococcus pyogenes are, as the name implies, the cause of suppuration. A strange part of this doctrine is this, viz., that the vagina is said to be the habitat of a bacillus—Döderleins—which "is inimical to the presence or prolonged existence of so-called pathogenic bacilli"—like the good fairy in the pantomime defeating the machinations of the wicked fairy.

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(a) Abstract of Paper read before the British Gynæcological Society, March 9th, 1899. For discussion see page 294.

A great deal of light has been thrown on this subject within the last three or four years. I presume you are all acquainted with the fact that Dr. Geo. Stoker has been treating chronic ulcerative conditions, with the most gratifying results, by means of oxygen gas. Now, it happened that in the early days of his work he had under his care a woman who had been bedridden for many years with a large ulcer involving the whole of the instep of each foot. These ulcers were almost precisely alike in form and extent, and it was suggested to him that one should be treated with corrosive sublimate and the other with oxygen gas, for the purpose of comparison. In a very short time it was easy to perceive a difference between these two ulcers; for while in the former the surface was certainly cleaner than at the beginning of the experiment, yet it presented an ashey-grey appearance, and exhibited very little sign of healing, the latter presented a healthy granulating surface with a good margin already healed over. A gentleman from the Clinical Research Association now appeared upon the scene, and took some of the discharge from each with a view of obtaining a culture. This was the astounding result, viz., that the first was—to use the current language—sterile, while the latter (oxygen case) gave a copious crop of bacteria, and what, think you, was the organism which stood out most prominently? It was this very staphylococcus pyogenes, which, with the streptococcus pyogenes, we are told, is the prime cause of suppuration. From that time Dr. Stoker took up the study of bacteriology as applied to this part of the subject, and at the annual meeting of the British Medical Association in this city, in 1895, he gave an account of his work. As reported in the *Journal* of the Association, one of the important points to which he called attention was thus expressed: "(3) The bacteriological aspect of one case was surprising and rather upset one's preconceived ideas." Dr. Stoker returned to the subject at the next meeting—at Carlisle—but I fear his communications have had few readers. Having, from the time of the incident above referred to, taken to the study of bacteriology as applied to this subject, Dr. Stoker found that whenever the healing process appeared to falter, either under a diminished or an insufficient supply of oxygen, this was an indication for an increase, or for inoculation from a more healthy sore; and his observations led him to the conclusion that in proportion as the staphylococci were numerous and well developed so the healing process progressed. What, then, is the natural, common-sense conclusion from this? It is this, that the staphylococcus pyogenes, which, as its name implies, has hitherto been regarded as the prime cause of suppuration, and therefore of the destructive process, must henceforth be regarded as, to say the least, doing no harm, and, it may be, as playing a beneficent *rôle* in the economy of nature, and, in non-technical language, may be looked upon as playing the part of a scavenger.

It will probably be regarded as the rankest heresy when I express any doubt as to, much more a decided opinion against, the influence of the gonococcus as the prime agent in the production of gonorrhœa. As in the case of diphtheria, numerous observations are on record of cases of gonorrhœa without gonococci, and *vice versa*. Dr. Newman tells us that "it is now well known that the gonococci diminish in number as the disease becomes chronic." That is to say, that as the disease becomes less acute the amount of the poison—the food on which they live—diminishes in quantity, and the gonococci are less numerous. It is marvellous, if it were not ridiculous, to what lengths some will go in their endeavour to bolster up a favourite theory. As an example take the following. To account for the recurrence of this disease in a subject who had presented no sign of it for several years, and in support of the doctrine of latent gonorrhœa, it has been suggested that an old decrepit gonococcus has been roused into activity by sexual excess, and thus there has been brought about a recurrence of the disease—as probable as the case of the fatted calf that had been in the family for many years.

I am also aware that I am a heretic as to the importance of gonorrhœa in the production of pelvic inflammations, but I claim Dr. Newman as at least a tacit supporter; for has he not these words without adverse comment? "It is said that gonococci are present in one of every four cases of pyosalpinx." Surely that is a very small proportion on which to establish the proposition that gonorrhœa is answerable for the majority of cases of pyosalpinx. On the contrary, it supports my contention that it is only a factor in the minority of cases.

As an example of the difficulty into which a rigid application of this doctrine leads one—I refer you to Dr. Robinson's paper on "Vulvitis in Children."

You are doubtless aware that it is generally admitted by bacteriologists that the skin of the hand, and indeed all parts of the body, though not all equally, teem with a bacillus to which the name staphylococcus albus has been given; that this bacillus is supposed to be possessed of pathogenic properties, and that elaborate processes have been invented for the purpose of destroying it. I refer especially to that described by Howard Kelly as perhaps the most elaborate. You are probably also aware that no process hitherto invented has yet succeeded in getting rid of these micro-organisms, so deeply are they situated. Hence the skin itself—including the hands of the operator and that part of the patient involved in the operation—is said to be in a septic condition requiring more or less elaborate treatment. I might refer to innumerable observations by different workers in this field; but one will be sufficient for my purpose, and I take a paper published by Mr. Lockwood (*British Medical Journal*, September 17, 1898), entitled, "Further Report upon Aseptic and Septic Surgical Cases." In that report Mr. Lockwood tells us that, with regard to his hands, "the skin was aseptic thirty-five and septic six. . . . . Once it was some variety of staphylococcus albus." Just before he "had operated upon a case of ruptured perineum in which there was a vaginal discharge." One would like to know what became of that case, in which we may assume there must have been an abundance of micro-organisms—such as the staphylococcus and streptococcus (pyogenes), which so abound at the vulvar opening whenever there is any discharge.

With regard to the patient's skin, he says, "The skin of the scrotum is extremely difficult to disinfect, and with the exception of the scalp, has a higher proportion of sepsis than any other." "Nevertheless, the scrotal wounds have done exceedingly well." "Since 1894 I have done twenty-five, and none of them suppurated. Thus the sepsis of the scrotal skin has evidently a very small influence upon the repair of scrotal wounds." What an extraordinary comment!

Now let us see what is the meaning of this word sepsis. It is as follows, as given in Funk's "Standard Dictionary of the English Language:" "(1) Poisonous putrefaction causing noxious effects on the vital properties or texture of organs. (2) Infection from a putrescent virus containing microscopic organisms, as sepsis from putrid matter or bacteria in a festering wound." The equivalent, then, of this, in plain English, is "poisonous" or "poisoned." I give Mr. Lockwood his choice of these definitions. Does he contend that the skin of a healthy subject, in any part of the body, is in a condition which answers to either of these definitions? But this is the natural condition of the skin. How absurd, then, does it not all seem! How much more rational and logical the view that these organisms are there for a specific and beneficent purpose! How is it that he has not perceived the force of his own conclusion in the words I have already emphasised.

On this subject a very interesting abstract, furnished by its Berlin correspondent, has been published in the Medical Press and Circular for November 23rd, 1898, under the title, "The Bacteriological Condition of Wounds under Antiseptic Treatment." Dr. Kopinski, having concluded a series of bacteriological investigations on animals has arrived at certain definite conclusions, as follows:—

"The performance of operations, whether aseptically or anti-septically, assures no absolute sterility of wounds, and it is difficult to say which of the two methods, in this respect, is the better. Antiseptic means in operations on healthy tissues must be given up, as they do not approach an attainable degree of sterility so nearly as asepticism does. In healing by first intention, both approphytes and pathogenic micro-organisms are retained in the wound. In a wound healed by first intention both Staphylococcus aureus and albus were met with Skin cocci frequently found their way into wounds, and, as a matter of fact, the skin showed itself to be a chief hindrance to sterility, as its microbes were deep-seated, and on this account were only removed with difficulty."

Hence it follows that sepsis, according to Mr. Lockwood's phraseology, or the presence of the Staphylococcus pyogenes aureus itself has evidently a very small or no influence upon the repair of wounds and surgery has not ceased to be a possible art.

Probably it will not be news to you that I adopt none of the elaborate precautions of Dr. Howard Kelly, or the less complicated method described by Mr. Lockwood, beyond the simple washing of my hands previous to operation, and of my instruments after. While I am content with making my hands as clean as an ordinary washing with soap-and-water will make them, thus removing Lister's "grosser forms of septic mischief," I fear Mr. Lockwood will think they must be horribly septic. Yet with this simple precaution I stitch up a recent rupture of the perineum, it may be some hours after its occurrence, merely taking the additional precaution of wiping off any lochial discharge from the raw surface with a sponge and then placing another in the vagina to keep back the discharge, and I have never had a failure. I make a fresh wound in a ruptured perineum, stitch it up and obtain union by first intention. If I happen to pull a stitch too tight, the tissues become strangulated, their vitality is lowered, and I may get some suppuration in the track of the suture, but so uniform have been my final results that I have never had a case break down. In a case in which the whole perineum and vulva were in a state of extreme irritation from the relaxed or irritable state of the bowels—due to the exposure of the mucous membrane of the rectum—and without any precaution beyond wiping the surface with a warm, wet sponge, I secured union by first intention, the diarrhœa ceasing from the moment of the completion of the operation. I dissect out vulvo-vaginal glands, obliterating the cavity in stages; I remove growths from the vulva, stitching up the wounds, and have never failed to obtain union by first intention. I sew up a bilacerated cervix and have yet to record a failure. I have excised a considerable number of breasts, and the one in which I have failed to obtain union by first intention was the first and only one I did under the carbolic spray. So uniformly favourable have been my results since that case that I have come to regard it as one of the most simple operations in surgery. Moreover, in one case in which it was impossible to bring the flaps together I left the wound freely exposed to the air, with the result that the healing process went on as well as, if not better than, under the most approved dressing, and, aided by two or three skin grafts, the wound healed over completely. This in a public hospital. I have removed sebaceous cysts from the scalp—which, according to Mr. Lockwood, most abounds in septic micro-organisms—without any trouble resulting. I have, either by accident or of set purpose, opened the small intestine, the rectum, urinary bladder and vagina in abdominal operation, in which the bacillus coli must, for a short time at least, have had free access to the peritoneal surface, without any harm. And if I obtain these good results by the adoption of simple cleanliness—in the common, every-day acceptation of the term—and such arrangements as any well-ordered private house can afford—where is the necessity for all those elaborate precautions which we hear of in the case of private and even public "installations" as they are called—for instance, "the floor of encaustic tiles, well-laid parquet thoroughly saturated with wax and highly polished, cement or highly-glazed linoleum," all angles of walls rounded off, the walls and even the shelves and doors covered with a hard, smooth cement, coated with some kind of enamel, such as Flicoteaux's "lacquered paint"; the sterilising of instruments and dressings, the spraying of the room for an hour or two before the time of operation, and so forth—precautions and preparations so eloquently satirised by Mr. Treves in "The Ritual of an Abdominal Operation?" For instance, "These words 'strict antiseptic precautions' have been with many a kind of mystic writing on the wall. . . . Those who come after us will read with interest of the operating theatre built like a diving tank, of the glass table for the patient," so different from his own which is not even "bacteriologically clean," 'of the exquisite ceremonial of washing on the part of the operator, of the rites attending the ostentatious cleansing of the patient, of the surgeon in his robes of white mackintosh and his indiarubber fishing boots, and of the onlookers beyond the pale who are excluded, with infinite solicitude, from the sacred circle as septic outlaws." . . . "This exhibition may be scientific, but it is no part of surgery. It is more allied to a fervent, idolatrous ritual brought down to the level of a popular performance."

But does the observance of this elaborate "ritual" yield any better results than the observance of simple cleanliness? I aver that it does not. The operations I have named may be regarded as test operations; for are we not told that the orifices of the mucous passages especially swarm with bacteria—the bacillus coli, for instance—and that vaginal discharges contain the staphylococcus and streptococcus pyogenes in abundance? And how are you going to carry out these elaborate precautions in a private house—the home of the patient—where cases do so well? I often wonder how the men who hold these views ever dare to operate on a cleft palate or hare lip, seeing that the mouth contains a greater variety of bacteria than any other part of the body, from the most innocuous to the most virulent, so-called.

There was a time when the bacillus coli was regarded as a most virulent microbe—a veritable wild beast—and when, if the intestine, by an unlucky chance, got wounded in the course of an abdominal operation and the patient died, the death was attributed to the baneful action of this organism. The late Professor Kanthack showed that this organism is a natural inhabitant of the digestive tract, and that its absence or reduction in number must be regarded as a departure from perfect health.

Thus it has come about, from the observations of Dr. Stoker, that the staphylococcus pyogenes can no longer be regarded as the prime cause of suppuration, but rather as a beneficent organism; from the investigations of the late Professor Kanthack, that the bacillus coli must be relegated to the same category; and from the observations of a host of investigators, that the staphylococcus pyogenes—and even the streptococcus—is found in conditions consistent with, at least, apparent health.

But it has been affirmed that Nature has provided a wonderful mode of escape from the ravages of these noxious organisms, and has provided us with an arrangement for their destruction. I refer to the doctrine of phagocytosis of Metchnikoff, to which Sir Joseph Lister (as he then was) pinned his faith less than three years ago. I never could accept this comforting doctrine. It was far too circumstantial for my ideas of what was possible in the way of microscopical demonstration, much too clear to be regarded as anything but the product of a lively imagination, much too like seeing through a milestone for my acceptance. I take credit to myself for my unbelief, for the theory is now almost universally discredited. But I do not ask you to accept my estimate of it. Read what Professor Buchner said of this absurd doctrine at the Munich Medical Society last year.

as published in the Medical Press and Circular of April, 1898, in which he came to this conclusion:—"Metchnikoff's explanation is, therefore, a fable."

It is perhaps necessary to remind the younger generation, who may not have studied the question from the beginning, that the antiseptic system was founded on the hypothesis that germs floating in the atmosphere fell into wounds, there developed into their respective bacteria and produced all the evil effects that sometimes followed surgical operations. I cannot but think that the address of the inventor of the system, delivered before the International Medical Congress at Berlin, has not been read so extensively as it deserved to be, and therefore it is that I feel obliged to direct your attention to it, at the same time commending it to you for perusal. Want of time forbids me to quote largely, as I could have wished, and I must be content with directing your attention to some only of the most salient points. He says: that "by means of the phagocyte theory of Metchnikoff"—which I have already shown you is now universally discredited—"we can account for what would otherwise have seemed to me incomprehensible—the use, without evil consequences, of silk ligatures, which have not been subjected to any antiseptic preparation. . . . . Dr. Bantock, whose remarkable series of successful ovariotomies may seem to justify his practice, does not, I believe, prepare his ligatures antiseptically. The success achieved by Bantock and Tait, without, it is said, the use of antiseptic means, proves a stumbling-block to some minds." No doubt, so long as they hold to the germ theory. "I can see that while the measures" (comprehended under the term cleanliness) "to which I have referred are, so far as they go, highly valuable, it must be in itself a very desirable thing to avoid the direct application to the peritoneum of strong and irritating antiseptic solutions." This latter is in itself a strong justification of my abandonment of carbolic acid. He continues, "As regards the spray, I feel ashamed that I should have ever recommended it for the purpose of destroying the microbes in the air. If we watch the formation of the spray and observe how its narrow initial cone expands as it advances with fresh portions of air continually drawn into its vortex, we see that many of the microbes in it, having only just come under its influence, cannot possibly have been deprived of their vitality. Yet there was a time when I assumed that such was the case, and trusting the spray implicitly, as an atmosphere free from living organisms, omitted various precautions which I had before supposed to be essential." He then describes how, in a case of operation for empyema, "the air passed freely in and out of the pleural cavity" in a cloud of spray, and he arrives at the conclusion that "it is physically impossible that the microbes in such air can have been, in any way whatever, affected by their momentary presence in the air." "If then," he continues, "no harm resulted from the admission day after day of abundant atmospheric organisms to mingle unaltered with the serum in the pleural cavity, it seems to follow logically that the floating particles of the air may be disregarded in our surgical work, and if so we may dispense with antiseptic washing and irrigation, provided always that we can trust ourselves and our assistants to avoid the introduction into the wound of septic defilement from other than atmospheric sources." What these sources are we learn from his address at Liverpool, on September 16th, 1896, six years later, "Hence I was led to conclude that it was the grosser forms of septic mischief, rather than microbes in the attenuated condition in which they existed in the atmosphere, that we had to dread in surgical practice."

All these things, which are facts, not opinions, capable of demonstration and proof, go to show that the modern doctrine of bacteriology is a gigantic mistake; that we are already at the parting of the ways, and that it is safe to predict that, ere long, it will come to be recognised that these various bacilli play a beneficent *rôle* in the economy of nature. I am very far from having exhausted my subject; for, while I have only touched with a light hand upon some portions of it, I have omitted others altogether.

[On account of the great length of Dr. Bantock's address, we have been compelled to hold over those portions of it relating to typhoid epidemics, tuberculosis, and the plague.—Ed.]

# PERITONITIS

### AS A CAUSE OF INCREASED

# PERISTALSIS IN THE RECTUM AND OTHER PARTS OF THE BOWEL. (a)

By C. WALKER CATHCART, F.R.C.S., &c.,
Assistant Surgeon, Edinburgh Royal Infirmary.

It is generally stated that peritonitis always causes paralysis of peristalsis. I was first led to doubt this on meeting with the following cases:—(1) A woman had begun to menstruate a fortnight before being seen; the period suddenly stopped, and then, after ten days' interval, returned. The patient then suffered from an attack of tonsillitis, and during this illness she was suddenly seized with severe pain in the lower part of the abdomen. When first observed, her chief complaint was constant tenesmus, so great as to compel her to lie straining over a bed-pan. The temperature was normal, the pulse fairly good, and the abdominal wall, though resistant, moved with respiration. A diagnosis of the presence of an impacted mass of fæces in the sigmoid flexure, causing the desire to empty the bowel, was made. The patient died suddenly within three hours of the onset of the abdominal pain, and on post-mortem examination a purulent pelvic peritonitis was found. The pus contained streptococci, and the infection appeared to have originated from the tonsillitis. (2) A woman, five months pregnant of her first child, got a chill ten days before being seen. This was followed by pelvic pain and dysuria, the latter requiring the use of the catheter. Suddenly, after a purge had acted, the patient felt a lump in the perineum, and began to suffer from great bearing down and tenesmus. When I saw her, she was suffering from recurrent attacks of pain, resembling those of impending abortion. There were, however, no other signs of this, and, on examining the perineum a resonant swelling was found. It was thought that this was probably a hernia, and that it was causing the straining efforts. An attempt to reduce it under chloroform failed, and, as the symptoms were not very urgent, operation was postponed. Next day the swelling showed its true character by rupturing into the vagina and disclosing a very fœtid abscess cavity surrounding the rectum. With the escape of the pus the tenesmus ceased. (3) While in charge of the Lock wards, I noticed that prostatitis was almost invariably accompanied by tenesmus. If of prolonged duration this produced a patulous condition of the anus, which might be regarded as due to recurring contractions of the bowel above. A similar condition of patulous anus was often seen in senile enlargement of the prostate. (4) A patient had been operated on for appendicitis some days previously. He became apathetic and drowsy, his temperature rose, his abdomen distended, and he ceased to have control of the bowels—small motions were constantly passed in bed. The anus was distinctly patulous. A diagnosis of pelvis peritonitis was made, and on opening the abdomen some very fœtid pus was found; after its removal the patient made a rapid recovery.

This symptom—increased peristalsis—has been little noted by modern writers on rectal disease. Pott, in 1712, alludes to it, and in Pozzi's recent work mention is also made of it. It has been experimentally proved by Grünbaum (working under Nothnagel's supervision) that peritonitis increases peristalsis. He found that after the injection of chemical and bacterial irritants into the peritoneal cavity of the rabbit, active peristalsis was set up, and was not replaced by paralysis until twenty-four hours had elapsed. According to Treves, about 28 per cent. of all cases of peritonitis suffer from looseness of the bowels. Gee has suggested that the pain in colic and the pain in peritonitis were due to the same cause. I agree with this, and think that the pain in peritonitis is really colic; as soon, however, as the muscular coat of the bowel becomes inflamed, the colic ceases. When cases of severe abdominal pain come before me, the question I put to myself is no longer, Is this colic or peritonitis? but, as this *is* colic; to what is it due?

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(a) Abstract of Paper read before the Edinburgh Medico-Chirurgical Society, March 1st, 1899.

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# Clinical Records.

## SECONDARY PULMONARY OSTEO-ARTHROPATHY IN A CHILD. (a)

By Dr. R. Whitman,

of New York.

A girl, æt. 8, recently came under my notice. She was rather undersized, but in fair physical condition. There was moderate kyphosis and rigidity of the spine, the result of Pott's disease of the tenth dorsal vertebra, accompanied by an abscess in the left iliac fossa, for which she had been treated by the application of a plaster-of-Paris jacket in 1893 when she was two years old. The abscess disappeared and the patient was recovering favourably till 1896, when persistent cough and expectoration followed an attack of whooping-cough. In 1897 enlargement of the fingers was noted, the gait was feeble and shuffling, and there was pain in the knees and ankles, with exaggerated patellar reflex and ankle clonus, and marked effusion into the knee and ankle-joints. The terminal phalanges and the nails were enlarged and there was cough with abundant expectoration and rales at the apex of the left lung. In 1898 the pain was relieved by the anti-rheumatic administration of salicylate of soda, and although there was a marked general improvement the swelling of the knees and ankles persisted, and the increased clubbing of the nails had attracted much attention, and was thought to be an instance of the so-called Hippocratic fingers, due to obstruction of the circulation caused by disease of the lungs. Expectoration was moderate in amount and bacilli were not found. In October, however, an examination showed thickening and enlargement of the bones of the lower arms and sensitiveness to pressure and swelling of the wrist joints. This made the diagnosis clear, and at once connected the clubbing of the fingers, the arthritis, and the enlarged bones as symptomatic of the affection known as secondary pulmonary hypertrophic osteo-arthropathy. The child was found to have no psoas contraction or other trace of abscess, and there was apparent recovery from the disease of the spine. There was slight dulness at the apex of the left lung, and increased respiratory sounds at the base of the right. The most marked peculiarity was the great size of the hands as compared with the size of the child and of the lower arms and legs as compared with the upper segments of the extremities, giving the impression of atrophy of the thighs and upper arms. The bones of the legs and fore-arms were sensitive to pressure. The knees, ankles, and wrists were enlarged by an effusion into the joints, and by thickening of the surrounding parts without redness, heat, or muscular spasm. Motion was very slightly limited. The digits were thickened, and their terminal phalanges remarkably enlarged with nails rose red in colour, but not especially thickened or curved. The circumference of the ends of the fingers and the breadth of the nails were twice as great as normal. This condition was somewhat less marked in the feet than in the hands. The affection of the bones in this disease appeared to be a form of malacia in which the organic material is somewhat increased, and the mineral substance, correspondingly diminished, so that the structure of the bone is weakened. The characteristic change is a deposit of new bone beneath the periosteum of the shafts of the phalanges, the metacarpal and metartarsal bones, and the lower part of the bones of the lower arm and leg with local sensitiveness, sympathetic arthritis, and clubbing of the ends of the digits and hypertrophy of the nails. The affection had been first described in 1888 by Bamburger and independently by Marie, who differentiated it from acromegalia with which it had been confounded. In practically all of the cases reported, upward of 80 in number, it was secondary to chronic disease of other parts, in 75 per cent. to tuberculous or suppurative disease of the lungs or its coverings. The cause of the periosteal and other changes was supposed to be the absorption of irritating substances from the focus of suppuration in or about the lung, combined with impaired circulation. Thus the first evidences appeared in the ends of the fingers. It was a rare disease, and this was believed to be the first typical case reported in a child.

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# Transactions of Societies.

## BRITISH GYNÆCOLOGICAL SOCIETY.

Meeting held Thursday, March 9th, 1899.

The President, Dr. H. Macnaughton-Jones, in the Chair.

### Specimens.

**Dr. H. Jellett** (Dublin) showed a specimen of myomatous uterus undergoing carcinomatous degeneration.

The **President** observed that cases of this kind were always of interest. He showed such a case some two years ago, in which the uterus was removed by vaginal hysterectomy. The patient lived for six months, and then she died; although no post-mortem examination was made, the probability was that she died of recurrence of this disease.

**Dr. Inglis Parsons** asked Dr. Jellett whether in this case the carcinoma began separately or was to be traced to a degeneration of the myoma. He had a case of this kind at the Chelsea Hospital for Women. She presented a polypus hanging from the cervix; and also had a carcinoma of the cervix; but whether the latter began independently, or as a degeneration of the myoma, he could not tell. But, in any case, such instances were a strong argument in favour of early removal.

**Mr. Bowreman Jessett** believed that myomata take on malignant degeneration much more frequently than was generally supposed. When operated on early enough such cases did very well; and he hoped that a good result would follow in Dr. Jellett's case.

**Dr. Jellett**, in reply, said that when the operation was begun, by the vagina, the finger went through the uterus into the uterine cavity, as if through putty, while separating the bladder, and while separating the rectum the same thing happened; so he had to complete the operation through the abdomen. The operation took place in October, 1898; for two months she did very well; then she began to lose ground again, and he feared that at the present time she was already suffering from a recurrence of the disease.

**Dr. Bantock** read a paper on

### THE MODERN DOCTRINE OF BACTERIOLOGY WITH SPECIAL REFERENCE TO GYNÆCOLOGY.

a full abstract of which appears in another column. The paper gave rise to an animated debate.

The **President** said that no subject could be brought before any society more pregnant with interest or more important than that of the doctrine of bacteriology. It was important, not only to the gynæcologist, but to the whole science and art of modern medicine, and therefore, now that it was before them, he was glad that there was such a large audience present. It would take a whole session of their meetings to deal, even in outline, with the different points referred to in the paper, and therefore he would ask the speakers to confine their remarks to the bearings of the germ theory on gynæcology. There were two classes of observers present: first, expert bacteriologists who had spent their time on the study of the life-history and morphology of micro-organisms in all their bearings, physiological and pathological; second, those, more numerous but whose evidence was not less important, who, in their practical work, had put the views of the experts to the test. So, in order to make this discussion of greater value, inasmuch as the reports of it would go out to the whole world, their Fellows including gynæcologists of note in every civilised country, he would ask those present to address themselves to one of the two attitudes he had mentioned. He would first call on Dr. Allan Macfadyen, Director of the Jenner Institute of Preventive Medicine, to address the meeting.

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(a) Abstracted by permission from notes of a case brought before the New York Academy of Medicine (Orthopædic Section), January 20th, 1899.

Dr. **MACFADYEN** remarked that he had attended the meetings of many scientific and medical societies, but it was the first time that it had fallen to his lot to listen to such a paper as had just been read by Dr. Bantock before a society of repute. It was a unique experience that in the country which produced Lister such views should be held and put forth. He had come prepared to listen to, and take part in, a serious discussion. The experimental research of the last ten years did not appear to exist for Dr. Bantock, nor had he brought forward one word of proof for the statements he had made. It was difficult to appreciate or to deal with such a mental attitude of pure negation, and he therefore abandoned any hope of convincing Dr. Bantock, and felt it would be useless on his part to bring forward in connection with such a paper the remarks he had intended to make upon the bacteriological questions pertaining to asepsis and antisepsis. Dr. Bantock had asked, "Where did the germ theory of disease stand now?" He replied that it stood exactly where it did before Dr. Bantock commenced his attack. What they had listened to was simply a "confession of faith"—and nothing more. He would not indulge in any comments upon opinions brought forward without any basis of experimental proof or fact, but would leave it to the members of the Society, who were well acquainted with the elementary facts of bacteriology, to make their own choice as to whom they would follow, Pasteur, Lister and Koch or Dr. Bantock. Dr. Macfadyen concluded that if he were a guest of the Society on some future occasion he would be pleased to discuss the questions raised in a more serious fashion than they had listened to that evening.

Dr. **STOKER** said he had listened to Dr. Bantock's interesting paper with great attention. Dr. Bantock had travelled over a very wide field, into many parts of which he (Dr. Stoker) was quite unable to follow him. He (Dr. Stoker) proposed to offer a few remarks in reference to his own work as to the effect of staphylococci in wounds, &c., treated by oxygen gas. He felt he was placed between two extremes, on the one hand it was stated that all micro-organisms in wounds were bad, and on the other that none were bad; he stood midway, and believed that some were harmful and some useful, and of the latter were the staphylococci. It was a perfectly reasonable belief that certain micro-organisms under healthy conditions were good and useful, and that these same bodies under unhealthy conditions were harmful, and that was his view about staphylococci. They were to be found all over the body, both on the surface and elsewhere; as long as the parts containing them were normal they carried out their functions, but if, for instance, the skin were cut or bruised then pus formed, because the conditions were altered, owing to the equilibrium established by nature having been upset by the accident. He (Dr. Stoker) said that he had made hundreds of observations on over 250 cases, and in all, rapidity of healing was in proportion to the presence of staphylococci. He quoted cases of sterile wounds and ulcers that had stopped healing; when put into oxygen these wounds after thirty-six hours were found to be plentifully supplied with staphylococci, and healed rapidly. He also quoted two cases and showed photographs of a girl who had a burn on her hand and one on her thigh. The wound on the hand contained a plentiful growth of staphylococci and healed rapidly, the wound on the leg which had no staphylococci did not heal. The micro-organisms were taken from the hand and placed in the leg wound which at once began to heal. These were facts, and not theory. His investigations were not carried out in any unworthy spirit of opposition to any theory or system that had been propounded. He was simply looking for the light, and to find the exact way in which oxygen produced its results.

Dr. R. T. **HEWLETT** remarked that any evidence given by Dr. Bantock in support of his views was entirely of a negative character, and negative evidence unless overwhelmingly supported was of little value. With regard to the Maidstone epidemic, Dr. Bantock was hardly fair; it was true that no typhoid bacilli had been isolated from the water, but Dr. Bantock omitted to mention that at least a month, and probably six weeks had elapsed between the date of infection and the commencement of the examination. In other epidemics, notably that of Worthing, the typhoid bacillus had been isolated from the water. With regard to diphtheria, the diphtheria bacillus could be detected in the vast majority of cases. In splenic fever of cattle, the whole cycle of which could be observed in a lower animal, he could not conceive that anyone who read the history of the investigations into that disease could come to a conclusion other than that the bacillus anthracis was the causative agent. Tuberculin had been attacked, but he considered there were still cases in which it might be useful, and as regards risk that was inseparable from all forms of drug treatment. Lastly, Dr. Bantock had stated that as good results were obtained in ovariotomy from the use of ordinary cleanliness as with the most elaborate precautions for asepsis, but he would remark that the peritoneum was exceptional and would suffer with impunity a treatment which would be tolerated by no other serous membrane. He believed that all attempts to open the knee-joint without the strictest antiseptic and aseptic precautions would end in disaster.

Dr. **INGLIS PARSONS** felt sorry that so distinguished a surgeon should hold such erroneous views on pathology. The results obtained by Dr. Bantock in his operations were against his own views, and in favour of the germ theory of disease, because he took the most scrupulous care to ensure cleanliness in his nurses, instruments, and surroundings, and thus by aseptic measures prevented infection. When there were no germs, antiseptics were not required. The Samaritan Hospital was comparatively modern and the surroundings were good, but in some of the older hospitals, unless strict Listerism was carried out, the results were disastrous. He could instance the practice of two surgeons when he was a student. One of them, using strict Listerism, was able to perform excision of the knee, and put up compound fractures, and open the peritoneum with impunity, while the other, who decried Lister, was obliged to give up these operations on account of the frightful mortality that followed. Such instances could be multiplied indefinitely. With regard to epidemics of typhoid and other diseases Dr. Bantock had quoted one instance only where the bacillus could not be found, but he had omitted to mention hundreds of instances where it had been found and traced to a definite source of infection. He found it difficult to believe that Dr. Bantock seriously entertained these extraordinary views.

Mr. F. **BOWREMAN JESSETT** said he had had the privilege some years ago of witnessing Dr. Bantock do a number of abdominal sections. Dr. Bantock had most courteously also allowed him to see the patients with him when he dressed the wound. In several of them stitch abscesses had formed, and Dr. Bantock was in the habit of syringing these out with sulphurous acid. Mr. Jessett would like to ask Dr. Bantock if he still continued this practice, and whether he did not look upon sulphurous acid as a powerful antiseptic agent? He would also like to ask Dr. Bantock what, in his opinion, caused these abscesses? Dr. Bantock originally used silk for suturing the abdominal wound, but on account, as he (Mr. Jessett) understood it, of those abscesses, abandoned the silk for silkworm gut. Mr. Jessett would further like to ask Dr. Bantock if he now did not boil all his silk before using? and pointed out that boiling or heat was admittedly the best disinfecting agent we had. Would Dr. Bantock explain why he boiled his silk? With respect to the typhoid bacillus Dr. Bantock had alluded to the Maidstone and King's Lynn epidemics. Did Dr. Bantock remember the Worthing and Caterham Valley epidemics? In the latter, two sides of a street were supplied by two different companies. On one side the inhabitants had typhoid, on the other they were free. On investigation it was discovered that the first case of typhoid occurred in a man who was working in a well which supplied the affected side, and he admitted that while working in the well, although then ill, he defæcated into it. Hence the epidemic. Could Dr. Bantock explain that?

Dr. Godson thought it would be very disastrous if Dr. Bantock's paper had the effect of shaking the faith of midwifery practitioners in the employment of antiseptics. In an address which he had delivered to the Society when President, he had shown the marvellous change which had taken place in the City of London Lying-in Hospital in the death-rate since corrosive sublimate had been in use there. This was happily maintained, last year's annual report showing that only one death (from puerperal eclampsia) had occurred among the 565 women delivered in the hospital. There had not been a single case of septicæmia during the year. It would be indeed sad to revert to a mortality of 1 in 19, which existed when he first became attached to the hospital, and he had no doubt that the change was due to the thorough way in which antiseptics were now employed.

Dr. Macpherson Lawrie declared himself an adherent of the germ theory of disease. Had Dr. Godson not referred to the subject, he had intended to recall to their recollection the remarkable paper delivered by that distinguished obstetrician before this Society. The facts brought forward by Dr. Godson furnished overwhelming evidence in favour of the antiseptic treatment of disease and he was somewhat surprised that none of the previous speakers had commented on those facts. He pointed out as a curious anomaly that while the extreme Listerites like Howard Kelly, and Lockwood, of London, emphasised the absolute necessity of adopting aseptic treatment in all its details, equally good results were apparently obtained by men like Dr. Bantock, who relied practically on soap and water. Such contradictions were very puzzling to the ordinary man who would be greatly helped if some definite rule of practice could be enunciated by such a Society as this, and he felt rather disappointed that some of the distinguished bacteriologists who were with them that night had not thrown more light on this part of the subject.

Dr. C. H. F. Routh remarked that the whole question was in a nutshell. Assume that the germ theory was nonsense: then how could they explain the fact that certain fluids coming in contact with healthy persons produced disease? How could they account for the phenomena of putrefaction? Some time ago he read before the Royal Medical and Chirurgical Society a paper on Puerperal Fever in Vienna. It was shown that in the department of the maternity attended by midwives the deaths were few, whilst in that worked by students there were 600 deaths a year. Semmelweis showed that the difference was due to the fact that the students went direct from post-mortem examinations to the maternity cases. How could they account for this except on the germ theory? Then they must remember that the causes of disease might be active at one time of the year, and not at another: this was a fact which cut the ground from under Dr. Bantock's feet. The plague in India was another case in point. Dr. Bantock ridiculed those who used antiseptic precautions; but he had not proved his thesis.

Dr. P. Z. Hebert asked Dr. Bantock what was the exact relation which he considered existed between disease and micro-organisms? He told them that bacteria were the result, not the cause of disease. This was a rather obscure statement. Disease was a condition, not a material entity. Did Dr. Bantock contend that bacteria were produced *de novo* by disease, or, in other words, was this a case of creation of something out of nothing? Or were bacteria formed out of the diseased tissues? If not, where did they come from, since Dr. Bantock told them that bacteria were not to be found in the air. Would Dr. Bantock also give them his own definition of what a septic poison was?

Dr. A. W. Addinsell did not think that Dr. Bantock could congratulate himself on his powers of prophecy, because the doctrine of bacteriology held the field more triumphantly to-day than it did twelve years ago, when Dr. Bantock made his eloquent prophecy of its speedy downfall. There were many statements in the paper made without proof, *i.e.*, in a negative sense, and as far as he could see there was only one statement made in a positive sense, and that was the reference to staphylococci in wounds. Dr. Stoker, like Dr. Bantock, explained the healing of wounds as due to the presence of staphylococci. The non-healing aseptic wound was said to have been treated with mercury, the strength of which was not stated. Granting the facts, Dr. Addinsell contended that the correct explanation was that the mercury had killed not only the staphylococci but also the granulations on which the healing depended. The other ulcers healed because the oxygen favoured the granulations, and also diminished the virulence of the staphylococci. This view was proved by experiments in the laboratory at King's College where he had been working. It had been shown that though oxygen did not prevent the growth of staphylococci it did diminish their virulence, the proof of which was that a much larger amount of a culture of staphylococci passed through oxygen was needed to produce ulcers in guinea-pigs than was required in the case of a culture not so treated. Dr. Bantock seemed also to stumble over the gonococcus. He had told them about a washed gonococcus which did no harm when placed in a healthy urethra; but how could he prove that in the process of washing the gonococcus had not been killed? Dr. Bantock disagreed with Dr. Newman in the latter's statement that the gonococcus caused pyosalpinx; there was no real difficulty in accepting Dr. Newman's view. It had been proved again and again that in a pus tube that had been removed the pus might be sterile, whilst a cultivation taken from below the surface of the pyogenic membrane was not sterile; thus affording scientific proof that under given conditions the gonococcus might lose its vitality.

Dr. Henry Jellett (Dublin) said that he had had the honour of discussing the question with the author about a year ago. He thought that Dr. Bantock neglected to pay sufficient attention to two very important points, when considering the question of the presence of bacteria in the human body without causing disease. The first of these was the difference in virulence of bacteria which were morphologically the same. He (Dr. Jellett) thought that accounted for the presence of streptococci in wounds and other places without giving rise to any symptoms of septic poisoning, although in other cases morphologically the same bacteria were undoubtedly the cause of grave infection. The second point was the immunity acquired by patients to the action of a particular form of bacteria as the result of the continued presence in the body of that bacterium. He thought this explained cases in which the diphtheria bacillus was found in the throats of patients some long time after they had recovered from the actual disease. Then Dr. Bantock had talked of the slight degree of mischief brought about by the gonococcus as exemplified by the fact that they were only met with in one out of four cases of pyosalpinx. He (Dr. Jellett) thought that this was a very high proportion, if one took into account the number of cases of sterile, of undoubtedly tuberculous, and of presumably septic, pus tubes. In conclusion, he would like to ask Dr. Bantock two questions. First, why did he (Dr. Bantock) wash his hands, even to the slight extent that he did? Was it a species of ritual"? Dr. Bantock said, "That it was in order to remove what Lord Lister called the grosser forms of septic mischief." Dr. Jellett thought that in this case Dr. Bantock must either perform the washing solely as a tribute to Lord Lister and because he directed it, or he (Dr. Bantock) must believe in the existence of these grosser forms. If Dr. Bantock believed in the grosser forms which could be removed by any slight washing, why should he not believe in forms which required a more scrupulous washing to remove? And if some people believed in a slight washing, and others in a careful washing, and others in an antiseptic washing, he, Dr. Jellett, thought there was only a difference in degree of the same idea between Dr. Bantock's washing and other peoples. The second question was, supposing Dr. Bantock operated on a really septic case, as shown by the occurrence of high temperature, rigors, rapid pulse, &c., and that his hands were bathed in pus, would he operate on a non-septic patient the next day, or would he wait? If Dr. Bantock constantly went straight from a septic case to a non-septic case without any evil consequences arising, there was undoubtedly some cause to consider that his reasoning was correct. If, on the other hand, he waited for four or five days before operating again, Dr. Jellett thought that his hands would have had time to become sterile again, and that there was not the same reason to be astonished at his results.

The President said he had been a strict adherent to the teachings of Lister from the days of the impermeable shellac with carbolic putty dressing to the present time, instancing cases which would have been unquestionably amputated by the older surgeons, restored to usefulness even by these old Listerian methods. The paper of Dr. Bantock, he said, bristled with contentious matter, but he—the President—entirely disagreed with the deductions which the reader had drawn With regard to some of the matters touched upon, his eleven years' experience of epidemics in a large fever hospital, and in a Government Poor-law appointment outside it, as well as in a maternity institution, confirmed his belief in the teachings of bacteriologists. He altogether denied that the inferences drawn from the cases referred to by Dr. Bantock as occurring in Dr. Stoker's practice with oxygen on ulcers in any way refuted the germ theory of disease. Dr. Bantock was in opposition to the views of all the most distinguished living gynæcologists on the subject of the gonococcus and its relations to pyosalpinx. His views on antisepsis were entirely opposed to the practice and the teachings of surgeons for the last twenty years. The President ridiculed the idea of drawing those deductions, with regard to what Dr. Bantock called "cleanliness" in the practice of gynæcologists, between what he referred to as "the grosser forms of septic mischief" and the lesser. He was not quite correct in saying that micro-organisms had not been found specially associated with the pustulation of variola, and he overlooked the fact that those cases of scrotal surgery to which he had referred might possibly be accounted for by the conditions antagonistic to septic germs which were inherent in this part and in the testicular organs. Everything that Dr. Bantock had said with regard to the micro-organisms of the skin and their presence in wounds healing by the first intention was in accordance with widely known and acknowledged bacteriological facts. Given, however, sufficient aseptic preventive steps and resistant vitality on the part of the subject, and such micro-organisms were harmless. Such teachings as those enunciated in this paper set back the hands of the clock, so far as medicine was concerned, some five-and-twenty or thirty years, and were all the more serious and dangerous because they emanated from one who was acknowledged to be a brilliant operating gynæcologist, and if endorsed by the *imprimatur* of that Society would go forth to the whole medical world, encouraging men who possibly had not his skill or favourable surroundings to pursue methods of operation which might prove most disastrous. In carefully listening to the paper, he, the President, could not help coming to the conclusion that Dr. Bantock had not made himself fully conversant with the researches of bacteriologists within recent years, or he would have been acquainted with the fact that the various questions which tended to make him sceptical, were by them fully and thoroughly discussed, such as that of the Klebs-Lœffler bacillus, in its relation to diphtheria, the presence or absence of the gonococcus, the differentiation of the bacillus typhosus, and, in fact, every question raised by him. The attitude of the Society to these views should be such that its verdict would be unmistakable, and that the British Gynæcological Society could in no way be involved by them.

Dr. Bantock, in reply, said he was very much disappointed at the course the discussion had taken, for although two experts in bacteriology had taken part in it, no attempt had been made to refute a single point in his paper. They had not even referred to the oxygen treatment and its bacteriological results, which they evidently regarded as being unworthy of their notice. All the speakers avoided the points in the paper, and, while professing themselves followers of Lister, showed that they had taken no notice of his latest teaching, but adhered to that of twenty years ago. One of the bacteriologists accused him of disparaging Lord Lister, but the contrary was the fact, for he had gone out of his way to compliment him, and he was forcibly reminded of the legal advice "No case, abuse the plaintiff's attorney." He was twitted with having studiously avoided the typhoid epidemic at Worthing. He could retort that his critic had equally avoided the Maidstone epidemic, as to which Dr. Poore substantially agreed with him in his Milroy lecture.

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## ROYAL ACADEMY OF MEDICINE IN IRELAND.

### Section of Anatomy and Physiology.

Meeting held Friday, February 3rd, 1899.

The President, Dr. D. J. Coffey, in the Chair.

### EFFECTS OF SODIUM CHLORIDE ON THE SECRETION OF URINE.

Professor W. H. Thompson read a communication dealing with the effects of minute quantities of sodium chloride on the secretion of urine. Solutions of sodium chloride (·6·65 and ·9 per cent. strength) were injected into the external saphenous vein of dogs in quantities varying from 30 c.c. to 5 c.c. Urine was collected from both ureters by means of cannulæ. The animals were given a hypodermic injection of morphine, and were anæsthetised with a mixture of chloroform and ether (1 to 2) during the operative procedures. Urine was collected for definite periods of time before and after the injection of salt solution. The results showed:—1. A marked increase in the amount of urine secreted, which reached its maximum in the second hour after the injection, but had not wholly subsided even at the end of four hours. The average of ten experiments showed an augmentation of over three hundred per cent. 2. Both the total nitrogen and the urea also suffered an increase, though the urine secreted was more dilute. This augmentation reached its maximum in the hour immediately following the injection. The above effects were found not to be due to a dilution of the blood or hydræmic plethora caused by the injection, nor could they be ascribed to any supposed necessity for getting rid of the sodium chloride injected. In many cases the actual output of chlorides was diminished. No adequate cause has so far been found to account for the diuresis.

### THE SENSORY DISTRIBUTION OF THE SEVENTH CRANIAL NERVE IN MAN.

The Secretary read for Professor Dixon, of Cardiff, an abstract of a paper on this subject. The views which Prof. Dixon advanced may be summarised as follows:—1. The facial nerve in man is in a condition comparable with what is found in lower vertebrates. It clearly resembles in its distribution what has been called a typical branchial nerve. 2. The facial possessess two sensory branches—namely, the chorda tympani and the great superficial petrosal nerve. Both of these nerves are probably nerves of taste; the chorda tympani certainly is so, but this has not been definitely proved in the case of the great superficial petrosal nerve. The proved function of the corresponding nerve in lower vertebrates seems to justify the assumption that the great superficial petrosal is a nerve of taste also. 3. The fibres to which the term chorda tympani has been applied by physiologists do not form the chief part of that nerve; they do not represent the pre-spiracular nerve of lower vertebrates nor the corresponding nerve in man, which appears early, and passes into the developing tongue.

The President thought that the point of greatest value in Professor Dixon's paper was the definite statement that fibres could be traced from the cells of the geniculate ganglion in both directions. This had, to his mind, established for certain that it is a sensory ganglion, and that both the prolongations must be sensory.

Professor Symington said that with regard to the distribution of the chorda tympani and the great superficial petrosal, on theoretical grounds he was in harmony with Professor Dixon. He attached more importance to the mode of development of these nerves than to any number of clinical observations or experimental work on nerves.

Dr. A. R. Parsons said if the course which the taste fibres take were known with certainty it would be a great aid in the localisation of disease. If the demonstration just given were correct, the question at once arose was the pars intermedia of Wrisberg to be looked upon as a continuation backwards of these taste fibres, and is the pars intermedia the nerve of taste of which the chorda tympani and the great superficial petrosal are, to a certain extent, branches? If the great superficial petrosal nerve is not the motor nerve of the palate, what is it?

The President thought it highly probable that the pars intermedia arises as part of the nucleus of the glosso-pharyngeal, and then the glosso-pharyngeal would be established as the nerve of taste.

The Secretary, in reply, said Professor Dixon did not hold it proven that the great petrosal is a nerve of taste, but he considered this view extremely probable. According to Professor Dixon's embryological researches, there ought to be no efferent vaso-dilator or secretory fibres in the chorda tympani nerve; if there are efferent fibres in it, they probably come from the sympathetic or some other cranial nerves.

Professor Symington exhibited four specimens of separate acromion process, which he had dissected, and discussed the question as to whether such cases are to be regarded as non-union of the epiphysis or ununited fractures, favouring the former view.

### ANÆSTHETICS AND URINARY SECRETION.

Professor W. H. Thompson made a preliminary communication to this subject, of which the following is a brief summary:—1. A mixture of ether and chloroform (2 to 1) did not cause an increased diuresis. This was the anæsthetic used in his sodium chloride research. Six experiments were performed on dogs. 2. A. C. E mixture on the contrary did, in most cases, markedly increase the amount of urine. In one case suppression was caused. This dog proved to have albuminuria. 3. Ether also produced an increase of urine, as did chloroform likewise, but with this latter anæsthetic only one experiment had so far been carried out. 4. Little or no effect was produced by the various anæsthetics on the total output of nitrogen and of urea, even in cases where marked diuresis was caused. 5. The after-effect on the output of chlorides showed a marked diminution. What the immediate effect was had not so far been definitely decided. 6. In eight experiments (with different anæsthetics) the urine was examined for carbohydrates with chloride of phenyl hydragin and sodium acetate. All but one gave crystals. Some of these were undoubtedly glucosazone, others glycuronic acid, while in one case it is probable the crystals were those of galactosazone. In all cases the dogs were injected with a solution of morphine.

The Section then adjourned.

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## EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Meeting held Wednesday, March 1st, 1899.

Sir John Batty Tuke, President, in the Chair.

The following patients were shown:—

By Dr. Elder: (1) A case of absence of the first metacarpal bone (with skiagram); (2) a case of lupus vulgaris, which had developed shortly after vaccination, and had lasted for seventeen years; (3) an unusual example of amyotrophic lateral sclerosis affecting the lower extremities only, and causing double club-foot.

By Dr. Scot Skirving: Case showing double Charcot's disease, simulating double congenital dislocation of the hip. Other symptoms of locomotor ataxia—the Argyll-Robertson pupil, absence of the knee-jerks, and lightning pains—were present.

By Dr. Scot Skirving and Dr. Cameron: A patient with total necrosis of the frontal bone, the result of syphilis. The orbital plates of the frontal bones were also gone; there was, in addition, a perforation of the hard palate.

By Mr. Stiles: (1) A case of infantile paralysis affecting the right hand and both legs. The lower extremities were completely paralysed below the knees, and dragged after the patient as he crawled about. It was proposed to do a double amputation at the seat of election; the muscular weakness of the thighs was too great to permit of a good result following excision of the knee-joints. (2) A baby, aged seven months, with a very large hydrencephalocele implicating almost the whole cranial vault. It resembled, in fact, a case of hydrocephalus in which no ossification had occurred. (3) A child with coxa vera, which had greatly improved under the use of antirachitic treatment. Mr. Stiles thought that surgeons should not be in too great a hurry to operate on these cases when they were seen early.

Mr. Stiles also showed specimens of (1) viscera from a case of lympho-sarcoma of the abdomen. The symptoms had set in suddenly, and resembled those of abdominal tuberculosis. At the operation, the belly was found to be filled with small tumours, and the liver and spleen had secondary growths in them. The chief point of interest was that the patient had been supposed to be quite well up to five days before the operation. (2) The thoracic viscera of a child who had suffered from dyspnœa with excessive expiratory stridor. This was the third such case he had seen recently; tracheotomy had been of no avail in them. The symptoms—expiratory dyspnœa and absence of up and down movement of the trachea—had in all cases been due to the pressure of enlarged bronchial glands. The reason why it occurred only during expiration was probably explained by the increased intra-thoracic pressure during the act.

Dr. Scot Skirving showed (1) sequestrum of the entire frontal bone; (2) microscopic specimens of tubercle of the mamma; (3) a compound fracture of the carpus with comminution of the individual bones.

Mr. Cathcart exhibited a clinical research case, which contained within small compass all the requisites, including stains, a microtome, &c., for the examination of tumours. It was specially designed for the use of clerks and dressers working in surgical wards.

### PERITONITIS AS A CAUSE OF INCREASED PERISTALSIS IN THE RECTUM, ETC.

Mr. C. W. Cathcart read a paper on this subject, an abstract of which will be found in another column.

Drs. Ronaldson, P. A. Young, and Cotterill discussed the paper. The last-named drew attention to the serious significance of diarrhœa occurring about ten days after an otherwise satisfactory operation for appendicitis.

Dr Chalmers Watson read a paper on "The Etiology of Gout." After mentioning some of the leading theories of the relationships between gout and uric acid, the speaker described some observations he had made on the seat of formation of uric acid. He had found uric acid in the blood of snakes and birds in greater quantity than in the kidneys. In mammals, he had found a very high percentage in the spleen, and a larger amount in the liver than in the kidneys. He had examined the blood of patients dying from various diseases not of a gouty nature, and had always found traces of uric acid in it. His results thus contraindicated those of Luff and Garrod, and led to the belief that the kidneys were not the seat of uric acid formation.

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It is reported that the question of the right of licentiates of the Society of Apothecaries to style themselves physicians is not to be allowed to remain in the position established by the case of Hunter *v.* Clare, the Society having decided to take an early opportunity of reopening the matter.

# Lunacy Department.

## THE MEDICO-PSYCHOLOGICAL ASSOCIATION. SCOTCH DIVISIONAL MEETING.

Dr. Clouston in the Chair.

The Spring Meeting was held in the Faculty of Physicians' and Surgeons' Hall, Glasgow, on Thursday, 9th inst.

Dr. Ireland read a paper on

### The Causes of Increased Frequency of Suicide.

In his recent excellent paper contributed to the discussion of suicide at the annual meeting of the British Medical Association in Edinburgh, Dr. Sibbald expressed the opinion, and his statistics seemed logically to prove it, that there is no real increase of suicide at home or abroad. Dr. Ireland is inclined to dispute this statement, and the impression one gathered from his paper at the meeting in Glasgow was that he did not prove his case. He showed some excellent tables illustrating the numbers of suicides by different methods in Scotland for many years, and distinguishing between male and female suicides. He also showed an interesting table which compared the proportion per million in various European countries, showing a striking contrast between Italy at the lowest poll and Saxony at the highest. One very difficult question is to determine to what extent suicide is pathological, and to what extent deliberate, rational, and, as some would say, physiological. Statistics for different countries vary slightly, but in England there is a very considerable discrepancy, according to Wynn Wescott, who gives the pathological proportion at only 20 per cent., a very low rate indeed, and one which one is entitled to regard with some discredit. In regard to the question of causation, there are many points of view and many explanations. In the course of the discussion which followed the paper, Dr. McPherson expressed his surprise that in Italy the number was so well, considering that, according to Lombroso, Italians are the most degenerate of civilised races. This statement of Lombroso's Dr. Ireland emphatically repudiated, being of opinion, from his own study of Lombroso's works, that the latter is guilty of many inaccuracies, and of none greater than this reflection on the physique and mental character of the Italians. Dr. Ireland does not believe in degeneration as a cause, nor does he believe, like so many pessimists, in the growing degeneracy of the race. He rather thinks, and we are inclined to agree with him, that there is a gain of vigour and greater development seen among the youth of to-day as compared with a quarter of a century ago. In discussing further the causation of suicide, the author of the paper went into the various chief ideas pro and con, and expressed the opinion that the weakening of the religious sentiment in France has much to do with suicide. He summed up his idea of causation in one sentence, thus, greater sensitiveness, greater strain, less endurance, change of religious belief.

Dr. Clouston's contribution to the discussion dealt chiefly with causation under five heads, *first*, certain individuals are born with congenital absence of the love of life; *second*, melancholia and other forms of insanity; *third*, neuropathic, over-sensitive people; *fourth*, sympathetic, for example, couples commit suicide together, for example a man and his *fiancée* or man and wife, and this is especially noticeable in Paris, *fifth* deliberate suicides.

Dr. Campbell Clark drew attention to the international differences as evidenced by the statistical tables and put some pertinent questions as to the explanation of these, particularly the great excess in Saxony over other countries. He drew attention to the selection of particular methods less painful in the case of women, and to the great discrepancy between the number of known suicides in the Clyde as compared with the number of persons found drowned.

Dr. McPherson, in reply to Dr. Campbell Clark, stated that Saxony was regarded as the most drunken country in Europe. This statement rather astonished Dr. Ireland, who gave it as his opinion that insanity in Saxony was not greater than in other Continental countries. If this is so, it is rather an argument against the potency of alcohol as a cause of insanity.

Dr. Carlyle Johnston directed his attention chiefly to minimise if possible the value of the religious theory which he declined having anything to do with it.

Dr. Clouston thereafter gave a short statement regarding the Inebriate Act, and explained a scheme for the working out of it which he assisted in by drawing up regulations for the operation of the Act. These regulations apply for the present to what may be called the criminal inebriate, though perhaps the criminal is rather a strong term, but they will also do equally well for the non-criminal inebriate when an Act comes to be passed for him. They provide *first* for a State inebriate reformatory, *second* for certified inebriate reformatories set up by private individuals or local authorities; *third*, for licensing out of inebriates to respectable trustworthy families.

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# France.

[From our own Correspondent.]

Paris, March 19th, 1899.

### Picric Acid.

Dr. Thery read, at the recent Surgical Congress, a paper on picric acid dressing for burns, in which he examined the toxic action of the drug. Could picric acid provoke grave symptoms of intoxication? That was a point he wished to discuss first, for although it was contested by a certain number of the members of the Congress, it had been affirmed so stoutly by others that if the fact were proved, picric acid dressing would lose the greater portion of its value. With all deference to the opinion of many esteemed colleagues, he would say from an experience of twelve years that never under any condition did he observe symptoms of poisoning from this dressing, and to furnish absolute proof that intoxication by the cutaneous surface, no matter how extensively denuded, was impossible, he would cite several cases where the salt was injected accidentally in considerable quantities without more than temporary injury to the patient.

The first case was reported by Prof. Halla. A patient swallowed by mistake a tablespoonful of picric acid. Vomiting, diarrhœa, and a pronounced yellow coloration of the urine were the results. The stomach was washed out and the man recovered. A second case was observed by West (1896). A similar dose was absorbed. During the first twenty-four nothing abnormal was remarked; afterwards the urine became bloody and the patient jaundiced. Three days afterwards the patient was well. A third case was also one of Prof. Halla's. Here a teaspoonful of crystallised picric acid was taken. The symptoms observed were vomiting, diarrhœa, urine coloured red, skin and conjunctiva yellow, pruritus and erythema of the abdomen and of the feet. The patient recovered rapidly. The fourth and last case he would cite was published by Karplus. The symptoms were the same as the preceding as well as the result. From these cases, in which enormous doses of the salt had been absorbed without permanent prejudice to the victims of the accident, it could be inferred that the simple dressing of a denuded surface by a solution of the acid was absolutely innocuous. The adversaries of this treatment accused it also of provoking such suffering that they had to abandon its application. He, on the contrary, found that it almost always attenuated the pain of the burns, and out of some thousands of cases he had known it but once to produce such violent pain that it had to be abandoned.

In conclusion M. Théry insisted on the fact that the picric dressing should not be considered as a wet dressing, for in cases of burns wet dressing should be absolutely excluded. Immersion of the parts in a bath of picric acid, followed by a light cotton wadding dressing, was the best method when it could be applied. The application of any greasy substances to burns should be avoided on all occasions.

### EXTRA-UTERINE PREGNANCY.

M. Pinard presented to the meeting of the Société de Chirurgie a woman in whom he had diagnosed an extra uterine pregnancy of six months in October last. He placed her under special treatment until the time when the child might be supposed to have a chance of living, and then operate. Christmas Day he extracted the child by incising the walls of the abdomen and of the cyst; he then sutured the wound and allowed the placenta to eliminate spontaneously, and which arrived a fortnight ago. The child was doing well. That case, as well as another which he reported four years ago, showed that non-uterine children could arrive at a viable term more frequently than was believed, provided that the mothers were submitted to a special hygienic treatment, including absolute immobility. M. Guéniot said that extra-uterine children were not always enclosed in a cyst; they were sometimes free in the abdominal cavity. He had a case of the kind, and where the placenta was grafted on the intestines. He extracted a living child almost at term, and to all appearances healthy and vigorous, but in spite of all the care taken it died on the fifteenth day. He considered that there was very little chance for children under those conditions.

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## Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, March 18th, 1899.

### PECULIAR CASE OF INTESTINAL INCARCERATION.—TRAUMATIC GASTROECTASY.—OPERATION.—RECOVERY.

**DR. KOHN** publishes the following peculiar case in the *Ærzt. Sachverstand Zeit.*, 3/99. The patient was a healthy man of 34, who had suffered from constipation in youth, who, whilst engaging in unloading a boat fell from the height of one or two metres, the right side striking bulwarks of the boat. At once there was pain and great difficulty of breathing, and soon afterwards constipation and frequent copious vomiting. Three years later, sudden spasmodic pain came on in the epigastrium and right side, obstruction, distension of the abdomen, the general condition being bad; in short, signs of internal strangulation. A striking feature was that the liver was pressed downwards, and tympany between the liver and the lung.

Gradually, under rest and washing out of the bowel, the tympany disappeared, and the bowels once more became free, and the general condition improved. Extreme dilatation of the stomach, however, still remained, the cause of which was subsequently discovered to be perigastritis. Laparotomy, which was performed, also revealed adhesive perihepatitis, with dragging of the liver towards the middle line. The relation of the train of symptoms was explained as follows:—The injury had set up perihepatitis and perigastritis. The latter rendered the passage of food difficult, which led to dilatation of the stomach, which revealed itself the following year by the copious vomitings. By these acts of vomiting loops of intestine were forced into the pseudo-ligament between the liver and diaphragm, and hence internal strangulation. This was the rarest form of hernia, and had only been once before observed by Leichtenstern, and had been described by him as unique. Clinically it had been impossible to distinguish whether the loops of intestine had their seat above or below the diaphragm.

### IMMEDIATE SUTURE OF VESICAL FISTULÆ.

In the *D. Med. Zeit.* is a reference to a paper on this subject by Dr. Stankiewicz. For a long time in cases of vesico-vaginal fistula he had been in the habit of suturing the bladder and the vagina separately. Proceeding from his own observations that wounds of the vagina, made in colpotomy for instance, healed very rapidly, he at first paid greater attention to the vaginal suture, and took the greatest care in bringing the edges of the wound accurately together. Later on, however, he satisfied himself by observation that the walls of the bladder itself possessed the property of rapid healing, even if not to a great degree than those of the vagina, certainly not in a lesser. Further observation showed him that for closure of a vesical fistula accurate suture of the bladder walls alone was sufficient to effect the object, and that the vagina could be disregarded. In confirmation of this the author gives a number of illustrative cases, in which he has recently operated in this way with success.

### PROTECTION AGAINST INFECTION DURING LABOUR

Prof. Doderlein (*Berl. Klin. Wochensch.*, 50/98) convinced of the difficulty of always thoroughly disinfecting the hands of students about to examine a parturient woman, he attempted the use of the india-rubber glove of Friedreich. Since May of last year 200 parturient women have been examined by students, some of them as often as 30 or 40 times, and the experience gained has been in favour of the new method. The examining glove affords a protection against germs clinging to the hands, that cannot be assured by the most rigorous and careful disinfection, with the ungloved hand. The Professor intends publishing a further contribution on the subject shortly.

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## Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, March 18th 1899.

### HYDROPATHY AND MALARIA.

**WINTERNITZ**, who is Professor of Hydropathy in the Vienna Faculty, has laboured assiduously for years past to place his department on a firm, reasonable basis. All the diseases human flesh is heir to have been tried in succession, and the results noted with scientific accuracy in order that the principle of hydropathy may be generally accepted as a complete form of treatment and not a mere adjunct as it is at the present time in many countries. With this object in view Winternitz has taken different forms of disease *seriatim*; the latest being malaria which he confesses is not always amenable to the "water treatment." It seems from his history of this method of treatment that Currie and Glannini were the first to practise this curative form of water application, which was administered by them by pouring water over the patient in the form of a douche. The latter records several cases of malaria he cured by dipping the patient in the water. Later Priessnitz treated malaria in a similar manner with equal success. After him Fischof treated 34 severe cases of pernicious malaria with only one failure, or 2·941 per cent. He administered sitz baths before the fever commenced.

Fleury seems to have added the largest number of success to our literature. He administered the cold bath from a quarter to half an hour before the febrile attack commenced at 12 degs. to 14 degs. Cent., 43·6 degs. to 47·2 degs. Fahr. This was applied as a douche passing through an aperture of 3 centimetres or 1·18 of inch. He treated 117 recent and chronic cases with quinine with very little benefit as he affirms in his writings. In 114 of these cases, after they had reached the malarial cachectic state, he commenced the hydriotic treatment with perfect success. Fleury had many imitators and opponents in his time, but was never induced to return to quinine for the treatment of malaria. Since 1859 the hydrotherapy has had many adherents. Winternitz reported several malarial cases in the *Wiener Medizin Presse*, of 1865, which he had treated successfully, while Mosler records others in the *Wiener Medizin Wochenschrift* for 1873, with equal beneficial results. Since that time Winternitz tells us he has treated 261 cases of quotidian, tertiary and quartan fever, associated with the cachectic malaria, with 61 per cent. perfectly cured, and 39 per cent. improved. In acute tertian he had not 3 per cent. which were not permanently cured. In the whole literature 600 cases are recorded, with few failures.

Winternitz put before his class a case of acute tertian fever, which he said had been a failure under hydrotherapy. He is now inclined to believe the former cases were not correctly diagnosed, and were not genuine tertian malaria.

An example of a failure is given where quinine rapidly did what water would not.

He concludes very logically with the assertion that the water treatment raises the organic functions, increases development, and fortifies the natural defence of the body in warding off infection, while the antizymotic action is doubtless possessed by quinine by transforming the metabolism.

### Hyperidrosis.

Kaposi exhibited a youth, æt. 15, who had suffered from partial hyperidrosis from childhood. When an infant the point of the nose was often covered with beads of perspiration.

As years passed this extended to the lips, ears, chin, and neck, as well as the flexor and extensor portions of the extremities. The anterior and posterior surfaces of the thorax as far down as the sixth rib are affected. During the last seven years the invasion has been low and circumscribed to small areas on various parts of the body.

The perspiration could be induced by a drink of cold water, while work or warm weather would check it.

The internal organs were perfectly normal but the nose, ears, fingers, &c., had a decided cyanotic appearance; and with the exception of a kyphoscoliosis appeared to feel perfectly well.

A peculiarity in this case was the irregular occurrence. The perspiration did not commence simultaneously on the nose, chin, and extremities, but rather in the order of citation.

Pilocarpin produced general idiosis; but if one arm was "ligatured" no sweating took place in that member till it was relieved, when immediately colossal drops of perspiration would appear. Atropin had the power of counteracting the effects of the pilocarpin.

Physiologically the sudatory secretion depends on two factors — vascular congestion and nerve influence. Psychical influences, such as fright and emotion are long known causes, but it is to Claude Bernard and Stricker our later anatomical knowledge is derived that the secretory nerves have their origin in the large ganglia of the cord. Injuring a mixed nerve will paralyse motor, sensory, and secretory action. Injury to the intervertebral ganglia will produce herpes to the spine or brain migraine, &c. In the same manner hemieplegic hyperidrosis is produced. The most common form, however, is the acro-hyperidrosis occurring in people with a low vascular tonus, such as the hands and feet. These usually have cold hands, dark red ears and nose.

In the case before us it is bilateral, and from the test with pilocarpin, central. In conjunction with scoliosis and other progressive symptoms, it may be diagnosed as hydromyelia in origin.

## The Operating Theatres.

### GUY'S HOSPITAL.

Operation for Congenital Hypertrophy of the Tongue.—Mr. Arbuthnot Lane operated on a boy, æt. 14, who had a very large tongue which protruded between his teeth, affecting his appearance and speech very prejudicially. Owing to all the air passing habitually through the mouth on account of its being constantly open the speech was rendered still more indistinct, and there was a constant discharge from the anterior nares which kept the upper lip in a very inflamed and hypertrophied condition. Excepting that the tongue was exceptionally large, it appeared and felt perfectly normal, and it had borne the same relationship to the surrounding parts since birth. A long triangular area having its base anteriorly was removed from the tongue, sufficient of the organ being left to represent its normal size and form. The triangular piece, which comprised the whole thickness of the organ, was cut out by means of sharp-pointed scissors, the raw surfaces of the lateral flaps being brought accurately into apposition by fishing gut and horsehair sutures.

It is interesting to note that the edges of the wound united so accurately that within a few days no evidence of any operation remained. The child had not learnt to control the new organs by the time he left the hospital, yet his speech was much more distinct than it had been previously to the operation, and he kept his mouth shut and breathed comfortably through his nose; the discharge from the anterior nares had ceased, and the upper lip had acquired its normal form and relationship to the lower. The stuttering from which the boy suffered originally, and which, as in stuttering generally, Mr. Lane said was due to a very imperfect respiratory capacity, is being steadily cured by exercises which increase the amount of air changed habitually by the patient.

Operation for So-called Pott's Fracture.—The same surgeon operated on a young artilleryman, æt. 24, in whom the fibula had been fractured about an inch and a half above the tibio-fibular articulation, and the nner malleolus had been broken through its base and dislocated outwards. The accident occurred in June, 1898, and he was invalided out of the service in January, 1899, as being physically unfit to perform his duties. He was quite unable to follow any occupation because of the pain he suffered in his foot and ankle when he walked, when the parts swelled up very much. Owing to the displacement of the tibial and fibular fragments the astragalus was rotated considerably round a vertical axis, so that its general direction was from behind, forwards and outwards. The tibial fragment was exposed and separated from its connection with the articular surface of the tibia; the fibular junction was also defined and cut through obliquely in a direction running from behind, downwards, forwards, and inwards in order to render it possible to rotate the lower fragment around an axis corresponding to the tibio-fibular articulation, so that the malleolus was brought forwards into its normal relationship with the rest of the foot; it was then retained there by wiring the fibular fragments together in their new position. Mr. Lane pointed out that in the forcible abduction of the foot upon the astragalus the external malleolus represents the fulcrum of a lever of the first order, the interval between it and the great toe forming the long-arm, and the force exerted upon it is in such a direction as to tend to drive its lower extremity backwards. When the fibula breaks this tendency becomes an actuality, and while the tip of the malleolus is driven backwards and outwards the upper extremity of the lower fibular fragment is displaced forwards and inwards. It is because of this mechanical arrangement that such an adduction of the foot as is permitted by such an apparatus as Dupuytren's, or any other similar splint, serves no practical purpose in restoring the fibular fragments to their normal relationship to one another; there is, he said, no means by which force can be exerted on the external malleolus in a direction the reverse of that which is brought to bear upon it in the forcible and excessive abduction that produces Pott's fracture. It is on this account, he believes, that it is impossible to restore the fibula to its original form by any procedure other than operative. This, of course, he remarked, was purely a matter of personal experience, since there are many surgeons who assert without the slightest hesitation that they are able to restore the fragments to their normal relationship by manipulation and splints. He would like very much to know how this was done, as a large number of cases, some of which had been treated by surgeons of great experience, had come under his observation, but in these he was unable to find that the parts had been restored to their normal condition. The so-called Pott's fracture, he pointed out, differed in its mechanics from fracture of long bones generally, in that the resistance offered by ties shortened in their length by hæmorrhage and inflammation does not play an important part, the obstacle to the restoration existing in the fact that it is impossible to bring force to bear on the inner fragment in such a direction as to correct its displacement.

It is interesting to note that the progress of the case two weeks after operation is most satisfactory.

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Professor Struthers, whose death we recently recorded, has, we understand, left a bequest of £500 to the Glasgow University for Bursary purposes.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 22, 1899.

## THE PATHOLOGICAL STATUS OF THE GENUS BACILLUS.

In the warfare against disease-producing organisms, we must assuredly not lose sight of the fact that they are, after all, but one factor in the production of disease; the other, and possibly the more important factor, being the impairment of vitality, constitutional or induced, permanent or ephemeral, which deprives the organism of the power of defending itself against the ubiquitous foe. There is indeed a danger lest, in studying the means of destroying the organism recognised to be intimately and constantly associated with this or that disease, we may overlook the importance of arming the organism against the enemy, instead of merely slaying a few marauders. Moreover, a very small amount of experience is sufficient to show the practical impossibility of warding off a foe who lies in wait in every article of food, in every puff of wind, in every contact with the outside world. Unless the defenders are well organised, well provisioned, and fully equipped, the enemy will sooner or later gain a footing. The serum treatment from this point of view holds out vastly greater promise of a successful intervention than any system based on the employment of antiseptics, which of necessity must prove useless once the enemy has forced an entry. Serum-therapy has for object to impart to the organism an immunity or a capacity for resistance which it does not possess or has forfeited; in other words, it acts by rendering that organism an unsuitable milieu for the development of the particular microbe. This may be done without detriment to the organism itself, whereas antiseptics, to be of service, must be given in such doses that the hypothetical benefit which they confer in one direction is more than compensated by the effects produced on the organism which they are intended to protect. But, it is urged, would it not be better to cultivate the natural means of defence rather than concentrate our attention on the enemy? This is precisely what the serum treatment does, and the method of treatment of feeding and reinforcing the defensive cells of the organism forms part of our every-day armamentarium. Certain individuals are born with a natural predisposition to particular diseases; in other words certain of their tissues do not possess the normal standard of resistance. If by serum-therapy we can remedy this constitutional defect, who will venture to affirm that we have not gained a march on the enemy? Therapeusis is essentially a biological rather than a chemical science. We cannot defend those who are utterly unable to defend themselves, though greater vigilance may, under certain circumstances, make up for inferiority of strength. If a person with weak lungs can be placed in surroundings free, as far as possible, from the means of infection, the predisposition remains a predisposition, and never becomes an infection. While, therefore, we may concede that the rehabilitation of the organism itself would, if practicable, be a more certain means of defence than the destruction of the attacking microbe, we must fully recognise that in proportion as we reduce the chances of an attack we increase the chances of escape of the organism in the unequal struggle. In the matter of tuberculosis this view is steadily gaining ground. The present movement for the prevention of tuberculosis has a double object—first, to place the threatened organism under conditions calculated to stimulate and organise its powers of resistance, and secondly, to prevent the dissemination of the *materies morbi*. The progress already effected in safeguarding the purity, or failing that in the sterilisation, of articles of food, is incontestable evidence of our ability to circumvent the spread of this particular disease. While we by no means despise curative treatment, we must remember that treatment saves individuals, while prevention spares thousands. The serum treatment of diphtheria, for example, may reduce the case mortality, but until we can discover a means of preventing the spread of infection, we shall continue to register a large annual mortality from this cause. Beyond the fact that diphtheria is readily conveyed from one individual to another, we know little or nothing of the conditions which favour its spread, and it follows that, in spite of an improved and more successful treatment, it still ravages our youthful population.

## MODERN SURGERY IN INDIA.

It is certain that not the least of the beneficent advantages resulting from our rule in India is the relief afforded to the suffering natives by the practice of modern surgery to which the well trained and able officers of the Indian Medical Service are able to give effect. India, of course, is a huge country with a teeming population, the medical needs of which are almost entirely provided for by this department, and when we come to consider the statistics detailing the number of surgical operations performed upon the inhabitants in the course of a year, it is impossible to avoid being impressed with the stupendous nature of the work undertaken, and of the enormous amount of relief which must thus be afforded. In a recent number of the *Indian Medical Gazette* some figures appeared having reference to the work done in the Indian hospitals during 1897. The hospitals are of three classes, (1) State hospitals and charitable dispensaries, (2) local fund institutions, (3) private institutions. In 1897, throughout India, the number of patients treated in all the charitable institutions, numbering 2,055, reached the enormous total of 18,356,962. These figures are almost incredible, that is to say, even imagination almost fails to help us in understanding the magnitude of such a work Again the figures which relate to the number of surgical operations performed in certain of the provinces are scarcely less remarkable. For example we learn that in the Punjab 173,808 operations were performed in that province upon 171,419 patients, of whom no less than 164,164 were cured, and only 296 died. Of these, 4,671 were for cataract, among which the percentage of success was 85·94. Again included among the operations were 1,811 for stone, of which 1,521 consisted of litholapaxy, with a mortality of 3·3 per cent.—a most excellent record. Lateral lithotomy was performed 249 times, and supra-pubic lithotomy upon only nine occasions. Furthermore, in Madras the surgical operations numbered 150,766, on 145,528 persons of whom 93·16 per cent. were cured, 5·52 temporarily relieved, and only 0·13 died. Included among these the operations for cataract and stone were remarkably few in comparison with those in the Punjab. Lastly in Bengal, excluding Calcutta, the surgical operations amounted to 135,505, with the result that 125,454 of the patients were cured, 6,542 relieved, 1,880 otherwise discharged and 216 died. The number of cataract extractions performed was 2,718 of which 2,206 were successful, 248 relieved, and 296 were failures A point of some interest is that 97 of the major operations in Bengal were performed by women practitioners, one of them being a native. These operations included 17 removals of tumours, 9 operations on bones, 1 amputation of the leg, and 48 extractions of the lens. We think we have now said enough to show what modern surgery is doing for the natives of our Indian dependency. Not only is relief being given to millions every year, and thousands upon thousands of lives saved by the aid of surgery, but every effort is made to educate natives, desirous of becoming medical men, up to the standard of proficiency required in the medical schools in Europe. Thus the native population in Indian have every reason for being grateful for the English rule, so far as these beneficent results are concerned. Nothing is more humanising than to relieve physical suffering, and nothing is likely to have such wide-spreading good effects.

## ARMY MEDICAL AND PENAL ADMINISTRATION.

The unfortunate death of a young soldier in Ireland has been under discussion in the House of Commons, where it can hardly have failed to open the eyes of legislators to the absolute need of reform in various directions more or less directly concerned with medical administration. The facts of the case, briefly summarised, are that a young trooper, recently enrolled in the 21st Lancers at Ballincollig barracks, had been punished for various consecutive minor military offences, and was pronounced to be fit for duty by the barracks surgeon, whereupon he was promptly sentenced to shot-drill and a further three days' imprisonment, but within two or three of that sentence he died. The unfortunate youth had a clot in the left ventricle, and appears to have been suffering from dysentery, a condition that was aggravated by enforced activity, want of proper medical treatment, and the starvation diet which this enlightened age still mortifies the flesh and enfeebles the will of transgressors. There can be little doubt that this unhappy soldier was practically dying all the while he was undergoing such senseless penalties as low diet, cells, and shot-drill, and that his technical offences were almost certainly the outcome of his physical condition. That being so, it becomes a matter of importance to make some inquiry into the administrative system that admits of the possibility of such barbarous accidents So far as can be gathered from the reply of the Secretary for War, his chief palliative argument was that the deceased might have been sentenced to seven instead of three days imprisonment had his colonel not been mercifully inclined, and that the existing system was to blame for the low diet. It is to be hoped that the matter will not be set at rest by such meagre and unsatisfactory answers as those accorded by Mr. Wyndham, and that Parliament will lose no time in over-hauling both the penal system and the medical administration that could admit the possibility of such an occurrence as that reported from Ballincollig. As to the prison diet, it is simply indefensible to punish a man by depriving him of food, no less than it is unwise to goad him to despair by the imposition of shot-drill and other useless and degrading punishments. In a word, the aim of those responsible for military discipline should be to substitute rational and minimised sentences for the present excessive punishments, in many cases administered in civilian prisons. As to the medical aspect of the question, it was elicited in the House of Commons that the name of the local surgeon who declared the deceased to have been malingering was not to be found in either the *Medical Register* or the *Medical Directory*. The certificate, therefore, must have been granted presumably by an unregistered, if not by an unqualified, practitioner. The Government have incurred a grave responsibility if they have entrusted the care of Her Majesty's troops to a man not on the *Register*, as averred by a medical member of Parliament. It is to be hoped that this incident will not be lost sight of when the Commons are invited to consider the new Medical Act, which has been for so long a time looming over the professional horizon. To detect malingering is an art that requires long practice, failing which the neophyte is apt to fall at any moment into errors that simply mean playing fast and loose with death. Hence the necessity for the Medical Officer engaged in the public services to be most wary in acting upon mere suspicion of that offence. Moreover, a confirmed malingerer may be overtaken with actual disease, and it is obvious enough that such symptoms as diarrhœa and a weak pulse require treatment, even when the result of the man's own machinations. In another case last week, where a recruit dropped dead on parade at Windsor, the condition of deceased's heart had been recognised by the brigade surgeon, who noted that it was in an irritable condition, and placed him under observation as a "special" recruit. Here, at any rate, the state of affairs was noted and precautions taken, so that the unfortunate issue may reasonably be regarded as unavoidable. With such facts as those we have discussed in this article before us, it can hardly be claimed by the War Office that the powers and administration of the Army Medical Department and the penal system enforced in the British Army are above reproach.

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## Notes on Current Topics.

### Fabrication of Vaccination Certificates.

The trial and acquittal at Inverness of a medical practitioner on the charge of fabricating vaccination certificates has excited considerable interest in Scotland. It appears that while the accused was acting as medical officer of health for South Uist he transmitted to the registrar sixteen certificates of "successful vaccination," without having ascertained that the operation had been successful. The registrars, gifted with unusual prescience, had, however, only inscribed "vaccination," without the qualifying adjective, in their books. The whole evidence leaves a somewhat curious impression on the mind. The two medical witnesses for the prosecution agreed that there was no sign that the sixteen persons in question had been successfully vaccinated; they also admitted that they were unacquainted with the effects of pin-point vaccination. One of them thought that there ought to be some sort of a mark in consequence; the other said that it was quite possible to have successful vaccination leaving no trace behind it. For the defence, no less than six medical practitioners stated that they were in the habit of granting certificates of successful vaccination without seeing the patients, and solely on information from any "reliable person" that the operation had been successful. The case of the defendant appears really to have been a hard one. About the time that the alleged offences were committed he was acting as medical officer of health for the whole island, over thirty-six miles long, with a population of nearly 6,000. A virulent outbreak of typhus took place, and according to the notorious custom of the western islander in the presence of epidemic disease, the inhabitants expected the doctor to perform some of the duties of an undertaker and nurse in addition to his proper functions. He was apparently over-worked, as only a country doctor is, and was highly complimented by the Local Government Board, while the local authorities were severely censured by the same body. According to his own evidence, the defendant ordered a school to be closed, exciting the intolerant wrath of the Bumbles of the district and leading immediately afterwards to his being relieved of his duties. A further point of interest is the fact that the warrant for his apprehension was granted by one of the medical witnesses for the prosecution—also an Honorary Sheriff substitute. It seems hard that the defendant should not only have been compelled to make four journeys at his own expense in connection with the case, but that he should also have been confined for two nights in the cells, to receive the somewhat tardy satisfaction of a unanimous acquittal by the jury (the jury has our respect) after an absence of *three* minutes, with the recommendation that all his expenses should be paid.

### The Middlesex Hospital Medical School.

WEDNESDAY of last week was a red-letter day in the history of the medical school attached to the Middlesex Hospital, when a conversazione was held on the premises to celebrate some important additions to the educational facilities offered by this well-known school. The new buildings consist of two blocks—the Gordon block and the Union Street block. The former comprises the large lecture theatre and the bacteriological research laboratory, the museum, the chemical department, with its appurtenances and dependencies, the pathological and bacteriological laboratories, the operative surgery theatre, and the dissecting room. The Union Street block comprises two physiological laboratories and several class rooms. The fittings and appliances throughout are thoroughly up to date, and reflect great credit on those responsible for the organisation of the details. A very large number of guests, lay and medical, put in an appearance during the evening, and many objects of interest awaited their inspection. Skiagraphy was well to the fore, and the exhibit of course comprised Dr. Mackenzie Davidson's ingenious apparatus for the localisation of objects. There was a large and varied series of museum specimens prepared by Dr. Voelcker by the Kaiserling method, and, further on, some very interesting microscopical specimens of yeast tumour, mycosis of the lung, &c. The band of the Royal Artillery discoursed sweet music in the museum during the evening, and altogether a very pleasant and instructive evening was spent. The excellence of the arrangements thus placed at the disposal of Middlesex students cannot fail to enhance the popularity of the school.

### The Resignation of the Staff of the Seamen's Hospital.

THE announcement of the resignation of the medical staff of the Seamen's Hospital, at Greenwich, can scarcely be a matter of surprise to those who have followed the course of events in connection with the scheme of a Tropical School of Medicine for London. As a dignified protest against the rude and unwarranted treatment meted out to them by the lay authorities of the charity which they served, these resignations are both timely and natural. Moreover, in so doing, the staff have vindicated their honour both as gentlemen and members of the profession to which they belong. However, we fear that not much more has been attained. What do lay committees care for the susceptibilities of the medical staff attached to hospitals. It is well-known beforehand that, quite regardless of the circumstances, any vacancies upon hospital staffs which may be declared can be speedily filled. We do not doubt for a moment that this will be the case at the Seamen's Hospital. Even, perhaps, this committee counted upon their staff resigning when the full scheme of the proposed Tropical School was made known. At all events, it is quite certain that the staff in removing themselves have unavoidably played into the hands of the committee, for now the promoters of the Tropical School will have a free hand to make use of the *Dreadnought* Hospital in the furtherance of their scheme. Developments in this direction may now be expected. In marked contrast, however, to the reception of the proposal to found a Tropical School of Medicine in London is that accorded to a similar enterprise in Liverpool. In Liverpool the medical profession has taken the matter up most warmly, and with this stimulus to urge them on, the public have liberally responded. With the exposure, however, of the treatment accorded to the staff of the *Dreadnought* before them, we doubt whether the profession in London will ever give their support to the scheme, respecting which Mr. Chamberlain has so signally failed to accept good advice.

### The Chloroform-Burglar Bogey.

LAST week our old friend the burglar of scientific craft who lulls his sleeping victims into anæsthetic silence came boldly to the front in the Metropolis itself. Possibly the enterprising writer, feeling that the provinces had received sufficient notice, turned his attention to the great still unworked centre of civilisation and of enterprising journalism. At any rate he did not do the thing by halves, for he placed the chloroformist boldly in the midst of a medical man's household. With circumstantial detail his narrative told how the servant going downstairs in the early morning found the place ransacked, and the doctor's trousers lying at the foot of the stairs. The maid then tried to rouse her master and mistress, but failed, and on entering the room, found them both suffering from the effects of chloroform. The theory is that the burglars got a bottle of chloroform from the surgery and saturated a handkerchief, which they thrust beneath the door. The idea of being able to saturate the lower part of a room with this heavy anæsthetic vapour to the level of the sleepers in a bed by means of a single handkerchief and an ordinary stock bottle of chloroform is too ridiculous to discuss. This view we should be prepared to defend in the face of all comers. Meanwhile, should the story be maintained, we shall have the greatest pleasure in investigating the matter to its furthest confine. For us, this bogey of the burglar-chloroformist has always had a curious attraction, shedding as it does a halo of romance around an otherwise sordid calling. Possibly it may find now and then a rare use by way of veiled advertisement. Man is a curiously cunning animal in some of his intellectual developments.

### Foreign and Colonial Graduates, Beware!

There is a Bill now before Parliament which, although it has attracted but little public attention, will affect very materially the interests of Colonial and Foreign graduates in medicine. Its short title is the "University Degrees Act, 1899." It is backed by, among others, Sir John Lubbock, Sir William Priestley, and Dr. Farquharson. Its provisions are of an extremely stringent nature, and it is enacted that any foreign graduate who writes M.D. after his name, or who is responsible for the attachment of M.D. to his name, and who does not place and clearly indicate after such degree the source from which it has been received, shall be liable to be summoned before a court of summary justice and subjected to fine and various other penalties. No exception is made in the case of practitioners who are otherwise fully qualified in this country, and even the fact of the M.D. being registered as an additional qualification affords no protection. There are among us many men of good standing both in London and in the Provinces who have taken or have had conferred on them foreign degrees in medicine or science. Should this Act become law, and it is being pushed on very actively, such men as Sir Hermann Weber, Sir Walter Foster, Sir Felix Semon, and Dr. Dreschfeld, of Manchester, not to mention others, would be liable to prosecution simply for writing M.D. after their names. It is proposed that the Act shall come into force on the first of January next, and it will be retrospective in the sense that it will apply equally to graduates who took their additional qualification twenty or thirty years ago, and who have always used their M.D. both in public and private without interference. The Act is probably directed primarily against unqualified practitioners, and in that respect is commendable, but it is certainly very drastic and may easily be made the means of attacking the privileges of practitioners who have done nothing to deserve such treatment. It either goes too far or not far enough. If, for example, Sir Hermann Weber is to be rendered liable to prosecution for neglecting to inform the public that he is a graduate of the University of Bonn, why should not Sir William Priestley or Dr. Farquharson be equally summarily dealt with for failing to indicate that their M.D.'s are of Scotch extraction? The University Degrees Bill was moved last week, but from accidental circumstances its second reading was postponed till a later day. It is understood that many medical graduates of colonial and foreign universities have written to members of Parliament with whom they are acquainted, urging their objections, and there is no doubt that there would have been a very determined opposition had the provisions of the proposed Act been more clearly understood.

### The Petroleum Bill.

Mr. Reckett's Bill for raising the flash point of petroleum to 100° F. was lost by a majority of eighty-five in the House of Commons last week, and the impression seems to be that this result was largely due to a statement by Mr. Healy, who remarked that the passing of the Bill would merely mean a change of the Petroleum trade from Rockefeller of New York, to Rothschild of Paris. There is no doubt that the whole question is being discussed not from the point of view of the public safety, but from that of the manufacturer. The struggle is one for trade supremacy—nothing more. The unanswerable fact remains that the American oil with the 73° F. flash point now sold in this country, is prohibited from being offered for sale in America. That is to say public safety in the United States is clearly considered to be of more moment than appears to be the case in England. The fact that the resolution to raise the flash point to 100° F. was only carried by a majority of one on the Petroleum Committee is quite immaterial. For some months now a current of public opinion has been gathering in favour of raising the flash point, and it would be best were the Government, despite Mr. Jesse Collings, to bear this fact in mind. Whatever the promise of the Government Bill may be, so far as its clauses relating to the construction of lamps are concerned, it is imperative that it should contain a clause raising the flash point to 100 deg. F.

### The Phosphorus Report.

We are now in possession of the report of the Commission of experts appointed by the Government to inquire into the use of yellow phosphorus in the manufacture of matches. So far as the experts deal with scientific facts we are prepared to lend them our ears, but in other respects their utterances do not necessarily command respect. They do not deny the existence of "phossy jaw," but the tenour of the report is that its occurrence is mainly due to faulty methods of manufacture. This may be so though we have our doubts on this point, but the *onus probandi* in any case lies with the manufacturers. If adequate precautionary measures are of themselves sufficient to eradicate this disease from our midst it is impossible to exonerate the Government from serious responsibility in that these precautions have so long been neglected. It is not a question what manufacturers wish or do not wish nor even what the public desire. If the yellow matches cannot be put on the market without exposing the workpeople to this painful, disabling, and even fatal affection then no Government worthy of the name would hesitate a moment in prohibiting its use. If needed it would be easy to allege many other reasons for discarding the use of matches that will light anywhere, notably the risk of fire, but these concern us not. We do, however, emphatically maintain either that regulations must be made and enforced which will render phossy jaw impossible, or else that the public must put up with the so-called safety matches· We trust as this is not a party question that our legislators will see that effective action is taken to improve this old standing scandal out of existence.

### Medical Officers of Health and Tuberculosis.

As may be expected, the subject of the prevention of tuberculosis has aroused the enthusiastic attention of Medical Officers of Health throughout the United Kingdom. In many places, as for instance, at West Derby, the guardians have provided accommodation for phthisical patients in separate and special wards. They have not yet determined, however, upon the erection of hospitals for tuberculous persons above the Poor-law classes. The report of Dr. Felix Jones to the Llanfyllin Rural District may be taken as the type of scores that are being issued daily in all parts of the country. It emphasises the curability of the malady, and describes the precautions necessary to prevent the spread of its specific infection. In short, it demonstrates for the behoof of the local populace how the preventible is to be prevented. All this energy cannot fail to be most reassuring to the apostles of public health, but it is to be hoped that they will not stop at the merely palliative measure of isolating and curing human beings, or as many of them as prove amenable to the latter attempt. What is needed to make good the logical claim of prevention is to attack the disease in the lower animals, especially those that contribute to the food of man. To regulate the butchers and the dairies, however, means an interference with vested interests, so that there will probably be time to discuss and investigate the matter at leisure.

### A Declining Birth Rate.

FOR the last ten years the Registrar-General's returns have shown a perceptible decline in the birth rate in this country. In the first years of that period the rate never fell below 30 per 1,000 of the population; twice it rose to something over 31. In the last five years it has reached 30 per 1,000 only once, while last year (1898) it touched the lowest figure in the decennial period, namely, 29·4. From an Imperial point of view a declining birth rate is not a matter which can be complacently regarded by us as a nation, despite the fact that the shrinkage in number so far is not great. Nevertheless, we have the experience of our neighbours on the other side of the channel to prove that as soon as the birth rate of a nation steadily begins to decline, it goes on declining at a rate which nothing can stop. Had the birth rate of last year been equal even to that of the five last years before it, the births in England and Wales would have exceeded the deaths by 371,530; as it was the excess was only 370,833. In this connection, however, it is not a little significant to learn that while the birth rate has declined the marriage rate has almost as steadily increased, so much so that in the Jubilee year, 1897, it touched the highest figure in ten years—namely, 16·0. These are facts and figures which, taken by themselves, do not perhaps convey much meaning to the ordinary individual, but their significance nevertheless cannot be overlooked. In truth, the Registrar-General's returns show that while in 1897 more persons entered upon matrimony than had been the case for the past ten years, in 1898 the birth rate was the lowest recorded for the same decennial period. Our readers may draw what conclusions they please as to these facts, but it would be difficult to explain them in accordance with natural laws.

### Life on a Rubbish Heap.

As we all know, a vast amount of sickness comes about in a mysterious manner, that is to say, no man knows whence it cometh. To discuss this subject would require a treatise, more or less, but there is one particular item that may be adverted to with the full and certain hope of instructiveness to be gathered therefrom. That detail is nothing more than the modern dwelling which is built upon "made" ground, the substance whereof has been built up by the slow increment of cartloads of ashes, rubble, manure, dust, dead cats, mud, ashes, and the rest of the multifurious abradacadabra of house refuse. The result of building on such a foundation is that the body of the house, when heated, draws up all the ground air, laden with noxious effluvia, and possibly with pathogenic bacteria. Of course, the provision of perfectly sound, impermeable concrete under the whole house would prevent the main part of the mischief. But how many suburban houses are thus provided? Not long ago the present writer, out of curiosity, went over some houses in the course of erection, the rent of them being from £70 to £80 per annum. The damp-proof courses were made of a kind of tarred paper, and the garden level was raised by a tight packing of wet clay, while the foundation of the hall space—that is to say, a long passage running through the house—was filled up with the same material. In that case life on a mud-bank was substituted for that on a dust-heap, which we began by contemplating. By all means, let intending purchasers or tenants inquire carefully into the history of the sites of the houses in view, and let them have a skilled inspection made by a competent surveyor.

THE treasurer of St. Thomas's Hospital, London, has received an anonymous donation of £1,000 for the endowment of a bed, to be called the "Tom Hughes Bed," in memory of Mr. T. Hughes, Q.C., author of "Tom Brown's Schooldays."

### Heat in Hæmoptysis.

THE literature of hæmoptysis is voluminous, a remark that applies to a number of equally urgent symptomatic emergencies, but it has hardly yet attained the dignity of an exact and trustworthy therapeutic gospel. In other words, the logical chain has been weak in one or more of its links, and has not withstood the stream of practical experience. To take an illustration of the lack of knowledge of principle that underlies many of the physician's procedures, take that of the application of cold to the chest, a step that has been time out of mind the sheet-anchor of the medical attendant. What more simple, what more reassuring to the patient and his friends, and we may now add in the light of modern wisdom what more ridiculous and ineffectual measure could be undertaken? Any candid medical practitioner who has had a fairly wide experience of hæmoptysis will probably admit at once that he can do little in severe cases even in the way of palliation. The stock remedies are gallic acid, styptics and ergot internally, with hypodermic injections of morphia, rest and the external application of ice. Sooth to say, it is not unlikely that we hitherto have all been wrong, and the proper thing is an application to the chest as hot as the patient can bear it. At any rate, many practical men do not hesitate to say that ice never yet stopped a bad hæmoptysis. As the point is one of considerable interest and importance, some of our readers might be good enough to favour us with their particular views and experiences upon the subject.

### The Parkes Memorial Prize.

THE subject for the next Parkes Memorial Prize, which is open to Medical Officers of the Royal Navy, Army, and Indian Medical Services of executive rank on full pay (with the exception of the Assistant Professors of the Army Medical School during their term of office) is "Venereal Diseases in the British and Indian Armies: their Prevalence and Prevention." Essays, which must be illustrated as far as practicable from the personal experience of the writer, must be sent to the Secretary of the Parkes Memorial Fund, Royal Victoria Hospital, Calcutta, on or before December 31st, 1900. Each essay to have a motto and to be accompanied by a sealed envelope bearing the same motto, and containing the name of the competitor.

### The Death of Major Evans, I.M.S.

WE regret to have to record the death of Major Evans, I.M.S., which occured on the 15th instant, at Calcutta. According to a telegram through Reuter's agency, he died from plague, contracted, it is believed, through making a post-mortem examination upon a plague patient. Dr. Evans was Professor of Pathology at the Calcutta Medical College, and his loss will make a great gap in the teaching staff thereof. He was, moreover, engaged upon some important investigations regarding the disease to which he has just fallen an untimely victim Thus another valuable life has been sacrificed in the cause of science and of the public good—and last, but not least—at the post of duty.

### Secret Commissions.

THERE is no calling or profession in which the demoralising influence of secret commissions may not hypothetically make itself felt, and even in the medical profession it behoves us to be on our guard against the insidious practices complained of. Fortunately there is not much scope in medical practice for direct bribery of the kind with which the recent inquiry has made us familiar, but there are indirect ways in which, nevertheless, medical men might conceivably be interested in articles of commerce to the detriment of their professional honesty, such, for example, as the holding of shares in companies engaged in the manufacture of proprietary preparations and products, or of the thousand and one things which they might be tempted to recommend on other than strictly professional grounds. We do not believe, however, that even this attenuated and indirect form of corruption does, or has ever obtained in the ranks of the profession, and any obvious breach of this article of the unwritten code of ethics would entail upon the sinner social ostracism and professional ruin.

### The New Polyclinic in London.

WE understand that matters are by no means going smoothly among the powers that be at the New Polyclinic, in Chenies Street, W.C. It is the same old story, a striving after the position, to use a vulgar expression, of "boss of the show." Thus two camps have been formed, one represented by a well-known surgeon, and the other by a specialist, and a struggle is now going on for the mastership. What the internecine discord will end in can hardly be predicted, but it cannot be good for an infantile organisation, such as that under discussion, to be exposed to the risks and disadvantages of disagreement among those responsible for its up-bringing.

THE Clinical Research Association, Limited, announces that it is launching out into a department which can only by a great stretch of imagination be connected with clinical research—viz., that of medical agent for the sale of practices and the supply of assistants. So many local authorities and other bodies now offer facilities for bacteriological investigations as a help to diagnosis that the need for such an association daily becomes less, though there must always remain a large, if narrower, sphere of useful activity open to it.

A DRAMATIC representation took place at Cannes last week, under the patronage of Princess Louise, for the benefit of the English hospital there, from which a considerable sum was realised for the charity. A second performance is to be given this week, when the Prince of Wales will be present.

## PERSONAL.

Dr. Thomas Barlow has been selected to fill the vacancy on the University of London Commission, created by the resignation of Sir William Roberts.

Mr. Alexander Anderson, Professor of Natural Philosophy in the Queen's College, Galway, has been appointed President of the College.

Dr. Kinnier, of Saltcoats, having this month completed his jubilee of practice in the town, the townsfolk have resolved to present him with a public testimonial in token of their esteem.

One among the small remnant of Lucknow heroes passed away last week in the person of Deputy-Inspector General Gee, V.C., C.B. He was present at the Relief of Lucknow, under General Havelock, and, on retiring, was made Honorary Surgeon to the Queen.

A report has been extensively circulated in the Midlands that Dr. George Elder, of Nottingham, has retired from practice. We have the authority of Dr. Elder himself that, although he has resigned his appointment as Hon. Surgeon to the Samaritan Hospital for Women, owing to the pressure of professional work, he has no thought of retiring from practice.

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## Scotland.

[FROM OUR OWN CORRESPONDENT.]

The Lord Rector's Address to the Students of Edinburgh University.—Lord Balfour of Burleigh delivered his somewhat belated Rectorial address to the students of Edinburgh University on Tuesday of last week. His term of office is nearing a close, and that chief function, which forms the major part of a Lord Rector's duties, is usually carried out earlier in the day. Lord Balfour was at the same time made the recipient of an honorary degree of LL.D.—the first occasion, we believe, on which a Lord Rector has delivered his address and been capped on the same occasion. The subject of the address was given as "National Character, and the function of the Universities in forming that character, and in preserving, developing, and strengthening it." An able and scholarly exposition of this theme followed, flavoured, excusably enough, by the addition of words in praise of the Universities of Scotland, their democratic characteristics, and the enormous influence they have exerted in the past, and possess at present, over the national thoughts and habits in Scotland.

Winter Session Medical Students.—The number of students attending the different courses in the Medical School of the Royal Colleges of Physicians and Surgeons, Edinburgh, during the closing Winter Session is officially estimated at 1,217. This represents an increase of 133 or 11½ per cent. over last year's figures. The classes end upon March 24th, while the Summer Session opens on May 2nd.

Vacant Chair of Pathology at Glasgow.—For the vacancy there is a large list of candidates, of whom there are some able men. A very strong candidate is Dr. Terry, of Aberdeen; another hails from Queen's College, Belfast.

A testimonial has been got up and numerously signed by the students at Gilmner Hill in favour of Dr. Lewis Sutherland, senior-assistant to the late Professor Coats, and who for the past two years carried on the work of the class. The students are anxious for and greatly desire his appointment to the vacancy.

A subscription list has been opened among the members of the University Union to collect a sum of £20 with a view to placing in the Union buildings some permanent mark of esteem for the late Professor Joseph Coats, who took a very real and lively interest in the management of the Union, and who was its vice-president from 1891 till his death.

Windfall to Glasgow Charities.—The late Mr. James Orr, of Harviestoun and Castle Campbell, has left to the Glasgow Royal Infirmary £2,500, to the Western Infirmary £2,250, Victoria Infirmary £2,000, Quarrier's Homes for Children, Bridge of Weir, £2,000, and to the following £250 each: Deaf and Dumb Institution, Glasgow. West of Scotland Seaside Convalescent Home, Lenzie Convalescent Home, Relief of Incurables, Asylum for the Blind, Glasgow, Maternity Hospital. In fact, to every charitable institution in Glasgow, and their name is legion. The Salvation Army comes in for the largest amount, viz., £5,000; this sum is to be the given to General Booth for the special use of the Salvation Army work in Scotland. A similar sum would have helped the University of Glasgow vastly, but there is no accounting for idiosyncracies. We must smile content for mercies as they come.

Epidemic Typhus at Leith.—Leith is at present suffering from a small epidemic of typhus fever. The outbreak appears to be quite limited, and, though the source of infection has not yet been traced, there seems no reason to suppose that it is in any way connected with the epidemic which visited Edinburgh some months ago. As a sea-port town, with a large immigrant population, Leith is peculiarly liable to outbreaks of infectious disease; smallpox was formerly common, and, up to quite recent times, typhus was almost endemic. It was not until compulsory notification was enforced, and suitable accommodation provided for fever cases, that this reproach was removed from the community.

The Edinburgh (Lothians and Fife) Branch of the British Medical Association held a conjoint meeting with the Dundee Branch, on Friday last, in Edinburgh, at which numerous interesting clinical cases were shown, and demonstrations of special and new appliances, electrical, surgical, &c., given at the Royal Infirmary. The members then dined together, and, as usual, passed a very enjoyable sederunt.

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## Correspondence.

We do not hold ourselves responsible for the opinions of our correspondents.

### SYPHILIS IN THE ARMY, 1812-1898.—LETTER FROM DR. C. R. DRYSDALE.

*To the Editor of* The Medical Press and Circular.

Sir,—I notice that two distinguished physicians, Dr. Ogilvie and Dr. Shaw Mackenzie, have been good enough to refer to a little work of mine on the "Non-Mercurial Treatment of Syphilis," published in 1863; and, as that discussion throws some light upon the severe cases we hear of, of tertiary syphilis at Netley, perhaps I may be permitted to cite the passages from Dr. Fergusson's "Notes and Recollections of a Professional Life," London, 1846, which has attracted the attention of these two able writers.

On page 117 of that work, Fergusson thus wrote:—"Until our experience in the Peninsular war there had been but one opinion among us of its (syphilis) utter incurability without mercury; and if by chance the disease got well without it, we had as little hesitation in declaring that it could not possibly have been syphilis, but some other disease putting on that form"

"On my appointment to be Chief of the Medical Department of the Portuguese Army, in 1810, I found that the native faculty never used mercury for primary symptoms, and very little, if any, for secondary ones; and they obstinately contended for the right and propriety of their conduct. Such infatuation, as I then thought it was, was not to be reasoned with. I applied to the Commander-in-Chief, and obtained the strongest general order that could be penned, ordering the use of mercury in every stage of the venereal disease. Still I was beat. Whenever I could not personally superintend, the remedy was neglected. At first the dislike and horror for the remedy was so great that they would rush from the room when it was applied, and wash it off with soap and water. In fact, I saw that I was playing a losing game, when I could not help myself; yet, at the same time, I could not help acknowledging that the gross consequences I apprehended must have ensued from their preposterous conduct did not follow; and that our soldiers who were mercurialised, I may say, to extremity, often suffered in a lamentable way. Were I now to make a scale of the applicability of mercury, I would say that the tithe of what formerly used to be administered is the proper initiatory quantity in any case until it is ascertained whether it suits the patient's constitution or not; that again, a tithe of that tithe, or a centime, is the allowable preliminary dose in secondary symptoms; for, wonderful to say, it seems to me to have been discovered that mercury was, after all, making its own work, by producing the very appearances of ulceration it was given to eradicate." On page 122 he wrote: "I shall conclude this part of my subject, at present, by stating the incontrovertible fact that the British Army at this moment contains thousands in perfect health, and has contained thousands more, who have been perfectly cured of every stage or state of the syphilitic disease without ever having taken a particle of mercury"

Perhaps some of our present Army Medical Officers may interest themselves in this matter again; for I feel convinced that even yet, both in Aix-la-Chapelle and in London, and in our Army, some "heroic" practitioners still give far more mercury than is sanctioned by experience since Fergusson wrote. The introduction of iodide of potassium by Wallace, in 1836, has done away with all excuse for mercurial treatment in tertiary cases, and I am very sceptical of its use in any stage as a germicide.

I am, Sir, yours truly,
Charles R. Drysdale, M.D.,
Late Phys. Rescue Soc. of Lond.
March 17th, 1899.

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## MEMORANDUM ON PROFESSIONAL SECRECY.

### On the Law of the Obligation of Medical Practitioners with Regard to Professional Secrecy.

There are two aspects of the question of the professional secrecy of medical practitioners—namely, first, whether a medical man can be made to divulge professional confidence in a court of law; and, secondly, whether he may under any circumstances be permitted to divulge professional confidences in the intercourse of daily life.

(1) As regards the first question, it is settled law that a medical man cannot claim the privilege, to which lawyers have been held to be entitled, of refusing to disclose matters communicated to them professionally. "A surgeon has no privilege, where it is a material question in a civil or criminal cause to know whether parties were married, or whether a child was born, to say that his introduction to the parties was in the course of his profession, and in that way he came to the knowledge of it. If a surgeon was voluntarily to reveal these secrets, to be sure he would be guilty of a breach of honour and of great indiscretion; but to give that information in a court of justice, which by the law of the land he is bound to do, will never be imputed to him as any indiscretion whatever"—per Lord Mansfield in the Duchess of Kingston's case, 20 *S. T.* p. 573. The same position is recognised by Buller, J., in Wilson *v.* Rastall, 4 *T. R.*, p. 760, where he says: "There are cases to which it is much to be lamented that the law of privilege is not extended; those in which medical persons are obliged to disclose the information which they acquire by attending in their professional characters;" and similarly in a later case Lord Chancellor Brougham, after referring to a lawyer's right of privilege, continues as follows: "The foundation of this rule is not difficult to discover; it is not (as has sometimes been said) on account of any particular importance which the law attributes to the business of legal professors, or of any particular disposition to afford them protection; though certainly it may not be very easy to discover why a like privilege has been refused to others, especially to medical advisers."—Greenough *v.* Gaskell, 1 *M. & K.*, p. 103.

In Rex *v.* Gibbons, 1 *C. P.*, 97, where the prisoner was indicted for the murder of her child, and a surgeon was called to prove confessions made to him, Park, J., overruled the objection that the witness was at time attending the prisoner in his capacity of surgeon, adding "That is no sufficient reason to prevent a disclosure for the purpose of justice;" and the same rule, that "there is no privilege of this description in the case of a medical man," was repeated by Best, C.J., in Broad *v.* Pitt, 3 *C. P.*, 518.

From these cases it is clear that a medical man not only may, but must, if necessary, violate professional confidences when answering questions material to an issue in a court of law.

(2) Upon the second question there have been, not unnaturally, very few expressions of judicial opinion. It is admitted as a general principle that a medical man should not disclose communications made to him in his professional capacity, and in the Scotch Court of Session it has been judicially decided that "secrecy is an essential condition of the contract between a medical man and his employers, and breach of secrecy affords a revelant ground for an action of damages," A. B. *v.* C D., 14 Dunlop, 2nd Series, 177. But upon this rule of the general inviolability of professional confidences (outside a court of law) the custom of the medical profession has engrafted two exceptions (1) in cases of criminal communications, (2) where violation of secrecy is considered for the protection of wife or children (to which may be added a third exception, suggested by the Court in A. B. *v.* C. D., cited above, namely, instances conducive to the ends of science, though concealment of individuals should in such cases be secured). These two exceptions were the subject of testimony given by eminent medical witnesses in the case of Kitson *v.* Playfair in 1896, as being generally recognised among medical men, but they are not judicially recognised as invariable exceptions, as is shown by the summing-up of Sir H. Hawkins in that case. The defendant pleaded privilege on the ground of the second of the above exceptions, and though the point was not decided, owing to the jury finding that the defendant had been influenced by an indirect motive, the following passages are relevant to the matter of the obligation of secrecy among medical men. On medical evidence as to professional privilege being given, Sir H. Hawkins said: "The question of privilege is for me to decide, and, so far as it concerns that question, I shall not be influenced by this evidence."—*Times*, March 26th, 1896.

The following passage occurs in the report of the judge's summing up: "The medical profession might, no doubt, discuss among themselves rules for their own guidance; but they had not power to impose the rules they made upon the public. The medical men called said there were two exceptions to the rule imposing on them secrecy as to confidences gained during professional attendance. The first was to giving evidence in a court of law. His lordship did not altogether agree with what they said as to that. It all depended on the judge. The judge might in some cases refuse to commit a medical man for contempt in refusing to reveal confidences. Each case would be governed by particular circumstances, and the ruling of the judge would be the test. Secondly, that if there were circumstances from which they supposed a crime was intended to be committed they would have to inform the Public Prosecutor. If the doctor were called in merely to attend a woman needing physical aid, his lordship doubted very much whether he would be justified in going to the police and saying, 'I have been attending a woman who has been trying to procure an abortion.' That would be a monstrous cruelty. Therefore to say there was a general rule was going too far. There was a third exception, namely, a communication between the doctor and his wife or children. That required a great deal of limitation. For instance, there were cases in which the wife did not require protection, and where it would be a wanton act to communicate a secret to her. That was a delicate question, but did not arise in the present case. The law as to words spoken on a privileged occasion was pretty well known."—*Times*. March 28th 1896.

From this it seems clear that on the question of violation of professional secrecy a medical man is in no more favoured position than anyone else, and further, that circumstances which, according to the custom of the medical profession, might be deemed to exonerate him from the imputation of improper violation of secrecy, might nevertheless in a court of law be deemed an insufficient justification.

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## QUESTIONS SET AT THE LAST ARMY MEDICAL AND INDIAN MEDICAL EXAMINATIONS.

### Chemistry and Materia Medica.

1. What is an alkaloid? What are the tests for (*a*) morphinæ hydrochloridum, (*b*) strychnina, (*c*) atropina? What official preparations contain strychnina, and what are their respective strengths. 2 How do you prepare oxygen? How would you administer it to a patient? 3. Give the official doses (for an adult) of liquor thyroidei, pepsinum, liquor trinitrini, tinctura camphoræ composita, pulvis kino compositus, scammoniæ resina, injectio apomorphinæ hypodermica. How is liquor thyroidei prepared? What are the constituents of mistura ferri composita? 4. Describe the preparation of infusum cinchonæ acidum, infusum digitalis, infusum gentianæ compositum, infusum scoparii, infusum senegæ, glycerium. 5. Give the formulæ for acidum sulphuricum, acidum sulphurosum, acidum nitricum, Explain how each may be made, and give the tests for each.

### Medicine and Pathology.

1. (*a.*) What points in the history and symptomatology of pneumonia—apart from physical signs (percussion, auscultation, &c.)—would enable you to diagnose that disease? (*b.*) Give, *in tabular form*, the differences in the physical signs in pneumonia in the stage of consolidation, and in fluid effusion into the left pleura.

2. A labourer, æt. 45, was admitted into hospital on September 4th, 1898. Four years previous to this he injured his right elbow-joint, which led to bone disease

with protracted suppuration. On admission it was found that several of the internal organs were affected. What was the probable nature of this disease? Enumerate the symptoms pertaining to each of these organs, and, in the event of a fatal issue, state in detail what you would find *post-mortem*.

3. Under what circumstances is cerebral disease likely to be followed by descending sclerosis? Indicate the path which the sclerosis follows, and give a sketch of the superadded symptoms indicative of that complication.

4. How would you treat typical cases of—(*a.*) Diabetes mellitus? (*b.*) The night-sweats of phthisis? (*c.*) An obstinate specific ulceration of the tongue of old standing?

### NATURAL SCIENCES.

#### *Geology and Physical Geography.*

1. What is meteoric iron? In what situations does it occur, and how is its presence explained?

2. What are the chief strata in which fossil remains of (*a*) mammalia, (*b*) reptilia, (*c*) cephalopoda, occur? Mention examples.

3. What is meant by denudation? How would you recognise its effects on a tract of country? Mention localities where its effects may be seen in the British Islands.

#### *Physics.*

1. Describe the structure and uses of (*a*) the barometer, (*b*) the hygrometer. What are the peculiarities of an aneroid barometer?

2. What is meant by the magnetism of the earth? Describe the structure and explain the action of the Mariner's compass.

3. State Newton's laws of motion. Illustrate each by an example. Explain the following terms:—(*a*) gravitation, (*b*) tide, (*c*) temperature.

#### *Botany.*

1. Give the characters of the following natural orders: Labiatæ, Gentianaceæ, Scrophulariaceæ, Solanaceæ, Liliaceæ, Orchidaceæ Compare the structure of the flower of a rose with that of the flower of an anemone.

2. Describe the chief forms of inflorescence, of placentation, of vernation, of æstivation, and of roots, giving an example of each.

3. Write a short account of the general structure of any flowering plant with which you are familiar.

#### *Zoology.*

1. What are the chief peculiarities of the fauna of (*a*) New Zealand, (*b*) Australia, (*c*) South America, (*d*) Madagascar, (*e*) Great Britain, (*f*) Ireland?

2. Write a short account of the development of the frog from the spawn to the adult condition.

3. What are the chief peculiarities in the anatomy of (*a*) Camel, (*b*) Elephant, (*c*) Crocodile, (*d*) Rattlesnake, (*e*) Gymnotus.

### SURGERY.

1. Give the pathology, symptoms, and treatment of rickets. What changes, immediate and remote, does it produce in a long bone, the femur for instance?

2. Describe a case of acute traumatic tetanus. Give the symptoms, pathology, treatment, and prognosis of the disease.

3. Give the causes, complications, and treatment of entropion.

4. What abnormal conditions may be associated with an imperfect descent of the testis? Give their differential diagnosis, and briefly indicate the treatment of each.

### ANATOMY AND PHYSIOLOGY.

1. Describe the manner in which the flexor tendons of the fingers and thumb are arranged in front of the wrist, in the palm, and in front of the digits. This description must include an account of the anterior annular ligament, of the flexor digital sheaths, and also of the synovial sheaths in relation to the tendons. Special value will be given to the practical points brought out in the description.

2. Trace the vagus nerve through the neck and thorax to its termination in the abdomen. Enumerate its branches and state the points in which the left nerve differs from the right. Have these differences in the relations presented by the two nerves any practical bearing in connection with aneurisms occurring within the thorax?

3. Within what area of the cerebral cortex do the nerve-fibres which form the pyramidal tract arise? Trace this tract in its downward path through the brain and spinal cord, and state how its component fibres end.

4. Give the minute structure of a hepatic lobule, and state very shortly what you know of the "glycogenic function" of the liver.

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## Parliamentary News.

**The New Cantonment Rules in India.**—In reply to a question by Major Rasch, Lord George Hamilton stated that the admission rate for venereal disease in the Indian Army was 485 per 1,000 in 1897, against 511 in 1896, a reduction of 26 per 1,000. The new rules were not brought into force until the end of 1897, which would explain the comparatively small reduction so far effected. Pending the reception of more circumstantial reports, he did not propose to take any further action, adding that the returns for 1898, as far as they were at present known, were very encouraging.

**Sale of Food and Drugs Bill.**—This Bill was read a second time, and a motion to refer it to the Standing Committee on Law stands over for discussion.

**Water Gas**—In reply to a question by Mr. Ascroft, Mr. Jesse Collings stated that the recommendations of the Departmental Committee on the dangers of water gas were under consideration, but no decision had as yet been arrived at as to what action, if any, should be taken thereon.

**The Study of Tropical Diseases.**—Dr. Clark having raised the question of the special study of tropical diseases, Mr. Chamberlain took advantage of the opportunity to make a statement on the subject. He explained his views and intentions on the subject with which our readers are by this time fully acquainted. The cost of this instruction would be provided partly by private subscription, partly by contributions by the Colonies, and the remainder by a grant in aid. He promised that men who had undergone a special course of instruction in this subject at other schools would receive a preference when making appointments for the Colonies, but he did not relinquish the safeguard that the candidates would also have to undergo the two months special training at the *Dreadnought*. The vote in aid was passed in committee.

**The Sale of Carbolic Acid.**—In reply to a question by Dr. Farquharson, Mr. Jesse Collings stated that, while the Privy Council did not think it expedient to include carbolic acid in the schedule of the Pharmacy Act, that body was opinion that regulations should be made with regard to its sale, and had prepared a Bill with this object in view. It was open to question, however, whether the Bill could be introduced during the present session.

**Contaminated Oysters.**—In reply to Mr. Loder, Mr. Chaplin said he hoped to introduce a Bill dealing with the subject of contaminated oysters at an early date.

**The Promotion of Naval Medical Officers.**—In reply to Capt. Norton, Mr. Macartney said it was not thought desirable to alter the rules affecting the promotion of medical officers in the Navy, but directions had been given that when the time approached for the promotion of the officers who entered in 1878 to the rank of deputy-inspector general, their position on the list would be specially considered.

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An inquest was opened on March 16th, at Southend, on the body of a woman who was stated to have been attended by a Madame Comber, who was described as a French lady doctor.

## Literary Notes and Gossip.

As far back as last August a Commission was appointed to compile a new Swiss Pharmacopœia, but it has never met as there was no money wherewith to pay anybody. That difficulty having been now adjusted, the meetings of the Commission will commence immediately.

⁂

Messrs. Bailliere, Tindall, and Cox announce as in the press an important work on "The Administrative Control of Tuberculosis," by Sir R. Thorne Thorne, Medical Officer to the Local Government Board. Also the Arris and Gale Lectures on "The Anatomy and Surgery of the Peritoneal Fossæ," by Mr. Berkeley Moynihan, and a third edition of Sir William Broadbent's work on "Diseases of the Heart."

⁂

The *Medical Chronicle*, which has been so closely associated with Manchester for many years, is to appear in a new dress with the April number. During the past few years it has been in the hands of the Medical members of the Council of the Owens College. It is now to be controlled by a committee of which Professor Leech is chairman. It is thought that under this new management the magazine will enter upon a career of increased usefulness.

⁂

We understand that the "Irish Medical Directory" will not be published this year, the entire of the type and manuscripts for it having been destroyed in the recent fire which occurred at Messrs. Sealey, Bryers, and Walker, its printers. The Directory was started in the early seventies by Dr. A. H. Jacob, in connection with the Medical Press, and was fairly successful up to the present. It had a predecessor of the same title which was published for a year or two in the forties by Dr. Henry Croly, of Rathfarnham, but was not continued.

⁂

Under the editorship of Drs. E. Besnier, K. Dehio, A. Hansen, A. Neisser, and Mr. Jonathan Hutchinson, it is proposed to publish a journal to be called the *International Archives of Leprosy*, and it is believed that such a publication would be of great service in promoting the study and dissemination in an accessible form of the various points in connection with the disease which still demand inquiry. Those who are desirous of further information regarding the journal are invited to commmunicate with Prof. Albert Neisser, 11 Museum Strasse, Breslau.

⁂

We understand that Messrs. Green and Sons, printers and publishers, of Edinburgh, have projected an "Encyclopædia Medica," to be issued in twelve volumes, at twenty shillings each, net. It is intended to publish the first volume shortly, and to complete the series in three years. If the work be well done, we shall wish for it complete success, but with "The Twentieth Century Practice," of twenty volumes, in the course of issue, we fear the project to be somewhat venturesome. The fact is, the profession as a whole in this country are not rich enough, and those few who are have neither the space for, nor the time to read, these monumental works.

⁂

"Modern Dairy Sanitation" is the title of a booklet issued by Messrs. Welford and Sons' Dairy Company, Limited, in which are set forth the regulations carried out by that firm to ensure a milk supply of absolute purity, highest quality, and safeguarded against disease The booklet states that the company adopt the application of the tuberculin test to the milking stock, which ensures the supply being from healthy cows only, special attention being given in this respect to milk used for the nursery, and which is produced on their own farms. The cows are under the careful and constant observation of the company's veterinary surgeons, periodical examinations being made of the cows, and the whole system adopted by the company is one that should reassure the public that their interests are thoroughly safeguarded in the milk supply.

### NEW BOOKS AND NEW EDITIONS.

The following have been received for review since the publication of our last monthly list:—

Bailliere, Tindall, and Cox (London and Paris).

The Pocket Pharmacopœia, including the Therapeutic Action of Drugs, their Natural Orders and Active Principles. By F. Hudson-Cox, F.I.C., F.C.S., and John Stokes, M.D., M.R.C.S. Price 3s. 6d.

Aids to the Treatment of Diseases of Children. By John McCaw, M.D., L.R.C.P. Second Edition. Pp. 242. Price 3s. 6d.

Les Régenerations d'Organes par Le Dr. Paul Carnot, D.Sc. Pp. 96. Price 1 fr. 50.

The Administrative Control of Tuberculosis (Harben Lectures, 1898.) By Sir Richard Thorne Thorne, K.C.B., F.R.S., F.R.C.P.Lond. Pp. 76.

Adam and Charles Black (London).

The Pennycuik Experiments in Telegony. By J. Cossar Ewart, M.D., F.R.S. Pp. 177. Price 10s. net.

Henry Kimpton (London).

Elements of Alkaloidal Ætiology. Pp. 86. Price 2s. 6d. net.

H. K. Lewis (London).

The Principles which Govern Treatment in Diseases and Disorders of the Heart. Lumleian Lectures. By Sir R. Douglas Powell, Bart., M.D. Pp. 118. Price 6s.

Treatment of Lateral Curvature of the Spine. By Bernard Roth, F.R.C.S. Second Edition. Pp. 141. Price 10s. 6d.

J. B. Lippincott Company (Philadelphia).

An Experimental Research into Surgical Shock. By Geo. W. Crile, A.M., M.D. Pp. 160. Price 12s. 6d.

E. and S. Livingstone (Edinburgh).

Posological Tables, with Appendix on Poisons. New Edition. By Wm. Craig, M.D., F.R.S.Ed. Price 1s. net.

Longmans, Green, and Co. (London).

The London Water Supply. By Arthur Shadwell, M.A., M.B. Oxon. Pp. 272. Price 5s.

The Essentials of Chemical Physiology. By W. D. Halliburton, M.D., F.R.S. Third Edition. Pp. 199. Price 5s.

Sampson Low, Marston, and Co. (London).

Twentieth Century Practice. Vol. XVII. Infectious Diseases and Malignant New Growths. Edited by Thos. L. Stedman, M.D., New York. Pp. 715.

Macmillan and Co., Limited (London).

General Physiology: an Outline of the Science of Life. By Max Verworn, M.D., Ph.D. Translated by F. S. Lee, Ph.D., Columbia Univ. Pp. 614. Price 15s. net.

John Murray (London).

Kirke's Handbook of Physiology. Edited by W. D. Halliburton, M.D., F.R.S. Pp. 872. Fifteenth Edition. Price 14s.

Kegan Paul, Trench, Trubner and Co. (London).

The Principles of Bacteriology. By Dr. F. Hueppe. Translated by Dr. E. O. Gordon, Univ. Chicago. Pp. 466. Price 9s.

George Routledge and Sons, Limited (London).

The Microscope: Its History, Construction, and Application. By Jabez Hogg, M.R.C.S., F.R.M.S. Pp. 704. Price 10s. 6d. Fifteenth Edition.

Smith, Elder, and Co. (London).

The Hunterian Oration. 1899. By Sir Wm. MacCormac, Bart., K.C.V.O. Pp. 60.

Growing Children, their Clothes and Deformity. By E. Noble Smith, F.R.C.S.Ed. Pp. 24.

Spottiswoode and Co. (London).

Minutes of the General Medical Council for the Year 1898, with 16 Appendices. Vol. XXXV. Pp. 707.

Army Medical Department Report for 1897, with Appendix. Vol. XXXIX.

## Laboratory Notes.

### HÆMATOGEN.

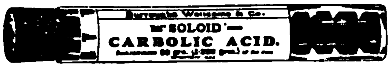
We have received samples of Dr. Hommel's Hæmatogen, technically described as *hæmoglobinum depuratum sterilisatum liquidum*. Its basis is an organic and readily assimilable compound of iron especially adapted for the treatment of diseases and conditions in which the exhibition of a ferruginous preparation is indicated. In addition to the hæmoglobin, this product is stated to contain all the salts of fresh blood, as well as the serum albumen in its natural, *i.e.*, undigested, form. It is a dark red, mobile fluid, with a sweet, somewhat astringent taste, in which a large proportion of iron is very perceptible. Its effects in cases of anæmia, after the bowels have been attended to, are very marked, and no difficulty is experienced by the most fastidious persons in taking it. It has been tried on a large scale in hospital practice in this country with very satisfactory results, having first been introduced on the continent with marked success.

### "RISO FLOUR."

This is a good specimen of fine wheaten flour, and is conspicuously free from grit and indigestible fibre. It is self-raising, but it is nevertheless free from an undesirably high quantity of added mineral salts, the percentage of ash being only 1·4. The application of the logwood test showed the entire absence of alum. Microscopic examinations proved the absolute purity of the sample and showed its freedom from moulds or other objectionable matters. It is prepared by Messrs. Henry Roberts and Son, Mold.

### CARBOLIC ACID SOLOIDS.

Carbolic acid, which still holds its own among the antiseptics at our disposal, is not very convenient of transport, and for this reason Messrs. Burroughs, Wellcome and Co., have been well advised in issuing the acid compressed into "Soloids." Each soloid contains a drachm of the acid mixed with a harmless colouring agent, and this serves to distinguish the solution from other liquids. One soloid dissolved in three-quarters of a pint of water yields, approximately, a 1/100 solution. Surgeons will appreciate the convenience of having this substance provided in a portable and readily soluble form from which any desired strength of solution can be promptly prepared.



### SWAN WHITE FLOATING SOAP.

Messrs. Lever Brothers, Limited, have added to their soap preparations a new product, which has been called "Swan White Floating Soap." As its name implies, it is of light specific gravity, and as such floats upon water. It is intended for washing delicate fabrics, and for toilet and bath use. From the sample sent us we can testify that the soap gives an exceedingly soft, quick lather, and is highly adapted for use in the nursery and for persons with tender skins. The soap is one of a high-class character and should soon become popular.

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## Medical News.

### Diseases of Tropical Climates.

We are asked by the Dean of the Medical School of St. George's Hospital to announce that a Course of Lectures will be delivered by Dr. Patrick Manson, on Tuesday, May 16th, and every succeeding Friday and Tuesday till July 18th, at 5 p.m. each day. The course is intended for medical men intending to practise in the Tropics or in Eastern Asia. It will embrace the fevers of warm climates, including malarial fevers, dengue, Mediterranean fever, and other unclassed varieties, dysentery, sprue, liver abscess, filariasis (elephantiasis, chyluria, etc.), ankylostomiasis, guinea worm, bilharzia and other parasites, beri-beri, tropical skin diseases, etc. The fee for the course will be three guineas. Application should be made to the Dean of the Medical School, St. George's Hospital, London, S W., from whom cards of admission may be obtained.

### Irish Medical School and Graduates' Association.

The St. Patrick's Festival Dinner of this Association took place on Saturday evening last at the Café Monico, Sir William Thomson, F.R C.S.I., president, in the chair, when a large number of members with their friends, including a large proportion of ladies, met to celebrate the occasion. Among those present were Sir George White, V.C., G.C.B., &c., the guest of the evening, Sir Wm. and Lady McCormac, Professor Alexander MacAlister, F.R.S., General Sir Thomas Gordon, Inspector-General William Lloyd, R.N., and Sir Dennis Fitzpatrick. After the usual loyal toast Professor MacAlister proposed the toast of "Our Defenders," which was responded to by General Sir Thomas Gordon and Inspector-General William Lloyd. The toast of "Our Visitors," proposed by Sir William McCormac in a telling and much-applauded speech, was responded to in a brilliant and enthusiastically received oratorical improvisation by General Sir George White, who feelingly defended the British Army against the insinuation that it could be regarded as a negligeable quantity. The intervals between the toasts were charmingly filled by various Irish songs, rendered by Miss Lilian Moreton, Mr. Douglas Powell, and Mr H. L. Fulkerson, while Miss Maude Jaque gave an exquisitely rendered violin solo. Needless to say that in such company a very enjoyable evening was spent, the charm whereof was greatly enhanced by the presence of the ladies.

### The Dental Hospital of London.

The forty-first annual meeting of the Governors and friends of this institution was held on Friday last, when the Committee of Management were able to show in their report a slight increase in the amount contributed to the general fund during the past year, and by exercising careful control over the hospital expenditure, whilst maintaining its efficiency, were able to transfer a considerable sum to the building fund. To place this fund in a satisfactory position, the report stated that it was absolutely necessary that £3,000 be raised during the current year, and the Committee very earnestly appealed for financial help. Donations and subscriptions may be sent to the Secretary, Mr. Pink, to the Treasurer, Joseph Walker, Esq., M.D., or to the Bankers, Messrs. Barclay and Co., Limited, 1 Pall Mall, S.W.

### Mortality in Foreign Cities.

The following are the latest official returns, and represent the last weekly death-rate per 1,000 of the several populations:—Bombay 117, Madras 49, Paris 21, Brussels 25, Amsterdam 15, Rotterdam 20, The Hague 17, Copenhagen 28, Stockholm 20, Christiania 16, St. Petersburg 27, Moscow 24, Hamburg 17, Breslau 29, Munich 25, Vienna 25, Prague 28, Buda Pesth 30, Trieste 33, Rome 18, Turin (10 days) 21, New York 20, Philadelphia 22.

### Vital Statistics.

The deaths registered last week in thirty-three great towns of England and Wales corresponded to an annual rate of 22·2 per 1,000 of their aggregate population, which is estimated at 11,404,408 persons in the middle of this year.

Birkenhead 22, Birmingham 17, Blackburn 21, Bolton 22, Bradford 21, Brighton 20, Bristol 20, Burnley 19, Cardiff 13, Croydon 16, Derby 19, Gateshead 13, Halifax 30, Huddersfield 18, Hull 19, Leeds 20, Leicester 21, Liverpool 28, London 22, Manchester 27, Newcastle-on-Tyne 23, Norwich 22, Nottingham 17, Oldham 29, Plymouth 21, Portsmouth 18, Preston 29, Salford 26, Sheffield 27, Sunderland 18, Swansea 16, West Ham 19, Wolverhampton 17. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 2·8 in Manchester; from scarlet fever 1·0 in Derby, and 1·2 in Salford; and from whooping-cough, 2·1 in Plymouth, and 2·7 in Birkenhead. In none of the large towns did the death-rate from "fever" or from diarrhœa reach 1·0 per 1,000. The 93 deaths diphtheria included 36 in London, 7 in Sheffield, 5 in Leicester, 5 in Leeds, 4 in Cardiff, 4 in Liverpool, 3 in West Ham, 3 in Portsmouth, 3 in Swansea, and 3 in Salford. No death from small-pox was registered in any part of the United Kingdom.

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## Notices to Correspondents, Short Letters, &c.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt lettered, containing twenty-six strings for holding the numbers of The Medical Pres and Circular, may now be had at either office of this journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

### INFORMATION WANTED.

We are asked for information concerning Dr. G. H. Griffin, described as B A., M.D., Montreal, who, in company with Dr. Anthony Hope, runs a "sure rheumatic cure" company, in Parliament Mansions, Westminster. We presume that our Canadian *confreres* have their code of ethics and a medical council to deal with eccentricities, but we are, however, by no means sure that it is an offence, even in this country, to advertise in connection with a trading concern. What our own Council condemns is advertising with a view to practice, not advertising with a view to business or notoriety. Nevertheless, when a medical man goes into business, especially into the quack nostrum business, he would be well advised to relinquish the use of titles which imply that he is a medical practitioner. That, however, is a matter of taste and not of law.

House Surgeon.—The matter entirely rests with the coroner. He uses his discretion. If he thinks that an inquest is unnecessary an order for burial is issued forthwith.

Anthropos.—The Ophthalmological Society of the United Kingdom is, we believe, the only one in London which has decided to admit medical women to its membership.

### TRUE WORTH OF THE APPENDIX.

The eminent surgeon closed up his pocketbook with a snap on the one hundred guinea fee a wealthy patient had just paid him for a successful operation for appendicitis. "Tell me the appendix vermiformis is a useless organ."—*Public Health Journal.*

D. P. H—Information upon the subject might be obtained by applying to the General Purposes Committee of the London County Council.

Dr. Bernard T.—As the patient clearly misrepresented what our correspondent stated, no harm could be done by writing to the friends in order to correct the wrong impression.

### PRESENTATION OF A GOLD CUP TO THE HON. T. H. BAYARD.

Mr. Henry S. Wellcome has sent us an illustration in photogravure of the gold loving-cup presented to the Hon. T. H. Bayard, late American Ambassador to this country. The cup, which is 19¼ inches in height, is of solid gold, supported by American eagles with spread wings in sterling silver. Encircling the base is the Scriptural quotation, "On earth peace, good will toward men." The design is highly artistic, and is, we understand, from drawings made by Mr. Wellcome, whom we congratulate on having forged another link in the chain of Anglo-American brotherhood.

Dr. J. O'Kelly.—The subject is a delicate one to handle, and not free from the risk of a libel action. We are carefully considering the matter, and will deal with it in our next.

## Meetings of the Societies and Lectures.

### Wednesday, March 22nd.

Royal College of Surgeons of England.—5 p.m. Prof. C. Stewart: Alternation of Generation, and Recent Additions to the Museum.

Hunterian Society.—8.30 p.m. Mr. A. H. Tubby: Some Cases illustrating the Surgery of the Stomach. Dr. F. Fox: On Some Unusual Nervous Symptoms.

### Thursday, March 23rd.

British Gynæcological Society (20 Hanover Square, W.).—8.30 p.m. Specimens will be shown by Mr. Jessett, Dr. Bantock, Dr. Lawrie, Mr. Ryall, Dr. R. T. Smith, and Dr. Oliver. Paper: Dr. J. Oliver: Adenoma Universale of the Endometrium infiltrating the Myometrium in a Virgin.

British Balneological and Climatological Society (20 Hanover Square, W.).—8.30 p.m. Adjourned Discussion on Dr. D. Kerr's and Dr. Hedley's Paper on the Therapeutics of Heat. Dr. Ward-Humphreys, Dr. K. Sibley, Dr. Bain (Harrogate), Dr. H. Campbell, Dr. Felkin, Dr. A. Haig, Dr. Smith (Harrogate), Dr. B. Davies (Llandrindod Wells), the President, and others will take part in the discussion.

Royal College of Physicians of London.—5 p.m. Dr. Gee: The Nature of Asthma. (Lumleian Lecture).

St. John's Hospital for Diseases of the Skin (Leicester Square, W.C.)—4.30 p.m. Dr. M. Dockrell: Cases of Rodent Ulcer and other Malignant Diseases of the Skin.

### Friday, March 24th.

Royal College of Surgeons of England.—5 p.m. Prof. C. Stewart: Alternation of Generation, and Recent Additions to the Museum.

Clinical Society of London (20 Hanover Square, W.).—8.30 p.m. Papers:—Mr. J. Langton (President: A Case of Aneurysm of the Abdominal Aorta successfully treated by the introduction of Silver Wire into the Sac. Mr. Rutherford Morison: Patients showing results of Stomach Surgery, with descriptions of the Operations Performed. Dr. Radcliffe Crocker: A Case of Lymphangioma Tuberosum Multiplex. Mr. W. G. Spencer: Wound of a large Superficial Artery, in which the Blood was flowing from the Trunk to the Thigh.

### Monday, March 27th.

Association of Asylum Workers (Rooms of the Medical Society of London).—3.30 p.m. Annual Meeting, under the presidency of Sir J. Crichton Browne, M.D., F.R.S.

## Vacancies.

Bracebridge Asylum, Lincolnshire.—Senior Assistant Medical Officer, unmarried. Salary £150 per annum, with furnished apartments, board, attendance, and washing. Applications to the Clerk to the Visitors, Bank Street, Lincoln.

Brixton Dispensary.—Resident Medical Officer for two years, unmarried. Salary £150, with apartments, attendance, coals, and gas. Applications to the Secretary, Brixton, S.W.

Chester General Infirmary.—Visiting Surgeon for two years. Salary £80 per annum, with residence and maintenance in the house. Applications to the Secretary.

Cumberland and Westmoreland Asylum, Garlands, Carlisle.—Junior Assistant Medical Officer, unmarried. Salary £100 a year, with board and residence.

Derby County Asylum,—Assistant Medical Officer. Salary commencing at £100, with board, lodging, and washing.

Dinorwic Quarry Hospital.—Assistant to act as Assistant Surgeon. Salary £150 a year, with half midwifery fees attended by him. Applications to Mr. Roberts, Dinorwic Quarry Hospital, Llanberis, North Wales.

Parish of St. Leonard, Shoreditch.—Second Assistant Medical Officer for the Infirmary, Hoxton Street, N. Salary at the rate of £70 per annum, with rations, washing, and apartments. Applications to the Clerk to the Guardians, 213 Kingsland Road, N E.

Roxburgh District Asylum, Melrose—Assistant Medical Officer. Salary £100 per annum, with furnished quarters, board, washing, and attendance.

## Appointments.

Bately, John, M.D.Durh., L.R.C.P.Lond., M.R.C.S., Medical Officer to the Belton Medical District of the Mutford and Lothingland Union.

Baylis H., R.C.P.Lond., M.R.C.S., House Surgeon to the Queen's Hospital, Birmingham.

Cave, Edward J., M.D.Lond., M.R.C.P.Lond., Physician to the Royal United Hospital, Bath.

Day, F. R., M.B., Ch.B.Vict., a Medical Officer to the Coventry and Warwickshire Hospital.

Dempsey, Martin Joseph, M.D. and M.Ch.R.U I., Demonstrator of Anatomy in the Catholic University School, and recently Assistant Physician to the Whitworth and Hardwicke Hospitals, has been appointed Physician to the Mater Misericordiæ Hospital.

Dunn, William, M.B., C.M.Aberd., Medical Officer to the Mildenhall Sanitary District of the Mildenhall Union.

Horder, Thomas J., M.B.Lond., M.R.C.P., Casualty Physician to Bartholomew's Hospital, London.

Mallam, W. A., L.R.C.P.Lond., M.R.C.S., Out-door Medical Officer to the Eastern District of the Parish of Hampstead.

Pershouse, F., L.R.C.P.Lond., M.R.C.S., Medical Officer to the Bradwell Sanitary District of the Maldon Union.

Stone, R. D. Alges, L.R.C.P.&S.Irel., Medical Officer of Health to Kelston by the Keynsham Urban District Council.

Tinley, W. E. F., M.D.Durh., B.S., L.R.C.P.Lond., M.R.C.S., Assistant Medical Officer by the Whitby Urban District Council.

Todd, G. D., L.R.C.P.Edin., M.R.C.S., District Medical Officer to Selby and the Union Workhouse by the Selby Guardians.

Tubb, Thomas J., L.R.C.P.Irel., L.R.C.Edin., D.P.H., County Medical Officer of Health for Wiltshire.

Walsh, L. H., M.B.Durh., L.R.C.P.Lond., M.R.C.S., Honorary Assistant Physician to the Royal United Hospital, Bath.

Wylie, D. S., M.B., Ch.B., Junior Resident Medical Officer to the Manchester Children's Hospital.

## Births.

Boswell.—On March 13th, at Ashbourne, Derbyshire, the wife of Alexander Boswell, M.D., of a son.

Norton.—On March 14th, at Iddesleigh Mansions, Westminster, the wife of John Norton, M.D., D.P.H., of a son.

Saxby.—On March 15th, at Halligarth, Shetland, the wife of Thomas Edmonston Saxby, L.R.C.P., L.R.C.S.E., L.F.P.S.G., of a daughter.

White.—On March 16th, at the White House, Coventry, the wife of F. Faulder White, F.R.C S., of a daughter.

## Marriages.

Howden—Scott.—On March 15th, at Benwell Parish Church, Newcastle-on-Tyne, Robert Howden, M.A., M.B., Professor of Anatomy in the University of Durham, to Gertrude Mary, daughter of the late Alderman John O. Scott, J.P., of Benwell, Newcastle-upon-Tyne.

## Deaths.

Druitt,—On March 19th, at 8 Strathmore Gardens, Kensington, Isabella, widow of Robert Druitt, M.D., F.R.C.P.Lond., aged 76.

Jee.—On March 17th, at his residence, Queniborough Hall, near Leicester, Dep.-Insp. General Jee, C.B., V.C., Honorary Surgeon to the Queen.

Keyworth.—March 19th, at 33 Augusta Place, Leamington, Arthur F. Keyworth, M.R.C.S., L.R C.P.Irel., of Beechfield, aged 38.

Rudge.—On March 12th, at Fakenham, Norfolk, Edward Drosier Rudge, M.D.

Williamson.—On March 13th, at Petherton Road, Highbury New Park, N., James Williamson, M.D., aged 84 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXVIII. WEDNESDAY, MARCH 29, 1899. No. 13.

## Original Communications.

## NOTES ON THE PLAGUE.

### COLLATED

By SIR CHAS. A. GORDON, K.C.B., M.D.,
Surgeon-General (retired), Hon. Physician to Her Majesty the Queen.

THE object with which the following Notes have been collated is to present to the readers of the MEDICAL PRESS AND CIRCULAR the gist or purport of information telegraphed from day to day to the *Times* with reference to the present epidemic of plague in India. The information thus obtained has been re-arranged under particular headings, so that comparison may be rendered the more easy, with the substance of reports already furnished, as well as with those which may hereafter be sent in. (Continued from page 584, December 7th, 1898).

### 1. DIAGNOSIS

Dr. Müller, who subsequently died in Vienna from laboratory plague, pointed out that the diagnosis between plague and influenza is extremely difficult at an early stage. In cases where pneumonia was present, it was not possible to decide whether it was the characteristic plague-pneumonia except by post-mortem examination. In three cases which they dissected, Dr. Müller's colleagues were unable to discover characteristic symptoms of primary bubo. He contends that Bitter has gone too far in asserting that the presence of bacilli in the blood indicates a fatal termination. A patient, he says, does not die because he has bacilli in his blood, or recover because of their absence. On the contrary, the question whether the organism will triumph over the disease depends upon the degree of its natural power of resistance to the poison of the plague.

Colonel Hendley stated that the plague at Selcori in 1897 was identical with the Pali plague of 1836. At Calcutta, cases of fever with enlargement of the glands were common, but indistinguishable from a mild form of plague except by bacteriological examination.

### 2. ENDEMICITY.

Colonel Weir thought that the disease was endemic in Kathiardar, North-Western Provinces, Bengal, and the Himalayas. Colonel Hutcheson stated that there had been periodical outbreaks of the disease called *makamare* in epidemic form for thirty years in Kumaon, Gathwal, and other places. The symptoms corresponded exactly with those of the plague, but he had not seen any pneumonic form. In Calcutta there was no reason to believe that the plague was endemic. The earliest cases in that city were among persons long resident in it, and it is improbable that they acquired the plague elsewhere. It was introduced by infected articles arriving by rail and sea.

### 3. LIABILITY TO ATTACK.

Males appear to be more liable to attack than women. The most liable age is thirty; the general period twenty to forty. At Bangalore there was no racial inferiority. At Hyderabad the classes most affected were low-caste Hindoos. Mahomedans were not so liable to infection, nor were herdsmen who lived in the open air. Age and sex made no apparent difference. Mashar Husain, of the same place, stated that no case occurred among infants. At Calcutta mortality was high among the Christians, they being the hospital-going class. Of 98 cases admitted 80 died, of whom 69 were natives, only one Chinese, and one Burmese. There was no case among Africans.

### 4. SEASON.

In 1898 the Monsoon season lasted longer than usual, and the preventive measures adopted seemed less efficient during it. In 1897 the plague at Selcori began in December. At Calcutta, in 1898, the decrease of mortality from May to August was 3·5 upon the average of the same months in the previous five years.

### 5. BACTERIA.

The plague bacillus seems unable to propagate or even live for any length of time in sewers, where it is said to be destroyed by other bacteria. It soon perishes in the dead body, and in the excreta of patients. Light and air are in a high degree unfavourable to its development. At Bombay, Dr. Gibson stated that he had been experimenting for fourteen months, but had failed to find the (plague) bacillus in the floors of huts. In Calcutta, Major Charles said that the plague bacillus was found in the blood. The bacillus was imported in merchandise.

### 6. HOW COMMUNICATED.

Rats appear to be active agents in spreading the plague. But the chief sources of danger are contaminated clothes and bedding.

Mr. Vincent believed that the plague was introduced into Bombay by religious Asiatics from Kumaon, where he thought it was endemic.

Mr. Capel thought it was introduced into Hubli and Dhanwar through the one way of human agency.

Mahdava Rao considered that it was introduced into Bangalore from Hubli by goods and rats.

Captain Robertson, of Anantapur, traced the spread of the disease by human agency from the railway. Colonel Hendley considered that the infection was spread by human agency. At Calcutta, Dr. Cook was unable to find out the original source of the infection. At Barasaul only fifteen cases of infection were traced to Calcutta. At Calcutta the (plague) organism generally entered by abrasions of the hands and feet. No nurse or hospital attendant contracted plague, nor did friends of patients attending them in hospital. Two natives employed in the post-mortem room were infected and died. The method of infection was unascertainable from post-mortem appearances.

Major Charles believed that the contagion arrived (in Calcutta) in bales of goods from Bombay.

### 7. BY MEANS OF WATER, MILK, ETC.

At Bangalore, Mr. Slight said the milk was sent to large dairies where the cream was removed, and the milk was then resold to the cow owners, and distributed by them diluted with wells contaminated with subsoil drainage.

### 8. IN RELATION TO ANIMALS.

Certain animals, especially rats, are liable to the disease. Colonel Weir was of opinion that in Bombay the disease was spread by rats. At Bangalore there was a large mortality from the plague among monkeys, squirrels, and rats. In every instance, after the first case among the population, increased mortality among rats was observed.

At Calcutta the disease was imported by sea and spread by rats from the landing jetties. Dr. Clemow considered that rats might produce disease in a house but not in a city. Dead rats frequently found in the streets during an outbreak were conspicuous by their absence. In seven cases out of 32 there was concurrent mortality of rats.

### 9. ANTI-PLAGUE SERUM.

Dr. Haffkine said that his prophylactic was an artificial serum. Fragments of mutton are heated in hydrochloric acid to 284 degs. F. for six hours. The solid residue is rejected, and the solution neutralised with soda. The heating partly chars the material. A small quantity of cocoanut oil is added, and the plague virus is inseminated. In a couple of days a stalactitic growth develops underneath the surface, the liquid remaining clear. The stalactites are then shaken off and sink to the bottom, when a second crop develops. The process is repeated about a dozen times. The microbal vegetation incorporates with the organic matter. The process appears to take about six weeks to complete, but, unfortunately, the remaining portion of the telegram has been mislaid.

Dr. Balliotti, of the Royal University of Florence, described a process of making a curative serum which cured 75 per cent. of the patients treated. Major Deane declared that Yersia's serum was useless. He said that Haffkine's serum conferred a temporary immunity, but not to the extent supposed. Colonel McGana stated that Haffkine's prophylactic had been found valuable. Major Bannerman contended that it was cheap and effective, reducing the mortality 89 per cent.

According to Colonel Lawrie, of Hyderabad, Haffkine's fluid was not a serum, but a putrescent organic liquid containing micrococci of putrefaction, and occasionally pathogenic organisms. It was, therefore, directly against modern medicine and antiseptic surgery to inject the fluid.

He expressed his willingness to use Haffkine's fluid if it were rendered sterile, provided it was proved to retain its prophylactic power under those conditions. He admitted that the fluid, as now used, afforded considerable protection, but denied that it gave immunity. Sterilisation, he thought, might render it useless. Captain Johnson stated that out of six bottles of Haffkine's fluid living organisms had been found in five; the other was doubtful.

Surgeon-General Harvey heard no complaints of blood poisoning after inoculation with Haffkine's fluid. Dr. Leumann inoculated 70,000 persons without ill-effects being produced. Dr. Cook, at Calcutta, had observed no lasting evil effects from inoculation. He had invariably found Haffkine's fluid sterile.

### 10. INOCULATION.

The statistics prove that a remarkable degree of immunity is secured by means of inoculation. But it would be wrong to enforce on an Indian population an experimental preservative which could not be rendered compulsory in an English city.

Surgeon-General Bainbridge was of opinion that sanitary and other measures should be placed before inoculation to combat the disease. Captain Childe had inoculated 400 people with Haffkine's serum, and had seen no bad effects. Mr. Capel said that the disease was very severe among the uninoculated; he found that Dr. Haffkine's serum was beneficial.

Colonel Dobson stated that in Bengal more Hindoos were inoculated than Mahomedans, but there was a greater percentage of deaths among the Hindoos; the explanation was that Hindoos were poor and lived in worse conditions At Madras Colonel Kine was of opinion that inoculation was not a reasonable substitute for sanitation, but a valuable aid. Major Bannerman contended that Haffkine's serum was cheap and effective, reducing mortality 69 per cent. Numerous witnesses at Bangalore deposed that the same serum in the case of both English and native troops was satisfactory.

Drs. Mrs. Batten and Miss Livingstone described the inoculation of women and children among camp followers, which had a beneficial effect.

At Hyderabad inoculation had not been adopted. Other means were found satisfactory.

Surgeon-General Harvey reported that the results of inoculation were most encouraging, of great service in combatting the plague.

At Calcutta an inoculated person was attacked.

Dr. Clemow inoculated fifty cases with Yersisis serum. The results were negative. Thirteen patients were inoculated with Lustig's serum; ten died.

### 11. OTHER METHODS.

At Hyderabad, Masyhar Hassain stated that fair success was obtained by treatment with red iodide of mercury pills. At Calcutta Colonel Harris said that inoculative agents had proved beneficial. Alcohol stimulants were used.

### 12. SEGREGATION.

Captain Wilkins stated that the proportion of people attacked with plague after segregation was very small.

Captain Roe, chief police officer, Bombay, maintained that segregation was unsuccessful, owing to the difficulty of catching the people; if segregation were abolished, natives would not run away.

Colonel Benson, at Bangalore, stated that compulsory segregation was objectionable.

Colonel Saunders, at Calcutta, considered that isolated segregation was a mistake, and contrary to the habits of the people. They were accustomed for centuries to segregate small-pox in their own houses, and would segregate plague similarly.

At Calcutta some cases were allowed to remain at home with no bad results, because of the means of segregation in the house. Contacts refused to go to the segregation huts. There was no evidence that they carried infection. Colonel Russell thought there could be no parallel between small-pox and plague, with regard to segregation in houses, until inoculation for plague became as general as inoculation for small-pox.

### 13. DISINFECTANTS.

Superheated steam was considered to be the best disinfectant; perchloride of mercury and sulphuric acid came next.

At Calcutta, Dr. Cook had never seen a case in a disinfected house. Dr. Clemow stated that perchloride of iron was used as a disinfectant.

### 14. SANITARY MEASURES.

After all the measures of sanitation adopted in Bombay since the first appearance of the plague in that city the statement occurs that the disease is again increasing there.

Segregation, destruction of apparel and bedding, disinfection of houses, clearing out crowded quarters, and ample supply of fresh air and water are the measures most hopeful to keep the disease within control.

Surgeon-General Bainbridge considered that sanitary and other measures should be placed before inoculation to combat the disease.

Captain Child said that the death-rate which usually preceded an outbreak of infection was high at Bombay in insanitary, and slight in sanitary, dwellings.

At Hyderabad the measures adopted were evacuation, disinfection, and the burning of floors and walls in kilns. The burning process was found satisfactory.

Mr. Stevens said that disinfection by burning in kilns destroyed all germs; no bacteria were found in the ashes; the plague never reappeared, and the villages were completely disinfected by the kilns.

Muscan Husani stated that in the Naldrug district corpses and their appendages were burnt where such a course was not forbidden by religion; in other cases dead bodies were buried eight feet deep. After evacuation of villages the fall in mortality was striking.

In the week ending Dec 19th, 1898, a further rise in plague returns was shown in Bombay city and district, and also for Madras and the Central Provinces. There was a considerable fall in the returns for Jussore.

At Bangalore plague has raged worse than ever it did in Bombay. It has attacked a British regiment in the first-named place. The barracks have been evacuated.

At Warahagarij evacuation was carried out very thoroughly, and was successful in stopping the disease.

At Calcutta the measures taken were evacuation and disinfection. The plague stopped of its own accord. It was not affected by the measures taken. As the epidemic there advanced it became less virulent, though there was no abatement in the mortality. Superior sanitary conditions had preserved Europeans.

### 15. STAMPING OUT THE PLAGUE.

The hope of stamping out the plague by means of sudden and violent measures must be dismissed.

### 16. NATIVE OPINION.

The Indian press continues week after week to protest against a stringency of oppressive measures which could with difficulty be forced upon a European population, and which are so opposed to the most sacred traditions of Eastern life as to lead to armed risings wherever they have been insisted on.

At Bangalore, Colonel Robertson stated that the attitude of the people was uncompromisingly hostile; it was impossible in the large cities to deal effectively with the epidemic, the fear of which destroyed natural affection.

At Bombay the high priest of the Bohras explained that there were no religious grounds for objecting to inoculation as a preventive against the plague. The ex-Sheriff and his son having set the example, a large portion of those present at a meeting of inhabitants allowed themselves to be inoculated by Professor Haffkine and his assistants.

At Calcutta 200,000 people left the town out of a population of 700,000. Unscrupulous people fomented the panic. The greatest difficulty in dealing with the plague was the distrust with which the officers were treated.

# The Harben Lectures.

# THE ADMINISTRATIVE CONTROL OF TUBERCULOSIS.

By SIR RICHARD THORNE THORNE,
K.C.B., M.B., F.R.S.,
Medical Officer to the Local Government Board.

### ABSTRACT OF LECTURE III.

UP to the present stage of these lectures I have felt no difficulty in expressing my views without reserve on the subject of the administrative measures which ought to be adopted in order to the control of tuberculosis. But I have now to consider a proposal with regard to which I know that my views are at variance with those of some of the most distinguished members of the public health service of this country. I refer to the question of the compulsory notification of tuberculosis in man,

Applications have been made to the Local Government Board from time to time for their approval to the addition, at one time, of tuberculosis, at another, and more frequently, of phthisis, to the list of infectious diseases which are to be the subject of compulsory notification. Hitherto no such approval has been granted, and I can perhaps best approach my subject by giving some account of the considerations which that Board has held in view in refraining from granting the necessary approval.

At the outset, I would desire to express my entire sympathy with those who advocate compulsory notification of phthisis. If I cannot concur with some of my fellow-workers in their conviction that we can best save life and promote a higher standard of public health by this particular measure of control, it is because I feel certain that the compulsory notification of phthisis is calculated to retard the very object which they have in view, not only by alienating the public in regard to measures of prevention which cannot succeed unless they have the support of public opinion, but by placing insuperable hindrances in the way of that early treatment of the disease on which the arrest of its further progress and its cure are so largely dependent.

One of the first objections to the compulsory notification of phthisis under the Infectious Disease (Notification) Act, 1889, is that phthisis is a disease the inclusion of which among the infectious diseases to which that Act applies was never intended.

Now all these diseases therein specified have special characteristics which lend themselves to notification, and to such restriction of the liberty of the subject as can be rightly demanded in the interests of the public. They are all diseases of an acute character, which, quite apart from the question of notification, renders it necessary to place certain restrictions on the sufferer for his own personal benefit. They all are diseases in which the infective stage is of a limited, and as a rule of very short, duration; and during a substantial portion of this infective stage the physical condition of the sick persons makes it necessary that they shall be under the control of those who are tending them, whilst for the remainder they are generally quite willing to be subjected to a control which, at the outside, will be of a few weeks' duration. And, again, they are all diseases in which the sick persons are, for an important portion of the limited time of their illness, unable, by reason of their physical condition, and notably by reason of their presenting obvious indications of their infective state, to take part in ordinary pursuits. These are conditions which justify the State in giving to those who are responsible for the public health and for preventing the spread of disease the power to require the notification to them of the existence of such dangerous disease, in order that they may, for a few weeks, so control the sick persons to prevent their being a danger to others by the diffusion of their infection.

In the case of phthisis, however, we find not only that every one of those conditions is absent, but that, on the contrary, precisely opposite conditions obtain. Thus, phthisis is commonly a chronic, not an acute, disease, and it often happens that during a long term of years there is no reason, other than their opportunity of ejecting infective sputa, which can be urged for placing phthisical persons under any control or restrictions. Then, again, the infective stage is not limited to a few weeks, during most of which time the patients are, quite apart from their infectiveness, necessarily under the control of friends or relations, doctors and nurses. And lastly, it is commonly the case that, during a long period, perhaps extending to years, during which they are suffering from phthisis, the patients are physically able to perform the ordinary duties of life. In these respects, therefore, there is absolutely no parallel between the diseases named in the Infectious Disease (Notification) Act and the vast majority of cases of phthisis. On the contrary, the two sets of diseases stand in striking contrast. And the same want of similarity applies also to those infectious diseases which have, on the demand of the local sanitary authority, been added from time to time in a number of towns, either temporarily or permanently, to the statutory list of notifiable diseases, namely, measles, whooping-cough, cholera, and, in a few instances, that form of infectious diarrhœa in infants and children which is known under such names as epidemic or autumnal diarrhœa.

It is only right, however, whilst pointing out how phthisis differs in so many respects from the several diseases named, to state that it resembles them in one important respect, namely, that it is an infectious disease, communicable from person to person, and that in this sense it is, to use a statutory term, a "dangerous infectious disorder." But whilst this is so, yet it should be remembered, on the other hand, that phthisis as an infectious disorder differs from the other infectious diseases in the circumstance that the infection, instead of being almost entirely beyond control of the affected persons, is all but limited to the sputa, the disposal of which they can easily control.

A second objection to the compulsory notification of phthisis has to do with the difficulty of ascertaining how far practical measures for its prevention can be applied as the result of such notification. The duty of approving or not approving of the addition of phthisis to the statutory list of notifiable diseases is one imposed on the Local Government Board by the Legisture: and hence that Board has the responsibility of deciding how far any such application is reasonable or not. With a view of determining this, it was at one time a not infrequent practice on the part of the Local Government Board to ask sanitary authorities who wished to make phthisis notifiable in their districts to inform the central authority in the first instance as to the precise action which they proposed to take on the information which notification would provide as regards a disease which might often last for a number of years, during which period it would as a rule, be essential that the persons whose disease would be notified to them should be able to follow an occupation which would enable them to maintain themselves, and at times also to maintain a family. I have read a number of these answers, and I am bound to say that I never yet saw one which, in my opinion, would have justified the statutory approval which was asked for. Some authorities, indeed, appeared to find no answer at all, for the letter of inquiry brought the correspondence to a close. Others made it clear that they had never fully realised the import of their request; indeed, a number of them at once limited their proposal to the adoption of such measures as the disinfection of rooms, clothing, bedding, &c., after the death of any phthisical patients; and some of these explained the limitation to action after death by stating that it would be useless to take these steps before death because patients would be liable at once to reinfect the rooms and articles dealt with so long as they remained in contact with them. Action of so restricted a character does not appear to me to require or to justify compulsory notification of the disease; it could equally be carried out if deaths from phthisis were included among those deaths from infectious diseases of which so many sanitary authorities now obtain immediate information from the Registrar of Deaths for a trivial payment of twopence per entry.

At the other extreme, proposals have been made for the periodic visitation of patients at their homes, in order in the first instance to inculcate certain practices which are most desirable from the point of view of controlling infection. I refer to the giving of advice as to the avoidance of expectorating on floors or in the streets; the use either of special spittoons containing disinfectants or of special Japanese handkerchiefs, to be burned after use; the desirability of sleeping alone when this is practicable, &c. It is often proposed that on the occasion of these visits codes of directions embodying the necessary suggestions should be handed in in the form of leaflets printed by the local sanitary authority, and that both the patients and members of their families should be advised as to the conditions involving danger, and how these may be avoided. But a single visit of this sort is naturally deemed to be insufficient; it is hence to be followed up from time to time by other visits, in order to see if the directions given are or are not being carried out, to ascertain if the patient has removed to another residence, and in order to the adoption of additional precautions, including measures of cleansing and disinfection, either during the serious illness of the patient, or on removal to hospital or elsewhere, or, again, on the occurrence of death. Then, again, it has been stated by some authorities, who appeared to anticipate some difficulties in the matter of these visits, that they would only be paid, and the advice would only be given, in co-operation with the medical practitioner in attendance on the patient. A further proposal has been made—but in no case, as far as I know, by a local authority—that sanatoria should be erected under the statutory powers conferred on such authorities as to the construction, at the cost of the rates, of hospitals for the prevention of infection; and that persons who are deemed by reason of phthisis to be a marked source of danger to their families and to the community should be induced to go into a sanatorium until at least they had been taught the several measures of precaution that they should adopt against the diffusion of their infection.

Such measures, if they could be and really were carried out systematically for such a period—whether a term of years or less—during which they were required, could not fail to be of value in the prevention of tuberculous disease. But is it likely that they would be so carried out in this country?

Let us see how the demands which have been made as to this would be likely to operate if the statutory approval required by the Infectious Disease (Notification) Act were granted.

We will assume the practice to be in operation, and that notifications of phthisis in its early stages take place among some of the hundreds of thousands of young men and young women who work in large houses of business, and who, besides, are obliged to share their sleeping accommodation with others either in those houses of business or elsewhere. In the first place, they must be visited. But by whom? Some may answer, "By the Medical Officer of Health." But every such officer knows that even as regards the infectious diseases that are now notifiable, this has already become quite impracticable, not only in large centres of population, but still more so in those combined sanitary areas where medical officers of health have charge of eight, ten, or twelve sanitary districts, spread over areas at times as large as counties. The consequence is that even now this work has to be largely carried out by the sanitary inspectors; but I am certain that if this duty were so relegated as regards such classes as I refer to, very great friction would arise even if the inspectors acted under some general supervision of the Medical Officer of Health. Whether, however, the visit of inspection be paid by one or another officer, it will necessarily have to take cognisance of both the home and the place of occupation of the phthisical person; and the action taken, whether by leaflets or by personal advice, cannot fail to become known to fellow-employés, and in many cases to employers also. The justification for the demand that phthisis shall be compulsorily notified lies in the fact that the person in question is suffering from a dangerous infectious disorder communicable from person to person. Hence the question is already arising whether it is right to allow such a person to be in constant association with hitherto healthy people by day and still more so by night; and it is quite certain that the need for adopting special precautions as to sputa, &c., would lead to a large number of such persons being quietly dismissed from their posts. If such persons found fresh employment, they would certainly take care not again to afford any outward evidence of their malady by the adoption of the precautions urged on them in the interests of the public; and it is equally certain that they would to the utmost avoid consulting another medical practitioner, because their disease would again be notified, and precisely the same consequences that followed on the first notification might again be brought about.

Without following out such cases as these for several years, and to the bitter end, it will suffice for me to say that, in my opinion, a large amount of harm would result if phthisis were included in the list of notifiable diseases under the English Act. The certain knowledge that notification and the intervention of public officers would ensue would prevent resort to medical advice in the early stages of the disease, when its progress can best be arrested. The loss of employment consequent on notification would often tend, both physically and mentally, to deprive the ailing persons of their best, if not their only, chance of cure or improvement; for there are few diseases the cure of which is more dependent than is the case in incipient phthisis on good food, wholesome surroundings, and freedom from mental anxiety. Indeed, it is of the first importance to a vast number of persons so suffering that they should be able continuously and without hindrance to follow an occupation sufficiently remunerative to keep them from any approach to physical want or anxiety of mind. Is this result likely to be brought about by the compulsory notification of phthisis? I believe it is not.

But objection may be raised to my line of argument. In the first place, it may be said that I have chosen by way of type a class of cases which presents exceptional difficulties. I am free to admit that this is, in some respects, true. But, on the other hand you would hardly expect that, when I was setting out the difficulties which would, in my opinion, follow on the addition of phthisis to the list of diseases to be compulsorily notified, I should try to exemplify my point by reference to cases which were most free from such difficulties. My point is to emphasise the difficulties and the mischief that might result from such notification, and cases such as, or in every essential respect comparable to, those to which I have referred would soon come to be counted by their thousands.

Or, again, it may be objected that even if all that I anticipate should come to be true, the hitherto healthy are entitled to be protected from those whose health and whose prospects of life are already to some extent compromised. My answer is, that I believe that the attempt on the part of phthisical persons to avoid notification would in itself do a great amount of harm, not only to the individuals already suffering, but to those with whom they are in hourly and daily association. The English law as to the compulsory notification of infectious diseases was never intended to bring under a system of public sanitary supervision even a single individual who during a long series of years would have to follow his or her usual avocation. This supervision might in a majority of cases be carried out with every discretion and every effort to avoid publicity; but if it were carried out under our present system of sanitary organisation, and under our present law, it could not but run the risk of leading to hardship beyond that which the public have a right to expect others to suffer on their behalf, and indirectly this would in the end defeat the primary object held in view.

I am glad to know that I by no means stand alone in entertaining this view. A Special Commission was appointed some time since by the Académie de Médecine in Paris to study the question of the prophylaxis of tuberculosis. This Commission was composed of a number of the most eminent physicians in France. They submitted their report in May of this year, and the Académie adopted it, together with a series of resolutions. The report lays special stress on the danger which the phthisical patient involves to the public, especially by reason of the infective sputa, and it makes a series of recommendations, some of which affect the phthisical person. The proposal that the disease shall be made the subject of compulsory notification is then discussed at length, and two principal reasons, in addition to others, are given against the proposal. The first sets out the consideration that the moral effect of divulging by means of an official declaration that which is in effect a medical secret would be harmful It recalls the fact that phthisis is not a disease that can be classed with infections such as diphtheria or small-pox; but that, in the estimation of the public at least, it has an hereditary as well as an infectious aspect, and as such it is a disease the incidence of which should not be noised about beyond the family circle. In brief, it is held that the public would not accept such a legal enactment without protest and resistance ("sans protester et sans se défendre"). The grounds on which this conclusion was arrived at may, in some respects, have more force in France than in this country.

The second reason is deemed to be the more important. It is that, in a family unwilling to adopt the needed precautions, it would be impracticable to impose any restriction, applying as they would to a disease that would necessitate an almost continuous intervention on the part of the sanitary officers for months, and even for years. One alternative alone is deemed sufficient to meet such cases, namely, consignment of the sick person to a hospital, and this, it is explained, is the actual practice followed in Norway.

The final conclusion of the French Commission as regards the compulsory notification of this disease is: "It must not be dreamt of—at least for the present" ("Il n'y faut donc pas songer, au moins actuellement").

But let it not be imagined that I am callous to the fact that in England and Wales alone considerably over 40,000 deaths are still registered every year as due to phthisis, the form of tuberculous disease which is so especially identified with an aerially-conveyed infection, and with which dried sputa may reasonably be held to have important concern. For us in this country it is important to remember that all our sanitary legislation has been based on antecedent education, whether this has been acquired as the result of bitter experience or by repeated teaching and example. And it has been wisely held that whilst our legislative and administrative measures should always be just so far in advance of public opinion as to draw that opinion further along the path of progress, it is most necessary to avoid so great or so hurried an advance as may tend to alienate the public and thus to lead to resentment, and even resistance.

During the last few years scientific research has indicated how the phthisical patient himself becomes a danger, and the physician engaged in the practice of curative medicine has joined those who, carrying on the work of preventive medicine, have for many years waged so successful a contest against pulmonary tuberculosis. To the former the so-called "crusade" against tuberculosis is new; but happily he joins it just at the moment when his influence in promoting the necessary education for the further control of this disease is likely to be of overwhelming importance.

His advice is sought by a phthisical person, and counsel which is sought is generally followed. There are also many who would be careless, even indifferent, to precautions which they might be urged to adopt in the interests of the public, but who, when told by their physician that unless they adopt one and another simple precaution they will necessarily diffuse a fatal infection within their own homes and to their immediate relations, would readily do all that they were bidden by way of precaution. And when once the adoption of precautions had become the habit at home they would equally be carried out elsewhere. It is, therefore, to the advice given by those who practise the curative branches of medical science, whether in hospitals or in private, that we must so largely look for the first steps towards progress in this matter. The action of the physician with regard to the individual patient, coupled with that of the medical officer of health in diffusing knowledge as to the causes of tuberculosis among the public generally, will, in my opinion, be more akin to the measures which have been adopted in New York than that of making phthisis a notifiable disease under the English law. Already a number of excellent codes of advice and of rules as to this have been laid down by the medical staffs of certain hospitals for the treatment of phthisis, by certain medical officers of health who have induced the sanitary authorities to distribute them in the form of leaflets, and by certain associations.

Whilst discussing the question of the notification of phthisis, I would recall the fact that before any infectious diseases were made notifiable under statute, certain sanitary authorities had arranged to pay fees for a voluntary notification of some of the infectious maladies, and that the results of this action went in large measure to educate the public to the need for embodying the necessary requirements in a general statute, and this precedent seems to me to be worthy of imitation for the purposes of phthisis.

I can also see great advantage in the construction, for public health purposes, of isolation hospitals for phthisical patients. The educational effect of even a temporary residence in such an institution, where the adoption of precautions against the diffusion of the tuberculous infection would form a rule of life, would, in my opinion, be very great. Such institutions would also have other advantages. They would provide the conditions favourable to the complete cure of persons suffering from incipient phthisis, and who, if left to themselves, would ultimately succumb, leaving those dependent on them to be a burden on the public rates; and they would further serve to provide, in separate buildings, for those who, whilst suffering from the more advanced forms of the disease, could not fail to act as diffusers of the infection around them and to add to the misery of their own homes.

Three administrative measures, therefore, deserve attention. First, the education of the public by physicians, health authorities and others in the causes of tuberculosis and in the means for preventing its spread. Secondly, the provision of means for the temporary isolation of persons suffering from phthisis in its various stages. And lastly, certain corporate public health authorities might find themselves able to carry out as an experiment a system for the voluntary notification of phthisis, and even of all forms of tuberculosis in their districts.

Since these lectures were delivered great prominence has been given to the question of the prevention and control of tuberculosis by the important gathering which was summoned by His Royal Highness the Prince of Wales, to meet at Marlborough House on December 20th, 1898, in connection with the formation of "The National Association for the Prevention of Consumption and Other Forms of Tuberculosis," and I was struck with the fact that among the speakers there was absolutely unanimity on two points, namely: (1) That the greatest danger which man incurs of receiving the tuberculous infection lies in the use of milk from tuberculous cows; and (2) that the best chance of destroying the tuberculous infection when once received into the lungs is by treatment in the "open air."

The knowledge we now possess as to the striking effects of the "open-air treatment" on pulmonary tuberculosis when it already exists, needs to be applied for the prevention of that disease; for the cost of erecting sanatoria in sufficient numbers for the cure of tuberculous consumption so long as we allow a principal cause of tuberculosis to remain in operation would, in itself, largely defeat the object which is aimed at. It is, therefore absolutely necessary that the public should be aroused to the danger of confining milch cows, whose place in Nature lies in the *open air* of our pastures, in the small amount of air-space now allotted to many thousands of those animals in cowsheds and byres, some of which they never leave for the whole period during which they are supplying milk for human beings.

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# SOME INTERESTING CASES OF DISEASE OF THE OVARY WITH AMENORRHŒA.

By JAMES OLIVER, M.D., F.R.S. (Edin.), F.L.S.,
Physician to the Hospital for Women, London.

CASE I.—*Dermoid of the Left Ovary with Amenorrhœa in a Patient with Acromegaly—Operation—Recovery.*—Mrs. P—, æt. 34, married four years, has had one child. This child was born on January 10th, 1897, and was suckled until February, 1898. She consulted me on September 19th, 1898, and the following facts were then elicited. Since the birth of the child there had been complete amenorrhœa. Two months before her visit to me she was suddenly seized with pain in the left iliac region, and since then she has complained more or less of pain in the lower portion of the left abdomen. There had never been any symptoms referrable to the bladder or rectum.

*Physical Signs.*—Palpation of the abdomen reveals nothing unusual.

*Vaginal Examination.*—The cervix uteri is located well forward and towards the right wall of the pelvis. The os is slightly open. The vaginal roof to the left of the cervix is pushed down by a swelling which appears to be a thick walled cyst with a slightly nodular mass projecting from its summit (this irregular nodule was easily detected by bi-manual examination). The body of the uterus is directed somewhat backwards, and its left border is incorporated with the pelvic tumour. The temperature is 99 degs. F., and the pulse numbers 100 per minute.

*History of the Acromegaly.*—The hands, which are broader and generally larger than those of any male engaged in arduous manual work, began to enlarge soon after marriage. Twice since marriage patient has had the size of her rings increased. The feet are much broader and bigger than they were four years ago. The face, too, is wider and altogether heavier looking than it used to be. The tongue is very large. During the last eighteen months patient has complained of pain and numbness in the middle and ring fingers of both hands, but to a less extent in the left than in the right. In warm weather the pain and numbness have been so slight that they have scarcely attracted attention.

*Operation.*—The abdominal cavity was opened mesially by an incision measuring five inches. The tumour which was a dermoid of the left ovary was imbedded in old inflammatory material, and was firmly adherent to the posterior surface of the left broad ligament and to the uterus. With much difficulty it was enucleated. The mesovarium was very broad, and had to be secured by four interlaced ligatures. The tumour contained cartilage and bone, but the irregular nodule, which was detected by bimanual examination springing from the summit of the tumour, proved to be a very cirrhotic portion of the ovary.

*Remarks.*—It was difficult to account for the amenorrhœa in this case, as the confinement had been an easy one, and no untoward condition connected with this event had been noted. I was disposed to believe it was quite independent of the pelvic tumour, and was attributable rather to the general condition of the patient.

CASE II.—*Multicystic Disease of Both Ovaries, occurring soon after Marriage, causing Amenorrhœa and Colostrum to be obtained from the Breasts—Operation—Recovery.*—Mrs. B., æt. 39, and married 18 months, has had no child and no miscarry. Menstruation began at the age of 14, and the discharge, which has always been rather free, has usually flowed for seven days. She was last unwell 12 months ago, having menstruated regularly for six months after marriage. After two menstrual periods had been missed patient observed that her abdomen and breasts were increasing in size, and she naturally considered herself pregnant. The abdomen gradually increased in size until the menstrual discharge had been in abeyance eight months, but during the last four months patient thinks it has remained fairly stationary. Movements have been felt since about the fifth month. There has been throughout no sickness and practically no pain. She consulted me because she had gone nearly three months over the time when she had expected to be confined.

*Physical Signs.*—The abdomen is prominent. It bulges more especially a little to the left of the umbilicus over an area with a diameter of about four inches. The upper border of this bulging is located two inches above the level of the umbilicus. Palpation detects a swelling which is irregular in outline and consistence. It arises from the pelvis and extends to three inches above the umbilicus. At the level of the anterior superior spines of the ilium it measures transversely seven inches, and the greater portion of the swelling is located in the left half of the abdomen. Over a small area an inch below and a little to the left of the umbilicus the percussion note is resonant, elsewhere the note over the tumour is dull.

*Vaginal Examination.*—The cervix uteri is located high, in close apposition with, and somewhat to the right of, the pubic bone. It is rather soft, but the os is not open. Douglas's pouch is occupied by a solid or very tense cystic swelling, which is continuous with the right half of the abdominal swelling. The body of the uterus cannot be differentiated. Colostrum is obtainable from both breasts. No sounds are heard on auscultating over the tumour.

*Operation.*—The abdomen was opened mesially. It contained a small quantity of free fluid. Both ovaries contained a large number of cysts, varying in size from that of a walnut to an orange. The right one was partially concealed by its corresponding broad ligament. The left one was peculiarly concealed by small intestine. Several of the cysts in each had to be tapped *in situ* before the delivery of either could be attempted.

CASE III. *Unilocular Cyst of the Right Ovary with a Solid Fibro-myoma in the Cyst Wall, occurring in a Virgin and associated with a Six Months' Amenorrhœa—Operation—Recovery.*—Miss S., æt. 36, began to menstruate at the age of 12. The menstrual discharge, which had usually flowed for six days, had recurred regularly until six months ago, since which time there has been complete amenorrhœa. For two months she has remarked that her abdomen has been increasing in size, and since she was last unwell she has complained occasionally of sickness.

*Physical Signs.*—The abdomen is full, but somewhat flat. It is occupied centrally by a swelling which arises from the pelvis and extends to one inch above the umbilicus. Projecting from this swelling on the left side about the level of the anterior superior spine of the ilium is a small tumour of about the size of a small orange. The small tumour can be moved to a slight extent on the surface of the larger one. Fluctuation is obtained.

*Vaginal Examination.*—The cervix uteri is located fairly centrally. The vaginal roof in front and to the right of the cervix is pushed slightly down by a portion of the abdominal swelling. The body of the uterus cannot be differentiated.

*Operation.*—The abdomen was opened mesially. The tumour was an unilocular cyst of the right ovary, with a solid fibro-myomatous tumour (encapsuled) in the cyst wall. The left ovary was quite healthy.

## MODERN VIEWS ON GOUT IN RELATION TO TREATMENT. (a)

By A. DE THIERRY MOUILLOT,
B.A., Dub., M.A., M.D.,
Harrogate.

The author alluded to certain chemical facts which he considered to have been settled by the researches of Sir William Garrod, Sir William Roberts, and Dr. Luff. He observed that gout was accompanied by the presence of uric acid in the form of quadriurate in the blood in recognisable quantity which is deposited in the tissues in the form of sodium biruate owing to the action of the serum salts, particularly sodium chloride. He then argued that the presence of an abnormal quantity of uric acid in the blood must be due to a loss of the balance between production and excretion, and that as in gout rather less than the normal amount of uric acid is eliminated in the urine, it was necessary to assume that there was a relative inadequacy on the part of the kidneys to eliminate all the uric acid formed, whether in excessive quantity or not.

Although believing that this relative inadequacy was a necessary concomitant of gouty deposit, Dr. Mouillot did not believe that the kidneys were solely at fault or that uric acid was produced, as well as excreted, by those organs. Dr. Luff's argument that if uric acid were made elsewhere it must be carried to the kidneys by the blood was doubtless a strong one, and his failure to find any uric acid even in the blood of birds was a strong point in favour of the renal origin of uric acid, but Dr. Chalmers Watson's recent investigations which show that uric acid is present in the blood of birds, were opposed to Dr. Luff's negative evidence. Minkowski's experiments on geese were strongly in favour of the hepatic origin of uric acid, which origin is also strongly supported by clinical evidence. The assumption that the kidneys are sufficiently healthy to perform a synthetical process, and not healthy enough to eliminate the substance formed, is not so rational as that the failure on the part of the kidneys is in power to eliminate uric acid made elsewhere. Besides, both the supposed antecedents of uric acid, urea and glycocine, are made in the liver, and it is probable that their conjugation takes place there also.

Dr. Mouillot believed that the proximate cause of the gouty state lies in a defective metabolism of proteids due to a functional disease of the liver or intestinal glands, and that the deposit of sodium biurate is due to deficient elimination by the kidneys, owing to a diseased condition or through their action being inhibited by an impure condition of the blood.

Dr. Mouillot took Sir William Robert's view as to the deposit of sodium biurate being the cause of the articular symptoms and many of the non-articular symptoms.

In the differentiation of gout from rheumatism, stress was laid on the condition of the fingers, and also on the deposit so often found in the conjunctival surface of the lower eyelid.

In speaking of the treatment, Dr. Mouillot argued from the action and success of colchicum that the objects aimed at should be to diminish the quantity of uric acid formed and stimulate the intestinal glands and liver, whilst endeavouring to remove all the uric acid formed through the excretory organs. Colchicum probably acts by its effect on the liver and intestinal glands, which increases the quantity of bile, thus removing, in the form of glycocholic acid, one of the antecedents of uric acid. Colchicum completely meets the indications in acute gout.

Chronic gout and goutiness must be treated mainly by diet and periodic visits to watering places. The main points in diet are to drink fluid freely apart from meals, and to make the meals as little complex as possible. Stimulants should never be taken except at meals on account of their effect on the liver. As to watering-places, Dr. Mouillot considered that British Spas were sufficient for every purpose, and that the medical man was as important as the place.

He considered that Sir William Roberts's objection to Spas, the waters of which contained sodium salts, and his preference for indifferent waters was unfounded. With respect to Harrogate it was found that the exhibition of a full course of treatment by the waters reduced the amount of uric acid, whilst increasing that of urea, eliminated. This is what is required in gout, and is a similar action to that of colchicum, the reason evidently being that the sulphur saline waters remove by the bowels some of the antecedents of uric acid, whilst their stimulating effect on tissue change, increased the principal product of metabolic activity—urea. The charge made by Sir William Roberts that saline waters can only do good by precipitation of the sodium biurate out of the blood into the joints is unfounded as far as Harrogate is concerned, for acute gout developing under treatment there is rare.

Dr. Mouillot concluded by reading notes of the only two cases of acute gout which had occurred in his practice whilst the waters were being taken. One case was remarkable in that the patient had never tasted meat in his life, and lived entirely on milk and vegetables.

# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

Meeting held Friday, March 24th, 1899.

The President, Mr. Langton, F.R.C.S., in the Chair.

### ABDOMINAL ANEURYSM TREATED BY INSERTION OF SILVER WIRE.

The President read notes of a case of aneurysm of the abdominal aorta successfully treated by the introduction of silver wire. The patient was a woman who had had an abdominal swelling since the birth of a child three months before. She had wasted having lost two stones in weight in twelve months. On admission there was a pulsating tumour in the epigastrium three and a half inches in diameter, which was moveable laterally but not vertically, and there was a loud systolic murmur over it. In April, 1898, as the swelling was increasing, and the pain very severe, an exploratory laparotomy was performed, and the tumour was found to be aneurysm of the upper part of the abdominal aorta. A trocar was introduced into the sac and not much blood issued from the cannula when the trocar was withdrawn. As there was some difficulty in introducing salmon gut into the sac, silver wire was used and five feet thereof was introduced without difficulty. The puncture was secured with a silk ligature. There was some vomiting, and a good deal of restlessness after the operation. A month later the tumour was carefully examined, and it was found that consolidation was occurring. As a result of the manipulation, however, there was return of the vomiting, severe rigor, and collapse. These alarming symptoms yielded to treatment, and the after progress was uneventful. She had been seen from time to time, and there was at the present time a hard mass in the middle line much smaller than before the operation, and the thrill and bruit had disappeared. Her health was excellent. The author observed that there were only a few successful cases of this kind on record.

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(a) Abstract of paper read at the Harveian Society of London, March 16th, 1899.

### OPERATIONS FOR PYLORIC OBSTRUCTION.

Mr. Rutherford Morison related an interesting series of cases illustrating the results of operations for pyloric obstruction. The patients were shown, and sections from the growths removed, were exhibited by the lantern. 1. A case of recovery after pyloroplasty for stricture of the pylorus. The patient was a woman who was operated on in October, 1894, the case being published in the *Lancet* in April, 1895. At the time of operation she was fed entirely by the rectum. She was now in perfect health and could eat anything. He made an incision an inch and a quarter from the pylorus, passed a guide through it, and then made an incision through all coats, and then sutured the incision so that the line of union was transverse to his incision. 2. A woman, æt. 40, who had had severe pain after food for six months, and vomiting and emaciation for two months. There was a tumour the size of an orange which could be felt near the umbilicus, and which proved to be a scirrhous mass. Pylorectomy was performed in October, 1897. She could now eat anything, was in good health, weighed a stone and a half more than before the operation, and there was no evidence of recurrence. Mr. Morison said he had performed this operation nineteen times and all had recovered. No relapses had ever occurred. 3. A man, æt. 48, who had had severe pain after food and emaciation for some time. There was a growth of encephaloid cancer reaching nearly up to the pylorus, which was excised with the growth. He was now in good health, and had gained nineteen pounds in weight in the six months after the operation. 4. A woman, æt. 41, who had had pain and vomiting for a year. There was great dilatation of the stomach, due to an adeno-carcinomatous growth, the size of a walnut, in the pylorus. She had gained two stones since the operation in September, 1898. 5. A man, æt. 38, who had rapidly emaciated and suffered from pain and vomiting for ten weeks. There was an extensive colloid carcinoma involving the pyloric half of the stomach which was removed, and the cardiac end joined to the duodenum, by a modification of Billroth's method. A chain of glands was affected, and had to be removed. The patient was now in excellent health, and there were no signs of recurrence. 6. A man, æt. 41, on whom he had performed pylorectomy for a small scirrhous mass six weeks ago. The man was now quite well, and had gained more than a stone in weight. The operation was in Mr. Morrison's opinion safer than gastro-enterostomy, and should be performed whenever the tumour was movable, size of the tumour not being an important consideration.

Mr. Charters Symonds congratulated the author on his excellent results. He had tried the method of pyloroplasty described in one instance with a satisfactory result, and he had to operate on the patient later for some other trouble, and found that no adhesions had occurred. In one case of pylorectomy he had found that no adhesions had occurred. In one case of pylorectomy he had found difficulty in joining the duodenum and stomach, and he had finally to employ a Murphy's button. The ultimate result was good, the patient being able to return to work. He was inclined to think more favourably of gastro-enterostomy than Mr. Morison did. He had performed the operation twenty times, and had seen nothing but good result from it. It had given great relief where removal was impossible.

Mr. W. G. Spencer also congratulated Mr. Morison on his splendid results, and observed that there seemed to have been unusually little involvement of lymphatic glands in his cases, considering the size of the tumours. He thought the end-to-end approximation of stomach and duodenum was better than the method employed in Germany of closing the cut end of both organs, and then making a lateral opening between the two. Mr. Spencer had performed pyloroplasty successfully, but he preferred to pass his sutures only through the peritoneal and muscular coats, using a Lembert's suture of fine silk, and an ordinary round sewing-needle. He thought that gastro-enterostomy was of great service in cases where excision was impracticable.

Dr. Radcliffe Crocker described a case and showed drawings of a case of

### LYMPHANGIOMA TUBEROSUM MULTIPLEX.

The patient was a female, who had first noticed the lesions at the age of eighteen. There were numerous small smooth papular elevations on the skin over the upper part of the chest. They were most abundant under the clavicles, and without any definite arrangement, although there was a tendency for them to follow lines from the shoulders to the sternum. They were confined to the upper part of the chest with the exception of a few outlying papules on the neck and in the axillæ. Some of them were yellowish or brown, but some of them were the same colour as the surrounding skin. There was milium between the spots and on some of them. Microscopically they had a cystic structure with some glandular elements. The patient was in robust health, and experienced no inconvenience from the spots beyond their preventing her from wearing low dresses. The condition was a rare one, only ten cases having hitherto been recorded.

## ROYAL ACADEMY OF MEDICINE IN IRELAND.

### Section of Obstetrics.

Meeting held Friday, February 10th, 1899.

The President, Dr. F. W. Kidd, in the Chair.

### DISCUSSION ON THE ROTUNDA HOSPITAL OBSTETRICAL REPORT.

After some remarks by Dr. More Madden, Dr. W. J. Smyly thought it was a very great gain to have done away with the plug in the treatment of abortion. In the treatment of placenta prævia the same method was used at present as during his tenure of office at the Rotunda Hospital, when there was not one death as the result of hæmorrhage from placenta prævia, though two cases had ended fatally. One of these patients had been delivered by the old method of version and immediate delivery, and had died after a short time from hæmorrhage and rupture of the cervix, and the other had died on the tenth day of pulmonary embolism. Coming to accidental hæmorrhage, he considered that the best treatment was still practised—namely, that if the patient had not strong labour pains it was a mistake to rupture the membranes, and if there was external hæmorrhage the uterus should be plugged. In London, students taught at the Rotunda had been rejected at examinations for not saying that they would rupture the membranes in such cases. Even the nurses who go up for the examination of the Obstetrical Society were instructed beforehand to say, if asked what they would do in a case of accidental hæmorrhage, that they would rupture the membranes, which, he thought, would be most improper.

Dr. **Macan** pointed out that the mortality of the internal department was, contrary to what they would expect, twice that of the external department. He deprecated the time limit of four hours as an indication for the application of the forceps as given in the Report. Indications on the part of the mother or child were admissible, but the time indication was ridiculous. He noticed a case of eclampsia which was stated to be absolutely free from albuminuria, and therefore not capable of being explained by the ordinary theories. There was a case of brow presentation above the brim where the forceps had been applied. He thought that the forceps were contra-indicated in such a case.

Dr. **Kidd** referred to the fact that in about 50 per cent. of the cases of rise of temperature after delivery no explanation of the cause of this rise could be given.

Dr. **Purefoy**, Master of the Rotunda, in reply, said that, with regard to the use of ergot in post-partum hæmorrhage, it was needless to say that they only used it when the placenta was absent. They employed Squibb's preparation of ergot, and he commended its use as it had given satisfactory results. One possible explanation of the fact that the mortality was greater in the internal than in the external department was, of course, that the bad cases in the external maternity were admitted into the hospital. The four-hour limit was only one, and the least important, indication in the use of the forceps. The other indications on the part of the mother and the child were also taken into account. He agreed that it was unsatisfactory not to be able to assign a cause to the cases of rise of temperature which Dr. Kidd had referred to, but the fact remained that they were unable to give a tangible cause for the elevation, as a large number were not interfered with, even to the extent of a vaginal examination.

The Section then adjourned.

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## HARVEIAN SOCIETY OF LONDON.

### Meeting held Thursday, March 16th, 1899.

Henry Juler, F.R.C.S., President, in the Chair.

Dr. **Mouillot**, of Harrogate, read a paper, entitled MODERN VIEWS ON GOUT IN RELATION TO TREATMENT, a full abstract of which will be found in another column.

In the discussion following, Dr. **Bezly Thorne** said that it had been a pleasure to him to listen to an exposition of views so largely in accordance with his own. He particularly wished to emphasise his conviction that granular kidney is a cause neither of gout, high tension, nor heart affection. All three, he believed to be consequential expressions of a general condition of blood-impurity in the maintenance of which a chronic gastro-duodenal catarrh, bringing in its train pancreatico-hepatic obstruction and gastro-intestinal fermentative changes, is the fundamental cause. The gastro-duodenal factor might possibly have much to do with the part which the liver plays in the uric acid diathesis. Dr. Thorne thought that he could not better indicate his views as to the relation which diet bears to the toxæmia of which uric acid is one of the most easily recognised, but probably by no means the most active, agents, than by giving his own personal experience. Starting with the worst possible inheritance as to uric acid, some sixteen years ago he became subject to tender nodular enlargements on the bones, mainly of those of the hands and feet, as well of the articular ends of the clavicles. Soon he had to abandon the use of the phalanges of the left hand as pleximeters in percussion on account of the periostitis which it induced. Migraines which had occurred at rare intervals, become more and more frequent until they disabled him two or three times a week, and at length a permanent tenderness of the left lateral sinus became established, and for two years compelled him to step with the greatest caution lest an access of pain should be brought on. All this time there were evidences of biliary obstruction or inhibition, and the daily evacuation of considerable quantities of uric acid. The failure of his health culminated about thirteen years ago, in two accesses of what would now be probably called appendicitis, an affection which he believed to be intimately associated with that condition of the digestive tract which is characteristic of the uric acid diathesis. While laid aside with the second attack, he became convinced that a gastro-duodenal condition, identical with that which had been denominated "mucous disease" and "cœliac disease" of young children, was the causative factor of his own ill-health, and he resolved to effect a revolution in diet and treatment. What that involved they would understand when he stated that from the beginning he had abandoned all wine and sweets, taken almost daily a dose of saline aperient, and one of calomel once or twice a week, and that for more than a year not one shred of butcher's meat had passed his lips. As soon as the subsidence of the acute symptoms allowed, he adopted a diabetic dietary, foreswore saline aperients, and took to drinking about two pints of water, generally warm, at such times as would not interfere with gastric digestion, instead of vainly trying to quench thirst with draughts of effervescing mineral waters, and in about three weeks returned to a state of health which he had not known for years, and, moreover, had maintained in increasing degrees ever since. It was, he said, necessary to add that he had treated the condition of the digestive organs with preparations of bismuth and of soda, and that he had found it necessary to maintain that treatment during the greater part of the seven succeeding years in order to prevent relapse. He had now, for many years, treated his patients on the same lines and with varying success, and, for that reason, he was inclined to regard the embargo on sodium salts as a bugbear based on laboratory experiments rather than on clinical observation. One of the secrets of success he believed to be the enforcement of simplicity of diet, because the stomach of a gouty patient could deal effectually with a meal of animal food and succulent vegetables, but would utterly break down in the effort to digest half a dozen kinds of food at the same time. Monotony of diet also had its drawbacks, and occasionally he found it necessary to place an inveterately gouty patient on an exclusively milk or vegetable diet for a few days or a week in order to give the stomach a change of digestive function.

Dr. A. P. **Luff** urged the importance of avoiding the use of salicylic acid or sodium salicylate in the treatment of gout, since it was not only useless, but in many cases he had found it do positive harm. He entirely supported Dr. Mouillot's statement that many gouty people drank too little, and especially he had found this to be the case with female gouty patients, in whom the total amount of daily fluid consumed would frequently average not more than 18 to 20 ounces. He thought that his investigations on the influence of alkalies on the solubility of gouty deposits had been misunderstood by many medical men. He had never advocated the abandonment of alkalies in the treatment of gout. What he had shown was that alkalies and their congeners were useless when administered with the object of dissolving gouty deposits, but he (Dr. Luff) frequently employed alkalies in the treatment of gouty dyspepsia and of gouty affections of the liver.

Mr. Wm. **Armstrong** (Buxton), while agreeing with Dr. Mouillot that gout was more frequently met with than rheumatism, thought that there was just now rather a tendency to consider all articular and muscular pains gouty, and to underestimate the rheumatic element which was often of considerable importance from the point of view both of therapeutics and of dietetics. Dr. Luff's valuable work had shown that in cases of persistent gout and goutiness there was almost constant failure to excrete the normal amount of uric acid; and he (Mr. Armstrong) had been greatly aided in the diagnosis of doubtful cases by the estimation of the twenty-four hours' urine by the Gowland-Hopkins method. With regard to dietary—as a general rule a certain amount of butcher's meat was necessary. In a considerable number of cases on a non-meat diet he had observed that although the actual amount of uric acid formed got less, the rate of excretion diminished to a still greater degree. Beef and mutton certainly stimulated the process of excretion. In nearly a hundred cases dieted exclusively on minced meat and hot water there was at first an enormous increase in the quantity of uric acid excreted, which, no doubt, the advocates of a non-meat dietary would say was conveyed into the system by the beef, but as the gouty troubles improved the excretion gradually fell to normal, although the food was unchanged. In giving red meat to the gouty it was necessary to cut down as far as possible the consumption of carbo-hydrates and of milk, and also to insist upon the drinking of hot water one hour before each meal. Fresh vegetables were of the greatest value, but they should be well cooked, and freed from crude, indigestible matter. A separate vegetable course at dinner was most useful. Certain gouty cases could be treated with an equal amount of success, either on the lines suggested, or by the dietary advocated by Dr. Alex. Haig, consisting mainly of carbohydrates, milk, and fruit, but it was of the first importance that the two classes of food should not be mixed as in that direction lay disaster for the gouty. Modern researches concerning gout seemed to resolve its treatment into two portions. (1) The prevention of the formation of the antecedents of uric acid by attention to the condition of both the gastric and duodenal digestions, and to the action of the liver, that much-abused organ, so frequently the victim rather than the culprit. (2) The stimulation of excretion by attention to the functions, of the kidneys, skin, bowels, and nervous system, to a lowered condition of the last-named so much of the modern irregular gout is due.

Dr. Mouillot, in reply, said that he was much interested in Dr. Bezly Thorne's experience. It bore out his view that the initial difficulty in gout was a digestive one, and that the gouty were unable to digest the various classes of food at the same meal. The rigidity of the diet rules must be in proportion to the severity of the symptoms as a sacrifice which it might be worth while making in a severe case might not be so in a mild one. He said his view was that the true cause of gout was digestive, and that the uratic deposits which were responsible for most of the symptoms were due to subsequent failure of the kidneys, either as a coincidence or caused by the toxic poisoning due to the uric acid, or perhaps other poison. Dr. Mouillot was quite sure that Mr. Armstrong's practice of calling in the aid of the skin to assist the diuretic action of the Buxton waters was sound, and would limit the number of cases of gouty attacks whilst taking the waters. Dr. Mouillot confessed himself unable to judge of the accuracy of Dr. Chalmers Watson's work which Dr. Luff had so ably criticised, nor, if accurate, did it prove that uric acid was not made in the kidney, but merely removed a difficulty out of the way of those who held that view.

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## SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

Meeting held Thursday, March 2nd, 1899.

Dr. Alfred Robinson, President, in the Chair.

Dr. Keeling showed the specimens removed, and gave details in the following cases :—1. "Cystic Myoma of the Uterus," successfully removed by abdominal section in an unmarried woman, the uterine wound being treated intra-peritoneally. 2. "Dermoid Cyst and Ovary," patient single. Recovery good. 3. "Broad Ligament Cyst," removed from married woman, æt. 30, sterile, married ten years. Recovery excellent. 4. "Menstrual Fluid removed in a case of Imperforate Hymen." The patient, otherwise a healthy, well-grown girl, æt. 17, had never menstruated. 5. "Cancerous Uterus, removed by Vaginal Hysterectomy from a Married Multipara, æt. 42." Recovery had been excellent, with the serious exception that an urinary fistula had resulted, probably from the bladder having been caught by one of the forceps used in securing the broad ligaments.

A discussion followed on the operative treatment of fibro-myomata and cancer of the uterus, in which Dr. Martin, Mr. Richard Favell, Dr. Sinclair White, Mr. Pye-Smith, Dr. Andrew Walker, and Mr. Sydney Barber took part.

Dr. Arthur Hall showed the following pathological specimens :—(1) "Heart with stenosis of the pulmonary artery, imperfect ventricular septum, and patent ductus arteriosus." The specimen was taken from a boy, æt. 11, who died of pneumonia. The cyanosis was not extreme, except during the last few days of life. (2) "Liver with gall-stones in the gall-bladder, an impacted stone in the ductus choledochus, several stones in the intra-hepatic bile ducts, which were largely dilated." The left lobe was breaking down with multiple abscesses secondary to well-marked cholangitis. At the left extremity of the liver there was a large subphrenic abscess, which seemed to be secondary to the suppuration, in the left lobe of the liver. (3) "Carcinoma of the bodies of the ninth cervical and upper three dorsal vertebræ, part of a widely distributed Cancer," the primary seat of which was not discovered. The bodies of the vertebræ had given way and produced transverse myelitis, which was the immediate cause of death. (4) "Typhoid ulcers," preserved by Kaiserling's method with formalin and glycerine.

Dr. Cairns showed the specimen and gave the details of a case of "Ectopic Gestation," which was diagnosed by Dr. Andrew Walker and himself, and successfully operated on by Dr. Sinclair White.

Dr. George Wilkinson gave an account of a case of "Subphrenic Abscess," operated upon by him at the Royal Hospital. The patient was a man, æt. 47, who was admitted acutely ill, with a prominent, tense, fluctuating swelling in the epigastric region. Hepatic abscess was diagnosed, the swelling was incised, and two pints of pus and hydatid fluid evacuated. The patient complained of much pain in the left side when being lifted on to the operating table. Next day there were signs of a subphrenic collection of fluid on the left side. This was evacuated and drained after resection of a portion of the 7th rib in the anterior axillary line, and suture of the costal pleura and the diaphragm. Drainage was continued for two months, after which the cavities healed, and patient was discharged.

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## NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

Meeting held at Sheffield, March 17th, 1899.

Dr. Donald, President, in the Chair.

### Specimens.

Dr. Keeling showed the following specimens:—(1) Large cystic myoma of the uterus, (2) dermoid cysts of both ovaries, (3) tubo-ovarian cyst.

### Cases.

(1.) Dr. Favell related a case of cancer of the cervix associated with three months' pregnancy. The uterus was successfully removed by vaginal hysterectomy.

(2.) The President (Dr. Donald) reported a case in which he had performed vaginal hysterectomy for post-partum hæmorrhage The patient, a primipara, was observed, before labour, to have an extremely thin uterine wall. Labour came on spontaneously, accompanied, however, by extreme inertia, and was completed by forceps. Profuse and intractable post-partum hæmorrhage ensued, resisting all the usual methods of treatment, including plugging with gauze. The patient was apparently moribund, but it was decided to perform vaginal hysterectomy as a forlorn hope. The operation was easy and only occupied ten minutes, clamps being used. The patient temporarily improved, but died an hour later. Dr. Donald was of opinion that if the operation had been done a few minutes earlier the patient's life would probably have been saved.

Dr. Walls introduced for discussion the subject of "the treatment of some cases of Accidental Hæmorrhage," adjourned from the last meeting. In these cases Dr. Walls advised that the membranes should not be ruptured until the cervix was fully dilated or dilatable. There was no objection to plugging the vagina, especially if combined with a hydrostatic dilator, such as de Ribe's bag. After delivery by forceps or version the great danger was from the almost invariable post-partum hæmorrhage. If the usual measures, including plugging with iodoform gauze failed, he advised vaginal extirpation of the uterus as a last resort, believing that in this way certain lives would be saved.

Dr. **Glynn Whittle**, in an experience of 10,000 labours, had met with severe accidental hæmorrhage in sixteen cases. Of these all the infants died with one exception, but fifteen of the mothers recovered. He had never used hydrostatic dilators, but preferred to firmly plug the cervix and vagina, followed by manual dilatation of the cervix and delivery by forceps or version. The post-partum hæmorrhage was, in his experience, always controlled by a hot uterine douche. He could not support the suggestion to perform Porro's operation or vaginal hysterectomy in such cases, believing that a woman who could survive hysterectomy would certainly be saved by a vigorous application of the above principles of treatment.

Dr. **Martin** considered that cases of very severe accidental hæmorrhage were of great rarity, but in such cases he agreed with Dr. Walls that if other methods fail to check the bleeding hysterectomy was quite justifiable.

Dr. **Lea** suggested that in cases of severe internal bleeding with the os undilated and extreme uterine inertia accouchèment forcè by the aid of free incisions in the cervix should be carried out.

Remarks were also made by Drs. **Briggs**, **Keeling**, and the **President**, and Dr. **Walls** replied

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## France.

[From our own correspondent.]

Paris, March 25th, 1899.

### Osteomalacia in Man.

At the meeting of the Academy of Medicine, M. Berger communicated details of the case of a young man who entered his wards for double genu valgum. Osteotomy above the left condyle was practised, the knee straightened out, and some time afterwards the femur was found to be consolidated. Towards this period, however, the patient complained of violent spontaneous pain in all the extremities, except in the operated limb. These pains were first considered to be those of rheumatism. It was only three months subsequently that abnormal mobility was remarked in the bones of the two lower extremities, which became the seat of considerable deformity. Analogous pains were felt in the arms, and these became deformed in their turn, and finally the thorax and the head were attacked in a similar manner. The vertebral column alone resisted the process of disintegration. The patient was besides suffering from interstitial nephritis, which by its rapid progress threatened his life. All treatment failed to arrest the progress of the primary disease.

### Volvulus of the Sigmoid Flexure.

M. Routier spoke on a case of volvulus of the sigmoid flexure. A woman presenting all the signs of intestinal occlusion entered the hospital in July last. For a year previously she suffered more or less from violent attacks of colic, and two or three days before applying to the hospital, without any apparent cause, in the middle of the night she felt a sudden pain over the whole abdomen, and since that moment no matter nor gas had been ejected; some vomiting supervened, but not very abundant. When examined the predominating symptom was considerable tympanitis; the thermometer marked 96 degs., and the pulse was 100. After seeking in vain for the cause of the occlusion the speaker performed laparotomy. As soon as he opened the abdomen he fell on a loop of the large intestine greatly distended, and which he recognised as the sigmoid flexure. In pushing further his exploration he discovered that the strangulated loop was retained by a thin ring which tightened it at its base on a level with the sacro-vertebral angle. He found himself in presence of a volvulus twisted from left to right. The obstacle was removed without difficulty, and the patient left the hospital cured, a month afterwards.

### Treatment of Epithelioma.

MM. Cerny and Trunecek have published at great length in the *Semaine Médicale* their treatment of epithelioma by daily applications of a solution of arsenic composed as follows :—

Arsenious acid, xx grs.;
Proof spirit } ℥iiss.
Water }

The result of these applications was a successive transformation of the cancerous tissue in sloughs which became detached, and finally left an ordinary granulating sore, which healed under the influence of antiseptic treatment. No prejudice was caused to patients by the application of the arsenic when care was taken to avoid touching the healthy skin. The pain caused by the action of the caustic was never so great as to oblige the patient to abandon the treatment. The curability of cancer by this method depended, however, on the degree of evolution of the neoplasm and on the seat of the lesion. As regards the first condition, it was necessary that the ganglions should not be indurated, and as to the second, the application of the toxic should be realisable Such were cases of primary cancer of the teguments, the nose, the lips, the mouth, and certain limited lesions of the larynx. As to the duration of the treatment, it was impossible to fix any period with precision; Very small ulcerations only required three or four weeks to heal, while in other cases several months were necessary. However, it was sufficient to see the patient once or twice a week as he could apply the caustic himself. As to the action of the arsenical solution, the cancerous cells were first dehydrated by the alcohol, then their protoplasm became coagulated under the influence of the arsenic, degenerescence of the cells of the connective tissue followed, provoking a serious exudation which determined in its turn certain alterations in the modified cancerous cells; finally, a distinct inflammatory line of demarcation was produced between the diseased and the healthy parts, after which the neoplasm became eliminated as a foreign body.

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## Germany.

[From our own correspondent.]

Berlin, March 24th, 1899.

### Cæsarean Section.

In the *Therapeut. Monatsch.*, 11/98, Dr. Everke, Bochum, has an article on the subject. The author's opportunities for observation comprise thirty-five cases, two of which operations were *in mortua*. Twenty-five of the cases were examples of the conservative operation, six were Porro's operation with intraperitoneal treatment of the pedicle, two total extirpations. As regards results to the mother, some of the cases have to be excluded before a calculation could be made. There were two operations after the death of the mother, two deaths from eclampsia one from pre-existing exudative pleuritis, and one case in which the operation was performed to save the child in a woman suffering from septic peritonitis. Of the remaining twenty-eight cases, four died of sepsis, one from hæmorrhage. The remaining twenty-three cases did well during childbed, only a few having slight febrile symptoms. Nearly all the mothers were able to suckle the child. Out of the whole thirty-five cases, thirty living children were born.

As regards technique, the author thinks that on the basis of his own extended experience, he can recommend the following mode of procedure. It is best to wait until regular pains have set in. In place of elastic ligature it is better for two assistants to compress the broad ligaments manually. Anterior or posterior longitudinal opening into the uterus is preferable to the transverse one, as the latter entails imperfect nourishment of the wounded part and poor healing. The most important step in the operation is the careful suturing of the uterine wound. In the conservative operation the author always avoids the decidua with the deep sutures, and puts in superficial sutures of silk. In order to avoid gaping of the wound at the decidual part, and danger of infection from the uterine cavity, and also the occurrence of gangrene, too many and too deep sutures should not be applied from the peritoneal side, but in order to ensure a deep firm cicatrix he ties three to six threads from the cavity of the uterus. These sutures take in the decidua or at most the inner layer of muscle, and are easily placed in position.

He is now inclined to demand that no perforation of a living fœtal head should ever be performed, at least not in a properly appointed hospital, as by means of timely Cæsarian section there is almost an equal certainty of saving both lives, as even in early operation in excessive contraction of the pelvis, the prognosis for the mother is equally good, *i.e.*, in a good hospital, whether the labour is terminated by perforation or Cæsarian section. The prognosis becomes more unfavourable with the length of labour. Bruising and necrosis of the soft parts, soiling by examinations predispose to infection, and if a case does badly after these, the method of operation is not at fault, but the blame should rest on what has preceded it.

### NEURITIS GRAVIDARUM AND NEURITIS PUERPERALIS.

A paper on this subject in Graefe's *Sammlung*, by Carl Marhold, brings some scattered fragmentary views into something like order. In neuritis the author includes those affections of nerves that have come on in connection with a normal or pathological gravidity, or in connection with a confinement, in a woman otherwise healthy.

The neuritis of gravidity is, according to the author, a rare condition. If it occurs during a normal pregnancy, it can only be explained on the assumption of the production of toxins setting up degenerative processes in the nervous system. The comparatively frequent combination of hyperemesis and neuritis in pregnancy is in favour of this view. The neuritides of the lower extremity, especiallv sciatica are possibly caused by compression of the pelvic nerves, but with a normal configuration of the pelvis the author thinks this explanation an improbable one.

The distinguishing mark of neuritis of pregnancy is that there is no special preference for any particular nerve region, and the form is generally the purely motor one, The disease usually commences in the early months of pregnancy, and disappears at delivery or shortly after. He characterises the paræsthesia that affect the fingers, hands, and toes as the mildest form of the affection.

Puerperal neuritis may be a continuation of one arising during pregnancy; it may arise through puerperal infection, or the labour itself may be the ætiological factor. As regards the latter form of origin, pressure from the fœtal head, by application of forceps, turning, &c., must be taken into account. The most frequent form of paralysis associated with forceps delivery is that of the nervus peroneus. All these traumatic neuritides are confined to the lower extremities. Other neuritic diseases may come on during puerpery, they may be localised or general; of some of these no satisfactory explanation is at present forthcoming, and to some extent the diagnosis is unfavourable.

At the Medical Society Hr. Buske showed a case of so-called acne cheloid in a negro. The patient was from St. Domingo, and was 34 years old. The disease began two years ago without any antecedent syphilis, the patient being otherwise in good health. At first very small nodules and pustules appeared at the nape of the neck and on the head. He sojourned for a year at the Cameroons and was there treated by Dr. Plehn, but without result. On the patient's return the tumour disintegrated and discharged a sanguineous pus. He was then admitted into the Charité where he was treated by Professor Schweninger with thyosine-amine injections, but also without result. Kaposi had described the first case in 1869 as dermatitis papillaris capillitii, the French later called it acne chéloidienne. Notwithstanding the tendency in the disease to return he had at the expressed wish of the patient operated by Thiersch's method, and was apparently contented with the present condition of affairs, although there was already some recurrence.

He then showed a patient from whom he had removed a lead pencil from the bladder by cystotomy.

Hr. Czempin showed two

### ABDOMINAL TUMOURS

removed by him by operation—(*a*) A smaller one removed from a female, æt. 56, who was supposed to be suffering from some disease of the stomach, but in whom no organic disease could be discovered. A dermoid was suspected, but the tumour proved, to his surprise, to be a sarcoma of the mesentery.

(*b*) A large myofibroma of the cervix uteri, weighing 27 lbs., and from which the patient had suffered from her 22nd year to her 60th. The patient had persistently declined operation until the tumour had increased enormously in size, and her girth had increased so much by this and by a large amount of ascites that she could no longer walk. The operation passed off successfully, except that in separating the last adhesion a small piece of the bladder slipped into the way of the knife. The mishap was discovered at once, and the edges of the cut were brought carefully and accurately together. After passing through many dangers the patient had recovered. There was first atony of the intestines. The stomach, as soon as it became filled with food, sank deeply into the abdominal cavity, then decubitus occurred; but the patient, as already intimated, finally pulled through.

# Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, March 24th, 1899.

### OBESITY.

AT the "Doctoren Collegium" Kölisch read an exhaustive paper on pimelosis or lipomatosis circumversalis. He first divided the disease into two large groups—1st, overfeeding without exercise; 2nd, imperfect metamorphosis. In the first the fat represented a surplus accumulation of calorific force; in the second a diminution of calorific force, but in both the adipose surplus was the common result.

The pathogenesis of this condition, he said, had not yet been clearly explained to the satisfaction of scientists as the chemical and physiological estimates of food stuffs was not a practical basis upon which to found a principle owing to the diversity of results which have already been obtained, and which Professor Kassowitz has shown to be quite untrustworthy.

For the temporary form of obesity the calorific tests may be useful, and an average man of 65 or 70 kilos. (143 to 154 lbs.) in weight, and 170 cm. (5·5774 ft.) in length, taken as a standard. Having diagnosed such cases, the treatment may be safely presented in two meals a day. The so-called "Banting," "Epstein," and Oertel systems are simply underfeeding, which may be conducted too suddenly and do harm, but, if moderate, is effectual in healthy cases.

The obesity depending on a congenital metamorphic anomaly is the disease which ought still to receive our most serious attention. Fat will be taken on with the very minimum of calorific nutrition without any explanation whatever. Carbohydrates were long accused of producing this troublesome affection, and later the oxydation of the food stuffs, but the more recent cause is pronounced by Hirschfeld to be an existing anomaly in the metabolism of nutrition, from which the accumulation of fat can also be estimated by the calorific test. This anomaly in the production of fat is, like many other human infirmities, hereditary in its occurrence, belonging to particular races and families. It not infrequently occurs in childhood, which cannot always be explained, as some authors would have us believe that the quiescent state of the muscular and nervous systems was the real source of the fat accumulation. No doubt climate and extensive hæmorrhage are factors that provoke obesity in the absence of any ancestral disposition; but, with these exceptions, the disease may be accepted as hereditary. The same analogy seems to exist with respect to age in obesity as in diabetes: the younger the patient affected the more severe and dangerous to life it becomes, while in advanced life it is usually milder in form.

To elucidate this mystery physiologists have endeavoured to show that the animal organism has the power of maintaining the equilibrium from the nutritive mass, that is, if the vital force manufactured by the cellular affinity be not used up it is stored, and thereafter inhibits the production.

This theory appears somewhat reasonable with respect to fat as its presence can hardly be denied in the amaciated appearance of the neurasthenic where the albumenoids are inhibited, although the patient may be a polyphagic and polydipsic.

Thyroid treatment is not satisfactory, besides the danger that accompanies the use of the drug. When the gland does act, nucleo-albumen and casein should be liberally provided. The safest method is under feeding in some form or other, and the older idea of avoiding the carbohydrate group is still to be recognised. Epstein prescribes a diet of fat and albumen.

### A DIGITAL CHANCRE.

At the Medical Club, Nobel showed a patient with a deep infiltrated ulcer on the face with a maculo-papulose syphilide.

The efflorescence pointed to enlarged vessels, which is peculiar to the syphilide of the potatoe. The initial sclerosis seems to have been on the terminal phalanx of the index finger, which is not uncommon in extra-genital chancres. The practical point in this case, he said, was the confusion of such cases for paronitis, whose treatment was fraught with much danger to the patient.

### TUBERCULOUS ULCER.

Nobel exhibited another comparative case with an ulcer on the under lip, and vesicles around it. It had the appearance of primary syphilis, but the infiltration of the neighbouring glands was slight.

A few weeks previously the patient appeared with a similar ulcer, which left no doubt of its tuberculous origin. He suffered also from an incomplete anal fistula, as well as an hereditary blemish.

### HEADACHE AND NASAL DISEASES.

Weil opened the discussion on Hajek's paper, who said that neuralgia was often caused in the head by empyema of the maxillary sinus. Weil said that fluids from nasal douches often passed into the ductus naso-frontalis and caused neuralgia. Cocainising locally was the best treatment.

Elschnig thought that many cases of orbital neuralgia were not empyemic in origin.

Teleky agreed with the latter and could not understand how empyema of one side could be reconciled with bilateral neuralgia.

Königstein thought that the nasal disease might be transferred to some other part of the head, but could not agree with empyema alone producing it.

# The Operating Theatres.

## KING'S COLLEGE HOSPITAL.

**OPERATION IN A CASE OF ARACHNOID AND SUPPOSED PONTINE HÆMORRHAGE.**—Mr. PEYTON BEALE operated on a woman, æt. about 46, who had been admitted four hours previously with a small scalp wound over the occiput, and who was in a comatose condition. The patient was attendant in one of the underground female lavatories; she had been found lying on her back on the tiled floor, bleeding from a small scalp wound, and only partially sensible. On admission she was much collapsed, in a state of concussion, but both pupils were contracted to pin's points. It was thought that she might have taken a large dose of an opium preparation, so the stomach was washed out, but no indication of the drug was found. She rapidly became more and more comatose, with complete paraplegia and anæsthesia; symptoms of cerebral compression then supervened, and it was decided to trephine. At this stage the possibility of a lesion of the pons, probably a hæmorrhage, was fully discussed, and was considered probable on account of the condition of the pupils. The scalp having been shaved and cleansed

Mr. Beale enlarged the scalp wound in a triradiate manner, and applied a one-inch trephine just to the left of and above the external occipital protuberance. The dura-mater was opened, and about two ounces of liquid blood immediately escaped. Hitherto no anæsthetic had been used, but as the patient now began to move somewhat a little chloroform was administered. The wound was stuffed with a piece of gauze, which was pushed for about two inches in an upward direction into the arachnoid space, and, as no bleeding vessel could be seen, and as very little blood came from the wound, the scalp was sutured, and the wound dressed. Mr. Beale remarked that in all probability there had been a fairly extensive hæmorrhage from the pia-mater over the Rolandic area, seeing that the immediate relief of the tension caused by the effused blood was followed by some voluntary movement; he thought that, at the same time, there was also an intra-pontine hæmorrhage. As no fracture of the skull could be found at the seat of operation, and as there were no symptoms of any fracture by coutre-coup, which if present would have been probably in the anterior fossa of the skull, and which would have produced local symptoms, he did not consider it advisable, considering the amount of shock that was present, to undertake any further operative procedures at that time.

The subsequent history of this patient is worth noting. On the next day the symptoms of compression had disappeared. The patient then appeared to be in a marked state of of cerebral irritation, lying in a "curled-up" position, being very irritable when spoken to, and exhibiting complete paralysis of the left side of the body, and distinct weakness of the whole of the right side. The temperature was beginning to rise, but the pupils remained fully contracted. In this condition the woman remained for about three weeks, taking liquid food, but with difficulty, and the temperature rapidly became normal and fell to subnormal. The knee-jerks which were absent immediately after the operation became exaggerated. The patient now began to improve, and her wandering speech became more and more intelligible; she complained of great pain in the left arm and leg, movement in both of which she began to regain. The stuffing from the wound was removed on the third day after the operation, and the wound healed uninterruptedly. It was not until four weeks after the operation that the patient was able to give an intelligible account of the manner in which she received her injury. She then stated that while standing on a ledge cleaning a window in the lavatory she fell suddenly to the ground; she supposed she must have slipped.

The following is Mr. Beale's interpretation of the case:—He considered it probable that the patient had an intra-pontine apoplexy, probably on the right side of the pons, which partially accounted for the hemplegia on the opposite side, and fully accounted for the persistent pin's point pupils through pressure on the nuclei of both third nerves. The rapidly advancing coma and symptoms of compression which were evident immediately prior to the operation were, without doubt, due to the extensive hæmorrhage from the pia mater.

It is satisfactory to note that the patient, some two months after operation, has completely recovered, with the exception of complaining of pain and tingling in the left forearm and hand.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 29, 1899.

## THE LIMITS OF EXPERIMENTAL MEDICINE.

Medicine is essentially a science of observation and, to some extent, of experiment, but it is obvious that the limits within which experiments on the human subject are permissible are, and must be, very strict. To the enthusiastic investigator the temptation to make use of the opportunities at his disposal to elucidate certain moot points in medical science may be great, but his disinterestedness cannot be admitted to constitute a justification for experiments on human beings of a kind likely to prove injurious to the subject, even with the consent of the latter, and *a fortiori* without his consent. Our readers may remember the sensation created some years ago by the publication in France of certain observations by an investigator, who prudently preserved his anonymity, bearing on experiments carried out by him, having for object to demonstrate the transmissibility of cancer. His observations met with unanimous and unequivocal condemnation, for it was felt that not even the advance of science could justify recourse to experiments which constituted a gross abuse of professional confidence and a not less gross violation of common humanity. The thesis has just been dramatised in Paris in a piece which is likely to excite a movement of public opinion very detrimental to the best interests of medical science. The physician of the piece is represented as having attempted the transplantation of cancer on the person of a young woman in the last stage of phthisis, having quieted his conscience by the reflection that his patient would succumb to her lung disease before the cancerous graft could be productive of any serious results. His experiment proved successful, but *pari passu* with the development of the artificially communicated cancer, the chest symptoms diminished, and the *clou* of the piece is the moral plight of the doctor when he discovers that he has been the means of conveying cancer to a young and otherwise interesting woman, whose recovery, but for the experiment, was assured. Of course, this is all pure speculation, and as a dramatic conception it strikes one as rather feeble. By a curious coincidence, however, the very day this piece was being played at the Paris theatre, a member of the German Parliament called attention to the fact that a certain professor had actually published observations from which it appeared that he had injected eight healthy persons with the serum of syphilitic subjects, with the result of communicating syphilis to four of them. The Minister admitted the gravity of the charge, and promised an inquiry, adding that if the facts were as stated no consideration of persons would be allowed to stand in the way of justice being done and of steps being taken to exonerate German science from such a reproach, with the object of effectually preventing the repetition of any similar scandals. We gather from an interesting article on the subject, which appeared in a recent number of *La Semaine Medicale*, that the incriminated professor is Dr Neisser, and that the observations referred to are comprised in Vol. XLIV. of the *Archiv fur Dermatologie und Syphilis*. Before undertaking these experiments, in the course of an inquiry into the possibility of immunising against syphilis, Neisser asked himself the question whether the serum of syphilitic subjects was capable of communicating the disease to healthy persons. Proceeding on the assumption that serum deprived of cellular elements is, in most infectious diseases, devoid of infective properties, he made use of serum obtained from syphilitic subjects, which he had proved to be sterile by preserving it for days, and even weeks. With this serum he injected eight girls, five by subcutaneous and three by intravenous injection. A girl belonging to the first series, who had not meanwhile developed any symptom of the disease, came to the hospital three years later suffering from cerebral syphilis. All three girls belonging to the second group developed syphilis, one a month, another between five and six months, and the third a year after the inoculation. Of these eight girls, five were prostitutes and of these five four developed syphilis. Dr. Neisser denies that the syphilitic infection was in any way the result of the injections, basing his denial on the ground that as the girls were prostitutes they might have contracted the disease before or after the inoculations. That objection, however, can hardly apply to the case in which the classical symptoms developed within a month, unless indeed he was the victim of an unfortunate coincidence. Looking at the facts, as stated, it is difficult to acquit Dr. Neisser of a large measure of responsibility in respect of the causation of syphilis in these cases. We, however, are less concerned in establishing the culpability of Dr. Neisser than in condemning the spirit which prompted such experiments. All measures, even if novel, which may reasonably be expected to assist in bringing about the recovery of the patient without injury to his health, may legitimately be resorted to with the consent of the patient, but measures, whether by drugs or by operation, which have not for direct object the cure of the patient and which may prove inimical to his health or condition, are inadmissible under any circumstances, and must expose the perpetrator to professional ostracism and to penal rebuke.

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## PRESERVATIVES IN MILK.

It is high time that the question of the legality of the addition of preservatives to milk should be placed on a sound basis, and not left to the whim or caprice of the presiding magistrate, who may or may not be in a position to appreciate the importance of the subject. We are first called upon to decide whether, as a general principle, the addition of preservatives to milk is admissible, apart from the eligibility of any particular antiseptic. There are many and obvious objections to the use of antiseptics in an article so largely consumed as milk, especially when we reflect that a very large proportion of the milk sold is destined for the alimentation of the very young, whose delicate digestive apparatus is exceedingly apt to resent every departure from the normal standard. Antiseptics owe their value in this direction to the inhibitive effect which they exert on the changes of decomposition; but in virtue of this very property they must, *pro tanto*, retard the changes which the milk has to undergo in the human stomach before it can be assimilated. The obstacle may conceivably not be one of any great importance in adults, whose digestion is normally well able to take care of itself; but it is quite otherwise with infants of tender years, who already have all the trouble in the world to make use of this substitute for the maternal supply. Then, too, the preservatives usually employed are not added in sufficient quantity to exert any destructive effect on the organisms which may find their way into the milk, while, on the other hand, they enable those who handle milk to relax to some extent the precaution of extreme cleanliness, which would otherwise be the sole available means of protecting milk against prompt decomposition. This is a question which must not be lightly decided, because in hot weather the prohibition of preservatives must mean the inevitable loss of immense quantities of the valuable fluid, which would otherwise be utilised as food. This question, simple as it may seem, is surrounded by difficulties as soon as one sets to work to apply the test of experience. It is so difficult to eliminate the action of other possible causes of gastro-intestinal irritation in infants and so difficult to show that it is this particular constituent of the milk as sold which is at fault. On the whole, and looking at the matter as one of principle, we are rather disposed to question the wisdom of forbidding the use of milk preservatives under all and every circumstances. We then come to the particular preservative employed, and here we are, perhaps, on surer ground. A few years since salicylic acid was largely used for the purpose, and it cannot be denied that the anti-putrefactive properties of this drug are very great, but so is its physiological acti on, and little hesitation was shown in condemning its use on this account. To obviate the objections to salicylic acid the trade now make use of boracic acid instead. Analytical chemists in support of trade interests do not scruple to assert that this substance is quite harmless but we formally deny their competence in the matter. What can a chemist know of the toxicity of this substance indeed? But what, on the other hand, can Dr. Corfield and other experts know to the contrary? They cannot have made any direct observations, or if so, they have not been made public, and in a case just now under consideration a witness who boldly stated that boracic acid was injurious to human beings was fain to admit on cross-examination that he had never tried its effects on any person, infant or adult. The same destructive criticism assails the evidence of the Corfields and Cassals who affirm the injurious effects of boracic acid, and that of the Smiths and Gibbons who affirm its innocuousness. They are all expressing opinions not based on actual observation. It is generally assumed that the quantities employed are so small that an injurious effect is out of the question. Apart, however, from the fact that there is, not improbably, a cumulative action when these drugs are introduced into the body over long periods of time, the actual quantities are really not as small as we are asked to believe. In a recent case the preservative contained six pounds of carbonate of soda, six pounds of borax, and twelve pounds of sugar in from eighteen to twenty gallons of water, and a pint of this precious blend was added to each churn of milk with liberty to the retail dealer to add what he might consider a suitable dose on his own account, for, be it remembered, the use of these preservatives by the wholesale man or farmer is not necessarily or even generally made known to the retailers, who take their own measures to prevent the milk from going wrong. These manipulations, moreover, are carried out by men who have no practical or scientific knowledge of the nature or physiological action of the substances employed by them, their only object being to preserve the milk at all cost. While therefore we hesitate to condemn the use of preservatives as a matter of principle, we have little hesitation in condemning the practice, simply because it must be next to impossible to assign and enforce the limits within which their use is innocuous, and therefore hygienically permissible. We are glad that sanitary authorities are waking up to their responsibility in this important matter; but if the judges on appeal are unable to affirm their objections, it will be necessary to apply to Parliament for further and more definite powers in this direction.

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Dr. E. W. Symes has been appointed a Justice of the Peace for the borough of Halifax.

## EARLY TREATMENT OF INSANITY.

We have referred to this important matter in our columns from time to time on the principle that, because of our importunity and the importunity of others, the legislature may be forced to yield to representations on the subject. There are few questions that have so logical and urgent a *raison détre* than that of the treatment of insanity, because it practically means to some extent the diminution of registered lunacy as reported by the Commissioners. A Deputation from the British Medical and the Medico-Psychological Associations recently waited on the Lord Chancellor with a view to bringing under his notice the advantages, which would accrue by a recognition in the new Lunacy Bill of the practice which has obtained in Scotland, of allowing the treatment of incipient cases in private houses for a period not exceeding six months. As pointed out by Dr. Rayner, the advantage of the clause in the Scotch Act is that the Commissioners in Lunacy are informed of the number of cases treated, the duration of treatment and the persons undertaking the treatment. They have powers of supervision when necessary, and there is no excuse left to persons to evade the law as has frequently been done in England of late. Dr. Rayner, who first addressed the Lord Chancellor, remarked that he had been impressed in his experience in London at the out-patient department of St. Thomas's Hospital, with the amount of recovery possible in the early stages. He thought that every improvement that could be made in the treatment of these stages ought to be made in the hope of checking that large increase of insanity in the country, which all deplored. In every case of mental disease there is a stage between acute and certifiable insanity. This has been shown by many recoveries taking place without certification when the intermediate stage has been recognised. Dr. Blandford rather fell foul of the right hon. gentleman by his statement that the Lunacy Act of 1890 enacted that every person of unsound mind should be incarcerated by the order of a magistrate. The Lord Chancellor repudiated this view, contending that the law was that the person should not be incarcerated unless the magistrate should so order. This, however, is rather a reverse side of the shield, and the difference in meaning a matter not worth quibbling about. What Dr. Blandford and Dr. Savage wanted was, to remove the risk of patients being sent away or out of sight, in order to avoid certification and facing a magistrate. This is a danger of very serious significance. There is no doubt that a strong feeling exists against anything amounting to publicity in the treatment of the insane, as well as an objection to patients being certified and treated as registered lunatics, and for this reason and because there is no proper provision for treatment in private houses as uncertified patients, there is a disposition to evade the law and, therefore, to jeopardise the prospect of recovery in many cases. Still further, as pointed out by Dr. Savage, many will not put their relatives in asylums, because once certified and committed, the stigma of lunacy is unmistakable, and affects, socially and otherwise, the sane as well as insane members of the family. Certification has, moreover, a serious effect in the following ways. Thus, if a person is certified as of unsound mind, it may put an end to a partnership in some important business, or it may lead to the discharge of a patient from an important position either in business or in civil or other life. This is not necessary, because insanity is quite curable in many forms, and to treat a person once insane as for ever incapable of transacting business is altogether wrong. What the Deputation really desired, and in this they represent the profession, is that the law as set, should not be altered except to the extent that persons who are certifiable, but who are suffering from quite temporary maladies, may by the permission of the law be allowed to be placed, as in Scotland under private or single care and detained as patients under these conditions. The limit of time allowed by the Scotch Act is six months, but to this the Lord Chancellor somewhat demurred, being of opinion that the limit should be shorter, subject to sanction being renewed if necessary. The Lord Chancellor expressed his sympathy with the views of the Deputation, and promised to try and give effect to their suggestions. If this is done a great hardship will be removed, and many cases of incipient insanity will be effectually aborted by prompt treatment, before a certifiable stage is reached. Anything that can be done to mitigate the growth of registered lunacy is worth doing, and such a change in the law as is here proposed bears the impress of common-sense and urgency on the face of it.

## Notes on Current Topics.

### Condensed "Separated" Milk.

With such elaborate and drastic legislation for the protection of milk consumers as we possess, it really appears odd that foreign merchants should have been left a free hand in pushing the sale of a pseudo-condensed milk, the use of which in the alimentation of infants is attended by the gravest consequences to health and life. The manufacturers of genuine condensed milk—that is to say, a product containing all the nutritive elements of milk in their normal relative proportions, minus the water—are interested, equally with the public, in seeking protection against a fraudulent substitution which cannot but bring their own high-class articles into partial disrepute. We have long since protested that condensed skimmed or separated milk ought not to be allowed to be sold as milk at all, for if that name be conceded ignorant and careless mothers are certain to be tempted by the smaller cost of the inferior product to prefer it for the alimentation of their offspring. In receiving a Deputation last week on the subject, Mr. Long premised that it was asking too much to expect the Government to prevent the public purchasing an article which they might choose to purchase, and which they were entitled to purchase if they knew what it was. Now this condensed skimmed milk is, for certain purposes, a perfectly admissible and nutritious article of food, but it is quite unsuitable for the rearing of infants. To feed a young infant upon such milk is to condemn it inexorably to rickets, tuberculosis, or other disease of malnutrition. We see no objection whatever to a proviso that the label shall comprise a statement in bold characters to the effect that the product is not intended for the food of infants. If, as the manufacturers pretend, they do not intend it for such a purpose, this statement will not interfere with the legitimate sale, while a too economical mother who made use thereof, in spite of this warning, would lay herself open to the charge of wilfully withholding proper nourishment from her infant. To oblige the vendors merely to state plainly on each box the exact nature of the contents, will, in any event, be a step in the right direction; but in view of the harassing restrictions placed on the sale of such a production as margarine, which, under no circumstances, can prove harmful if properly prepared, it seems absurd to authorise the sale of skimmed milk without making perfectly clear that it is absolutely unsuitable as an article of diet for young infants.

### The Clinical Value of Albumosuria.

Albumose is a body occasionally met with in the urine, the clinical significence whereof has not so far been thoroughly worked out; indeed, it cannot be said that we are as yet in possession of sufficient trustworthy data to enable us to appreciate its full importance as a clinical symptom. Its identification in the urine is not always an easy matter though. Should it ultimately prove the means of affording useful information in respect of morbid conditions as yet but faintly interviewed, physiological chemists will doubtless provide us with a readier means of recognising it with certainty. When present in any quantity it is sufficient to drop in enough acetic acid to give a strongly acid reaction to the urine, and then to add an equal quantity of a saturated solution of chloride of sodium. In presence of albumose this gives rise to a copious precipitate which disappears on heating and reforms on cooling. If, as is often the case, the urine also contains albumen, the urine may not clear up on boiling owing to the formation of an albumen precipitate. The significance of albumose as a constituent of urine was first pointed out by Bence Jones, who, in 1848, called attention to the presence in the urine of a peculiar proteid body which was remarkable in that it was soluble in boiling water. He had found that the precipitate which formed on the addition of nitric acid cleared up on boiling. In the case on which his observations were based, the patient was suffering from a peculiar disease of the bones characterised by softening; in other words, by a form of mollities ossium. After the lapse of half a century Dr. Bradshaw has just placed on record elaborate and carefully prepared notes of an almost identical case, and we are now asked to consider albumose as an abnormal constituent of urine met with chiefly, if not exclusively, in association with a diffuse cellular infiltration of the bones, possibly of the nature of what is sometimes styled diffuse sarcoma. In view of the clinical possibilities which this discovery opens up, it is important that practitioners should be instructed to search for and recognise this obscure substance, the presence whereof is easily overlooked, and the pathological interest whereof remains to be established.

### The Special Enlistment Scheme.

A SPECIAL-enlisted recruit into the Scots Guards fell dead on parade at Windsor last week. This untoward occurrence will doubtless have the effect of directing particular attention to the scheme originating with Lord Lansdowne, who is particularly desirous of adding new battalions to the Guards and certain infantry regiments. During the past year these special enlistments increased from 32 per cent. to 72 per cent. It will occur to most people, that this wholesale enlistment of men physically incapable of undergoing fatigue duties, or unfit for the full duties of soldiering for the greater part of a year or so after enlisting, may become a very costly one in life as well as money. It unmistakably points to a more serious evil, namely, that a large proportion of the men who join the Army must necessarily be incapable to perform the full duties of soldiering during many months after enlistment should they ever reach, as it is expected they will, to the proper standard. That they will is not implicitly believed by many regimental commanding officers, who greatly object to having weakly recruits foisted upon them, and therefore it should be clearly understood whether these specially enlisted recruits are passed by either a duly qualified man or a member of the Army Medical Staff. It is of very considerable importance the public should know whether this unfortunate soldier was, or was not, compelled to do duty for which he proved physically unfit, suffering from a weak heart. Some twenty years ago complaints were rife as to the way in which recruiting was habitually practised, and of the number of youths who were beguiled into premature engagement in the service without contributing permanently to its strength. Medical experience testified how practically unfitted were young recruits to endure the wear and tear of laborious discipline, still less to exposure in foreign climates, ere their frames were knit, or their bones fully consolidated and united. Medical reports at that time frequently came from Netley of the deplorable numbers sent back after a brief service in the Tropics to be treated and subsequently sent back to their homes. Parliamentary inquiry ensued, and among the members of the profession who gave evidence, was one of large experience. The late Professor Sir Thomas Longmore testified that "No rule whatever can be laid down for the height of growing lads between seventeen and twenty years of age, because the diversity is so great; still more, unfortunately, the powers entrusted to the recruiting authorities were so largely used in dispensing with physical qualification, so that the medical officer finds himself and his advice constantly set aside. In fact, there is still a very excessive waste going on in the Army during the early years of the soldier's career, which is in great part due to a want of strictness in the first enlistment examination." This it will be seen, strengthens the arguments of those who protest against such wholesale special enlistments of young men, more recently sanctioned by the Horse Guards authorities, a considerable percentage of whom never develop into full-grown soldiers. We confess to a desire to know what becomes of the men who break down in the process of development, or otherwise fail to reach the full standard? We are even more curious to know whether this special mode of enlistment was before adoption duly submitted and sanctioned by a properly constituted Army Medical Board?

### Interesting Dublin Dispensary Election.

A COUPLE of months since Dr. Usher, who had occupied the position of Medical Officer of the Dundrum and Glencullen Dispensaries for twenty-one years with great credit to himself, presented his resignation of that office, and it devolved on the Committee of these districts to make a new appointment. As the suburb is populous and rising, there were a host of competitors, but the contest resolved itself into one between a Medical Officer who, for twenty years, had occupied the neighbouring district and another practitioner, who had resided in Dundrum for some years and assisted Dr. Usher in his practice. The battle was so even that, in the end, success depended upon a single vote. At the first attempt at election the chairman sought to carry in his candidate by a casting vote, but, this being illegal, another meeting had to be called, and at that meeting, one of the supporters of the Dundrum candidate failed to attend, and, accordingly, the appointment went to the Medical Officer of the neighbouring district. The next day the cause of the absence of this gentleman came to light in the shape of a bogus telegram, which informed him that his shooting lodge, far away, was on fire, and calling for his immediate presence. In hot haste he went off, leaving the election behind him, but, when he arrived at the shooting-lodge, found that the message was a hoax. Immediately on his return he lodged a *caveat* against the election, and strict inquiry was instituted, with the aid of detectives and all the resources of the law, the result being that the Coroner for the Southern division of the County Dublin, who happens to be a member of the committee, and to be also the chairman who had given the invalid casting vote, has been accused of sending the bogus telegram, and has been identified, rightly or wrongly, by the Post Office girls who transmitted it, and a writ in damages for the recovery of £500 has been served upon him. Moreover, the Local Government Board has held an official inquiry upon oath, and the verdict waits upon the report of the Inspector, Dr. Edgar Flinn. Interesting questions of law arise under these circumstances, which we may speak of without the least prejudice to any of the parties to the controversy. First, suppose that it should be proved that the absence of the member of the Committee was obtained by a fraudulent telegram, would that invalidate the election? We think that it would decidedly not do so unless it could be shown that the elected officer was privy to the fraud. Were it otherwise any enemy of a successful candidate might invalidate his election by sending a bogus telegram. It is another question whether it would make a difference if the sender of the bogus missive were a member of the Committee and a known supporter of the successful candidate. Lastly, supposing it were proved in court that a coroner was guilty of this conduct, which, in this case, we do not for a moment believe, would he be removed from his coronership? It is to be recollected that a coroner in Ireland is the elect of the Parliamentary constituency, and therefore irremovable, except by some very special legal authority as to which we do not at present possess adequate information. It is scarcely necessary to add that, so far as the evidence discloses, neither Dr. Usher nor either of the two contestants had any privity with the sending of the inculpated telegram, or were in any way mixed up with it.

## School Nominations for the Army Medical Service.

The Director-General has recently re-issued his invitation to certain colleges, universities, and medical schools to nominate, each, a diplomate for a Commission in the Army Medical Corps, subject to the approval of the War Secretary. The Irish College of Surgeons agreed last week to recommend Mr. Davies, one of its Licentiates, who had served some time as a civil practitioner in charge of troops at the Curragh Camp. There were, we understand, ten competitors. A nomination has also been offered to the medical school of the Catholic University. We have long since pointed out that there are grave objections to this nomination system from the collegiate point of view. In the first place, the Army Medical Officers may very naturally take umbrage at the admission, by a side entrance, to the pale into which they have been obliged to win their way by a stiff competitive examination, and they regard the nomination system as an official expedient to fill up the hiatus in the ranks of the corps which has arisen from the refusal of the authorities to do justice to the medical staff. The Licentiates and Fellows of the colleges, who have been agitating for that justice, will not thank the colleges for having come to the rescue of the authorities just when the victory of the profession is nearly won. Then, again, we cannot regard it as a kindness towards any young man to assist him in entering the Service by the back door. He is, no doubt, grateful at the moment, because he is saved all the delay, expense, and risk of a competitive examination, but we apprehend that he will not appreciate the boon when he finds his method of entry thrown in his teeth by brother officers who dislike or are jealous of him. Say what he may, he cannot get over the fact, and, in our opinion, the temporary advantage is dearly bought. Lastly, in the interest of the Colleges themselves, we submit that the petty patronage of one or two student nominations for one or two years is not sufficient compensation for involving themselves in personal controversies. It is notorious that these nominations are the subject of contests between rival schools and hospitals, and of importunate canvassing by the personal friends of the competitors, and we feel that no matter how excellent the selection of a nominee may be, the College cannot escape the sneers and abuse of all those who are unsuccessful. We urge that it is altogether beneath the dignity of public institutions of high standing to associate themselves, in any way, with such proceedings, especially as, in so doing, they must accept the responsibility of acting as sponsors for their nominee, and for his professional competency, industry, and personal conduct ever afterwards. We are clearly of opinion that, all things considered, the game is not worth the candle.

## A Royal Academy of Medicine of the United Kingdom.

This country is singularly deficient in having no representative medical body comparable to that which obtains among our Continental neighbours. To mention only three examples, an Academy of Medicine exists in Paris, Berlin, and Brussels, and each the centre of much useful activity in furthering the advance of medical science. The proposal to found an Academy in London by the amalgamation of the existing medical societies, as has several times been urged, would not be the same thing. No doubt such a scheme would be useful in centralising and disseminating the work of those who are the mainstay of the societies. But, on the other hand, no special distinction would be conferred upon the worker by submitting his contribution to such a tribunal. Under the present circumstance if any medical investigator alights upon some new discovery in the science of his profession, only one portal is open to him of gaining for it the distinction which it probably deserves, and that is by bringing it before the Royal Society by deputy should he happen not to be a Fellow of that august body. The obvious disadvantage of this position of affairs is that the Royal Society is accorded the credit of being the medium through which the discovery is made known to the world. Thus to a large extent the medical profession is deprived of that honour. Whereas matters in this respect would be very different were a "Royal Academy of Medicine" to stamp with its *imprimatur* an important and valuable communication upon a subject to which the attention of the whole world could be directed with an authoritative approval. The point which we desire to emphasise here may seem to be a small one, nevertheless reflection must show that medicine stands alone in comparison with other sciences, and there is, therefore, much reason in claiming that it should have a high scientific tribunal of its own, apart from that, like the Royal Society, which is common to all the sciences. But in another direction a Royal Academy of Medicine might prove of much value. It might be made the means of stimulating young scientists to undertake original work by the offer of prizes, and to gain a Royal Academy prize would be a distinction for which presumably many young workers would strive their best. In brief, if a Royal Academy of Medicine were to be founded it would distinctly fill a gap in our academic system, so far as the medical profession in this country is concerned, and it is impossible to dispute the benefits which it would confer.

### The Antiquity of Electrotherapy.

It is curious that foul monster in bloodthirstiness and cruelty as Marat was, and thoroughly deserving, as he was of the death that Charlotte Corday dealt out to him, he yet should have found time in the course of his evil political life to work at such sciences as electricity and light. In his youth he studied medicine for some time, but practiced afterwards as a quack, and in this connection a somewhat curious letter written by him on September 26th, 1783, has just been found and made public. The letter is to the effect that he successfully cured two patients by means of electricity. The nature of the first case is not mentioned, but the second was that of a prominent person who, by the use of electricity recovered his vision, after the sight has been lost for thirty years. The letter then proceeds, "But it is in Spain that I am specially desirous of proving the value of this new remedy; for when employed by a medical man, it is simply admirable." It is, at this date, rather difficult to comprehend why Marat had set his heart upon using his remedy in Spain, but it is quite easy to understand why he should especially imply that the treatment was only to be trusted when administered by medical men. No doubt his object was to prevent quacks from making use of it. Upon the whole, however, we are disposed to doubt the veracity of his statement that a patient had the vision restored by electricity after having lost the sight for thirty years. Nevertheless the fact is unquestionably interesting that Marat employed electricity as a therapeutic agent as long ago as 1783.

### A Scientific Literary Poisoner.

The well-known writer of fiction, Mr. Morley Roberts, achieves an enormous yearly output for the benefit of the publishers and of the world at large—the latter, of course, including himself. His ingenuity of plot is boundless, and one of his latest efforts has been to conceive the idea of two clerks who tried independently to poison their chief, but who used substances that were antidotes the one to the other, so that virtue issued triumphant, and the ungodly fell straightway into the pit. From a note n *Literature* we find that a similar device was adopted by Dryden in the plot of "San Sebastian." In commenting upon this most ingenious fictional peg one is naturally averse from pouring cold water upon the subtle, yet harmless, imaginings of the fertile novelist. We will be content, therefore, to point out that the author would do well, in the interests of realism, to arrange matters so that the intended victim should take both bane and antidote within a sufficiently short period of each other to allow of the prosaic chemical processes needful to neutralisation to take place in the stomach before that organ has absorbed the toxic stuff. Shades of Lucretia Borgia! But enough has been said of this tempting subject. By the way, Ausonius—no one less—is said to have hit upon a similar literary device.

### "Cassaripe" in the Treatment of Corneal Ulcers.

A new remedy in the treatment of corneal ulcers is at present attracting some attention in America. It is known as "cassaripe," and is obtained from the bitter cassava plant. According to Dr. Chandler, the following is the mode of its preparation:—"The natives in making Cassava bread grate the root, whereby a milky juice exudes. This juice is acid, and is supposed to be very poisonous; heat, however, destroys its poisonous qualities, and in a concentrated semi-solid form the juice is known as "Cassaripe" Dr. Chandler adds that in certain parts of the Tropics the drug is used as a preservative agent for meat, and it was this fact which suggested its employment in corneal ulcers. In large sloughing ulcers in old persons cassaripe is said to have yielded excellent results. It may be used, in combination with atropine and eserine. Judging, however, from the reference to the drug in the *American Practitioner and News* (February 1st, 1899), some difficulty has been experienced in obtaining it by those so far desirous of putting its qualities to the test. Apparently its value seems to lie in the fact that it is an antiseptic, and if so, the reasonable conclusion is that any antiseptic used in the treatment ot a sloughing ulcer of the cornea would be likely to be similarly beneficial.

### A Proposed Centenary Celebration of the Royal College of Surgeons, England.

A matter of some interest was discussed at the last ordinary meeting of the Council of the College of Surgeons, England, with reference to the advisability of celebrating the hundredth year of the incorporation of the College. The centenary event occurs next year, the date of the first charter being 1800, and it has suggested itself to Mr. Bryant and others that steps should be taken to signalise the occasion by means of some celebration. A committee of the Council has been appointed to take the matter into consideration, and report thereon at a subsequent meeting of the Council. We cannot doubt that a function of the kind could be made very attractive, and would meet with the general approval of the Fellows and members of the College.

The Public Health Committee of the Hackney Vestry have issued a circular calling the attention of the public to the contagious nature of consumption and offering to disinfect all rooms, free of cost, after the death or removal of phthisical patients.

## The Perils of Judicial Garrulity.

IT is always to be regretted when a Judge on the Bench allows his personal views to induce him to diverge into unnecessary, and often inconvenient loquacity. He may have much to say which would be appropriate at a dinner table, and it may be excellent sense derive from special knowledge of circumstances. But the Bench is not, in the opinion of the public, an elevation from which to crack jokes or interchange chaff with lawyers, or to sermonise. From it the public expects to hear exposition of the law and of the evidence, and not moral disquisitions, however great the temptation may be to give voice thereto. Judges advancing in life are particularly prone to this sort of thing, and we could name several who never can refrain from little humourous or didactic diversions. Mr. Justice Boyd, in the Dublin High Court, last week, favoured us with one of these totally unnecessary digressions in deciding a paltry motion to remit an action for damages to a lower court. Affidavits were presented for and against the application by Sir William Stokes and Mr. H. G. Croly, and the learned Judge is reported to have said that:—

> As a rule he did not place much reliance in doctors' certificates or statements. The only statements which could be accepted were those of barristers, because they were bound by authorities, but doctors were not bound by any authorities. All these gentlemen could state what they liked, but unless they were pulled up by some acute person on the other side they would have it all their own way. However, Surgeon Croly had given evidence of serious injuries in the case, and, as it was not his Lordship's duty to determine the truth or otherwise of the affidavit, he should refuse the motion.

If, as his Lordship says, it is not his duty to determine the truth or otherwise of an affidavit from a medical witness, it, certainly, is not his duty to insult the witness by proclaiming doubts of his veracity; still less has he any right to asperse the whole medical profession as, in a general way, a pack of liars. If it were left to public opinion to arbitrate as to the relative reliability of the statements of the medical profession and of Judge Boyd's own profession there can be no reasonable doubt which way the verdict would go. We hope we may regard this pronouncement of the learned judge as the result of a temporary aberration, and that he now regrets what he is reported to have said.

## Poisoning Mystery at Leavesden Asylum.

A CORONER'S inquiry was held on March 18th, regarding the death on March 14th, of Caroline Ansell, æt. 26, an epileptic inmate of the institution. The circumstances attending the death of this girl are somewhat peculiar for an asylum, and have given rise to many surmises and sensational reports. According to newspaper report, the deceased received on the 9th through the post a parcel containing a cake. She partook of this, giving some to four other women, and soon after they all complained of pains, and vomited. Ansell died on the 14th. Some time before this she received a letter purporting to have been written by a cousin, informing her that her mother was dead, but this news was false. These are the facts; the rest is conjecture. Was the poison intended indirectly for one of the nurses, on the supposition that the patient would be sure to offer her nurse a slice of the cake? Was the crime the act of a discharged patient? Who wrote the letter? Should the letter in the possession of the police not be photographed and published in the hope of establishing a clue? Was it really a case of irritant poisoning as alleged, or was death due to natural causes? Did the patient Ansell herself convey the poison? One paper remarks that "the idea of the woman having poisoned the cake is not so far fetched as might at first sight appear. Carbolic and oxalic acids are both used in the asylum." These are examples of questions and surmises running through the public prints. We are surprised to read that oxalic acid is in use in the asylum, and would like to know if it is true, and if so, if such a deadly poison, which can so easily be mistaken for other salts, is indispensable in the institution? Meanwhile, further comment may prudently be held over.

## The Chloroform Burglar Bogey.

AN enterprising evening contemporary—to wit, the *Star*—has taken the trouble to interview Dr. Meadows, of chloroform burglar fame, in reference to the remarks we made last week on the absurdity of the tale as related in the columns of the *Star*. Dr. Meadows is reported to have declared his readiness to chloroform the writer by means of a saturated pocket-handkerchief pushed under the door, adding that he had done it himself with cats and dogs—surely a rather suspicious admission for one who lies under the imputation of having set afloat a story at which everyone who has any experience of chloroform must laugh. How much chloroform would be required to saturate a handkerchief? Barely enough to induce unconsciousness in the hands of a skilled anæsthetist at close quarters. Yet we are asked to believe that this quantity sufficed to induce deep sleep in a room through which a tolerably free passage of air was presumably taking place, apart from the fact that chloroform vapour, being very heavy, would tend to creep along the floor and to disappear up the chimney. The whole story is too preposterous for serious discussion, and is worthy of the novelists who, without having taken the trouble to look up the subject, chloroform their heroines with an ease and a promptitude which may amuse the groundlings, but must make the experienced man smile. Under these circumstances, we can only suggest that the Editor might find out (*a*) exactly how much chloroform was taken out of the stock bottle; (*b*) whether the thief took anything beyond the doctor's trousers; (*c*) what view the police hold as to the house having been entered by thieves, and upon the affair generally. As to personal advertisement, the possibility hardly applied at the time of our previous remarks, when the name of the medical man concerned had not transpired. The *Star* itself has shown that the contingency is not altogether remote by its detailed interview, and challenge of half a column in length. The burden of proof, anyway, lies with those that father such an extraordinary tale.

### A Proposed Seamen's Hospital for Cardiff.

The Mayor of Cardiff has embarked upon a useful and praiseworthy scheme—namely, that of building and organising a Seamen's Hospital for the town. Already the sum of £16,500, including a generous donation of £10,000 from Lord Bute, has been raised, but £5,500 more are required before the work can be proceeded with. Cardiff is a wealthy town, and there is every probability that this sum will soon be forthcoming. Moreover, the object is so good a one that there can be no excuse for those able to do so from withholding their liberal support. The important shipping centre which the town has now become makes the needs of a seamen's hospital almost imperative, and hence the activity and enthusiasm displayed by the townspeople in the mayor's enterprise. It is proposed to hold a bazaar in aid of the building fund in December next. We wish the new charity every success.

### Pharmaceutical Penalties in Ireland.

We have already called attention to the difficulty which the Pharmaceutical Society of Ireland experiences in its efforts to enforce the law against unqualified dispensing which Parliament has entrusted to it. The Society finds no trouble in detecting or proving the offence, or in obtaining a legal judgment for the £5 set down in the Act as the statutory penalty, but for some reason, which Dublin Castle has never attempted to explain. the authorities have set themselves in a position of hostility to the Society, and make use of the Royal prerogative to protect the misdoer by reducing the fine, the effect of which proceeding is that the Society is heavily mulcted in costs, and, in fact, pays the penalty instead of the law-breaker. Obviously, if this policy is maintained the Society will have to abandon the attempt to protect the public.

### The Alleged Sectarianism of the Royal College of Surgeons, Ireland.

The flat contradiction of the statements of Mr. MacArdle respecting the alleged religious bias of this college, which we published recently, has been convincingly confirmed by letters which have appeared in the Dublin papers from the pen of the Vice-President, Mr. Myles, and also of his four Catholic colleagues on the College Council which public statements present practically the proofs which we offered, that Mr. MacArdle's assertions were totally at variance with the facts. Our list of Catholics holding office in the college was in fact shorter than it ought to have been, inasmuch as it omitted mention of Drs. Alfred Smith, Edgar Flinn, and Daniel Corbet, who at this moment hold office as Examiners, though they are all Catholics. It may be added that, within the last week, the College Council has nominated a Catholic for Commission in the Army Medical Corps, though there were many eligible competitors of other religions, and we fully believe that, to most of the College Council, this gentleman's religion was unknown. It can scarcely be agreeable to a public lecturer to have his deliberate utterances contradicted in every essential particular.

### Presidency of Queen's College, Galway.

Professor Alexander Anderson, formerly Fellow of Sidney Sussex College, Cambridge, and now Professor of Natural Philosophy in the Queen's College, Galway, has been appointed president of that college in the room of Dr. Starkie, who has recently been chosen as Resident Commissioner of Education in place of Sir Christopher Redington deceased. The appointment is especially interesting because, as we believe, this is the first time that any one but a Catholic has held the Presidential office in this college,

### The Presidency of the Royal College of Physicians of London.

The coveted position of President of the Royal College of Physicians of London, vacated by Sir Samuel Wilks after three years' tenure, has fallen to the lot of Dr. Church, who has been duly elected thereto. The choice of the Fellows will, we feel sure, meet with general approval, Dr. Church combining in his person the physical and intellectual qualities which go to constitute a strong president. Of austere, yet not unfriendly, demeanour, of stalwart frame and deliberate utterance, Dr. Church is eminently adapted to adorn a post in which scholarship and business capacity must go hand in hand. Once again we congratulate the Fellows on their choice, and wish the new President a long and successful career as the foremost representative of medicine in the metropolis.

### Women Inspectors of Nuisances.

The experience of the Southwark Vestry with their woman inspector of nuisances has, we learn, proved so far satisfactory that another is shortly to be appointed whose duty it will be more particularly to inspect factories and workshops in the parish. The remuneration, as things go, is fairly good, the salary being £110 per annum, rising by £10 to a maximum of £150.

An inquest was held a few days since at Hackney on the body of a woman who had succumbed to hæmorrhage from abortion after taking some medicine prepared by the notorious Madame Frain. The jury added a rider to their verdict to the effect that Madame Frain's business was "either fraudulent or felonious," a truism which we commend to the notice of the authorities. The custom of leaving the prosecution of these people to private initiative is one which reflects little credit on the police, to whom it properly belongs to decide under which head they ought to be dealt with.

We regret to have to announce the death of Dr. John Brunton, of Endsleigh Street, W.C., a well-known and successful practitioner who, throughout a long and busy career, found time to make numerous interesting observations which saw the light in the journals and at the various medical societies. He held a large number of valuable appointments.

WE understand that the Surgeoncy of Dr. Stevens's Hospital, Dublin, has been vacated by the resignation of Mr. Edward Hamilton, who has so long and honourably occupied the position. There is already an animated competition for the place, which secures to the holder an excellent surgical status in Ireland.

A BALL for the benefit of the National Consumption Hospital in Ireland will be held at the Rotunda, Dublin, on the 19th of April. The Lord Lieutenant and the Countess Cadogan have promised to be present.

THE Royal Academy of Medicine of Ireland has decided to convene an aggregate meeting of the profession, and has invited the Medical Authorities and Societies to name two delegates each. The preliminary conference will be held on the 13th of April at 4.30 p.m., at the Royal College of Physicians.

## PERSONAL.

**DR. ALLEN MCLANE HAMILTON**, of New York, has been elected a Fellow of the Royal Society of Edinburgh.

**DR. JOHN MACPHERSON**, Medical Superintendent of the Stirling District Asylum, Larbett, has been appointed Commissioner in Lunacy for Scotland in the room of Dr. Sibbald, who has retired.

**MR. G. VERE BENSON**, M A. Cantab, M.R.C.S., L.R.C.P., who has been fulfilling the duties of Deputy-Coroner for West Middlesex, was last week elected Coroner for the Lewes Division of the county of Sussex.

**M. HAFFKINE**, C.I.E., is about to leave India on sick leave, and come to London. During his visit to England he will read a paper before the Royal Society, in connection with his inoculation treatment.

THE Queen's oldest honorary physician by many years is Sir Alexander Armstrong, who was appointed to the post forty years ago. He was engaged for several years in searching for Sir John Franklin in the Arctic regions.

**DR. DAVID WALLACE**. of Beckenham, who was recently acquitted at the Maidstone Assizes of a serious charge, was presented last week with a purse containing £60, which had been subscribed for by the members of friendly societies of Penge and Beckenham, as a mark of esteem for services rendered by him to the clubs.

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# Scotland.

[FROM OUR OWN CORRESPONDENT.]

**DR. JOHN SIBBOLD.**—Dr. John Sibbold, in virtue of the unalterable rule appertaining to holders of Government offices on attainment to the age of sixty five, has had to sever his long connection with the Lunacy Board of Scotland, of which for some time back he has been the Senior Commissioner. Dr. Sibbold has in a quiet way done a great deal of work in the cause of the treatment and housing of lunatics in Scotland. Graduating at Edinburgh University in 1854, he was appointed a Deputy Commissioner in Lunacy in 1870, after holding for eight years the superintendentship of the Argyll and Bute Asylums. In another eight years he became a full Commissioner, and for the last twenty-one years he has filled this office. His attention has chiefly been directed to the proper construction and arrangement of asylums, and his papers on the subject have influenced in great degree the arrangement and planning of the more recently built asylums in Scotland. For some years Dr. Sibbold has been regularly elected to the Council of the Royal College of Physicians of Edinburgh, for which his services it is hoped will still be available.

**THE RESIDENCY IN THE ROYAL EDINBURGH INFIRMARY.**—The managers of the Royal Infirmary of Edinburgh, wishing to provide sleeping accommodation for three of the house physicians and surgeons at present non-resident in the hospital, and being rather hampered by the lack of available space, propose to carry out a series of evictions before the summer. Their plan of campaign appears to be most ill-advised and arbitrary. Each resident medical officer has at present a small sitting-room immediately adjoining his still smaller bedroom, while there is one common room for mess purposes. The managers intend to deprive the coming residents of their sitting-rooms make some of them into bed-rooms, and form a "reading and visitors' room" common to the whole staff in place of the former private rooms. In this room they will be supposed to do their reading and to entertain their visitors; the second use the room is to be put to being highly conducive to the proper quiet so necessary for the first The proposal seems really to be the outcome of mental aberration on the part of some one in authority who thinks the resident-staff are well provided if beds are given them, common rooms devoid of furniture, save a wooden table or two and some chairs, and no sitting-room where privacy and quiet are possibly attainable. The present residents have memorialised the Board on behalf of their successors and the Honorary Medical and Surgical Visiting Staff held a meeting on Monday to consider the matter. A senior public schoolboy has his study as well as his bedroom or cubicle; and it is a most ill-judged curtailment of the comforts offered by the residency, at present more akin to a licensed lodging-house than a home for followers of Æsculapius—officials who have to work hard, and ought at least to be able to seek solitude elsewhere than in a contracted bedroom either for rest, reading or meeting friends.

**ST. MUNGO'S COLLEGE.**—The closing meeting of the winter session took place on the 24th inst., when the medals and certificates were delivered to successful students. It is satisfactory to note that year after year the number of students attending the College is on the increase; in 1889-90 the number was 94; in 1894 95, 98; and for the past session, 108.

**THE NEW LUNACY COMMISSIONER,.**—Dr. John Macpherson, Medical Superintendent of Stirling District Asylum, Larbert, has been appointed Lunacy Commissioner for Scotland, in room of Dr. John Sibbold, who has retired. Dr. Sutherland, Senior Deputy Commissioner, in his application for the vacant post, based his claims in part on the unbroken precedent of the promotion of the senior deputy Of course, like most such appointments, politics have, perhaps, a great deal to do with the result, and also in the breaking of such precedents, and Dr Sutherland may remember that he secured his Deputy Commissionership through Sir George Trevelyan. If it is any satisfaction to Dr. Sutherland we may console him by saying he is not the only disappointed one, as it was confidently expected that a Glasgow man would secure the post, and no doubt many a pious prayer has been uttered in favour of the Secretary for Scotland.

**GLASGOW ROYAL INFIRMARY RE-CONSTRUCTION — DISSENSION IN COMMITTEE.**—It has been said from appearances and attitudes assumed by some members of the Committee and the stand taken by the staff, the Lord Provost is not likely to enjoy the gratification of seeing his scheme for the reconstruction of the Royal Infirmary as a memorial of our Queen's Jubilee practically realised before his term of office as Lord Provost to the City expires. Trouble, it is said, has been brewing for some time in the Executive Committee which may bring matters to a crisis at any time, and as a sign of the position of affairs several members have withdrawn from the Committee. There may be faults on both sides, but when a member of Committee who subscribed £1,000 to the fund retires, we must advise caution at least, especially when it is an open secret that certain matters in the infirmary have been pre eminently critical from the very beginning. The present deadlock is to be regretted in more ways than one, especially when it is remembered that the fund is still short of about £20,000 of the estimated sum, and the fact that money has ceased to come in—this latter fact is looked upon as a very serious indication of things, so much so that begging circulars are being, and have been, sent out soliciting funds, and, in order to succeed, collectors are employed who must be paid, as such gentry are not at all inclined to give their time and service gratuitously. The scheme was launched exactly two years ago, and on April 28th, 1897, upwards of £50,000 had been subscribed, which has since then come up to between £70,000 and £80,000, the minimum sum aimed at being £100,000. The best thing would be a general meeting, at which the whole facts of the case could be brought before the notice of the subscribers and calmly discussed, and an endeavour made to get out of the difficult position.

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## MEDICAL SOCIETY OF LONDON.

THE meeting on Monday evening last was devoted in part to a paper by Dr. Maguire on "Deaths from Functional Nervous Disease." He related four cases in which more or less prolonged unconsciousness without any other morbid sign was followed by death without anything being discoverable post-mortem. He maintained that these deaths were due to exhaustion of the grey nerve matter.

Dr. **SANSOM** instanced various analogous conditions such as epilepsy and angina pectoris in which nothing could be found to account for death. He suggested that the grey matter as a whole was not affected, but perhaps paralysis of the vagus might afford an explanation. He mentioned casually that fatty degeneration of the heart was an extremely rare cause of sudden death.

Dr. **TUKE** thought the author's cases bore some resembalance to the early stage of general paralysis; and Dr. **RICHARDS** questioned whether an affection of the cortex, capable of determining such serious symptoms, could exist without leaving some microscopical evidence thereof.

Mr. **BATTLE** mentioned the case of a woman, æt. 30, with severe symptoms, suggestive of gastric perforation in which, after death, no lesion was anywhere discovered.

Dr. **MAGUIRE** pointed out that paralysis of the vagus would not account for the unconsciousness.

The remainder of the evening was alloted to Mr. H. L. **BARNARD**, who discussed "Certain Points in the Pathology of the Pericardium." He observed that the pericardium formed an integral part of the mechanism of the venous circulation which was largely carried on by the contraction of skeletal muscles. In violent exertion a large quantity of blood might be suddenly forced into the right heart. This, but for the tough fibrous pericardium, would hopelessly stretch and dilate the thin walls of the heart which, however, was supported thereby just as the leather case contained the foot-ball. He had shown by actual experiment that the pericardium limited about one half the capacity of a heart in diastole. He insisted on the importance of a well-developed abdominal muscular system in assisting the passage of the blood upwards from the great abdominal veins. In pericarditis causing softening of the pericardium any effort might be followed by strengthening which was probably permanent.

# Correspondence.

We do not hold ourselves responsible for the opinions of our correspondents.

## MEDICAL GRADUATES' COLLEGE AND POLYCLINIC.

*To the Editor of* THE MEDICAL PRESS AND CIRCULAR.

SIR,—The attention of the Council of the Medical Graduates' College and Polyclinic has been directed to an article in your journal of March 22nd, 1899, in which it is stated that "matters are by no means going smoothly among the powers that be at the New Polyclinic in Chenies Street, W.C. It is the same old story, a striving after the position, to use a vulgar expression, of 'boss of the show.' Thus two camps have been formed, one represented by a well-known surgeon, and the other by a specialist, and a struggle is now going on for the mastership."

The assertions contained in this statement are altogether inaccurate. No deliberative body, such as the Council of the Medical Graduates' College, can carry on its proceedings without the discussion upon many points regarding which various and different opinions may be held among its members. In the proceedings of this Council differences of opinion have given rise to debate, but the differences have been such as arose from the determination of the Council to carry out the best measures for the success of the College, not for the supremacy of any person or persons.

The instruction to send to you this rectification has been entrusted to me by a unanimous vote of the Council.

I am, Sir, yours truly,
WILLIAM M. ORD, M.D., Chairman of Council.
22 Chenies Street, Gower Street, March 25th, 1899.

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## THE DANGERS OF ERYTHROL TETRANITRATE.

*To the Editor of* THE MEDICAL PRESS AND CIRCULAR.

SIR,—An accident, by which a chemist lost his life, happened at a tabloid factory at Dartford, on December 15th, 1897. He was engaged in mixing tetranitrate of erythrol with finely powdered lactose in a mortar when an explosion occurred.

Again, at the end of 1898, an accident was caused by tetranitrate of erythrol being inadvertently thrown into a fire, and one person was injured.

Tetranitrate of erythrol is possessed of explosive properties, and is highly sensitive, more so indeed to percussion than dynamite or gun cotton. As it has lately come into some use in the place of nitro-glycerine as a remedy for angina pectoris, I should be glad if you would draw special attention in your paper to the dangers attending the handling of this drug.

I have the honour to be, Sir,
Your obedient servant,
A. FORD, Colonel,
H.M. Chief Inspector of Explosives.

Home Office, Whitehall, S.W.,
March 24th, 1899.

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## POOR-LAW MEDICAL SERVICE REFORM.

### DEPUTATION TO THE LOCAL GOVERNMENT BOARD.

ON Thursday, March 16th, the deputation nominated by the public meeting which was held in the Royal College of Surgeons waited on the Local Government Board. The deputation consisted of the following members:—Sir Thornley Stoker (President Irish Medical Association), Dr. John William Moore (President Royal College of Physicians), Surgeon Swan (President Royal College of Surgeons), Sir William Stokes, Sir William Thomson, Dr. Truell, D.L., Ashford, Co. Wicklow; Dr. Donnelly, Dublin; Dr. Stanley B. Coates, Belfast; Dr. Neale, Mountmellick; Dr. Oulton, Dublin; Dr. Joseph Smyth, Naas.

The deputation were received by a full board, the secretary being also present.

Sir Thornley Stoker, who introduced the deputation, said they came on behalf of the Poor-law medical officers with the authority of the largest meeting of the Irish medical profession that had ever been held in Ireland. The reforms they asked for were most reasonable. The grievances they complained of worked great injustice to the doctors, but still greater injustice to the sick poor. The first, and far and away the most important and urgent of all, was superannuation.

Surgeon Swan, President of the Royal College of Surgeons, emphasised the importance and urgency of superannuation. He asked: (a) The Local Government Board, in view of their official knowledge of all the circumstances, to exercise their influence with the Government to support the Medical Officers' Superannuation Bill (Ireland), 1899; (b) and further, to exercise their own powers to meet cases of lesser disability due to advancing years and length of service by providing that a dispensary doctor of more than thirty years' service and over sixty years of age should be enabled to have an assistant medical officer for his district on payment by him of such portion of the assistant's salary as the Local Government Board should determine. He pointed out how the sick poor were wronged when they were left dependent for medical relief in their necessities on a doctor who was physically unable to attend them in the night time, or when the journey was difficult or the weather inclement, or the work unusual. He illustrated this from his own personal knowledge, when the dispensary doctor was absolutely unable to do his duty, was denied superannuation, and was too poor to retire.

Dr. Joseph Smyth, Naas, said the Local Government Board were naturally the responsible advisers of the Government on this question. If the Local Government Board were of opinion that compulsory superannuation, though good in itself, had its necessity outweighed by other considerations, then superannuation would be delayed. But if they considered, as he believed they did, that a dispensary doctor who had passed the retiring age was in most cases physically unable to efficiently discharge the duty of an Irish dispensary district under all circumstances of difficulty in all kinds of weather, and at any hour of the night, and if they so advised the Government, not as a counsel of perfection, or simply of betterment, but as an imperative necessity, which the sufferings and lives of the sick poor demanded, then he believed that superannuation would become law during the present sessions of Parliament.

Sir Thornley Stoker asked the Local Government Board when, for reasons of public policy, dispensary districts are deprived of one or more electoral divisions, that the medical officers of such districts shall be protected against any diminution of their present salaries.

Dr. Truell, D.L., supported the request.

Dr. John William Moore, President Royal College of Surgeons, asked the Local Government Board to "regulate" the salaries of dispensary districts, so that the medical officers may be remunerated for the cost they are obliged to incur in travelling on dispensary duty. He complained of the anomaly and injustice of making the dispensary doctor pay out of his pocket so large a portion of his small salary for doing public work. He gave the case of a doctor in the west of Ireland who was obliged to keep two horses for the actual requirements of dispensary duty. His salary was only £110 a year, and his district was over 80 square miles. There were several others in the west still worse off. He showed how this must necessarily deprive the sick poor of their full measure of medical attendance, and he therefore urged, in justice to both the doctor and the sick poor, such regulation of the salaries as would provide for the cost of travelling.

Sir William Thomson said the public had no right to the use of a dispensary doctor's horse without payment. In many places a horse would not be sufficient to do the travelling required by the dispensary duty. There were districts to his own knowledge where the private practice did not exceed about £25 a year, though that was an extreme case. If in such a district the doctor decided to do his work on foot just as far as he was able, there was no power to compel him to provide a horse, and the sick would necessarily be neglected.

Sir William Stokes asked the Local Government Board to have printed on the face of each visiting ticket, as is done in England, the following words: "If this ticket be not presented before noon on the day of its date the medical officer will not be expected to visit the case that day unless the word 'urgent' be written on it"; (b) and to specify the procedure to be followed where their rules were not observed, as for example where tickets are not filled and signed by the issuer, where the issuer, instead of exercising due diligence in ascertaining whether the applicant be a "poor" person or not, shows gross negligence or otherwise misuses his power; and to suggest that this procedure should direct the medical officer to report the circumstances to the Clerk of the Union, who should then be responsible for the remainder of the proceedings, so as to avoid as far as possible personal conflict between the issuer and the medical officer. He said the abuses of the ticket system had been a scandal too long permitted. Visiting tickets were sometimes given recklessly. He knew a case within his own personal knowledge where the dispensary doctor was obliged to travel ten miles on a red ticket to find that it was not for a human being at all he was wanted, but actually for a pig. He held in his hand a letter from a dispensary doctor in a different county, which stated that he had received two visiting tickets, one for a cow and the other for a donkey. The one for a cow was filled in in the owner's name, 18 miles away. The second, for a donkey, was also in the owner's name, four miles away, and was signed by the chairman of the Committee.

Dr. Coates, Belfast, said they felt it a very great hardship to have visiting tickets dropping in at all hours of the evening and night without the slightest necessity. They were always ready to give their services without complaining, no matter at what hour, when there was reasonable cause, but they asked to be protected against this abuse. He handed in a visiting ticket such as is issued in England.

The Vice-President, in replying, said the Local Government Board would give the questions submitted to them careful consideration. They were bound to look at them from all sides, and to act in the interests of the public.

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### Medical Fees in Law Courts.

Replying to Dr. Farquharson's question, whether the Government would consider the question of revising the scale for medical evidence with the view of more adequately remunerating the services of medical men who were compelled to give evidence, Mr. Jesse Collings replied that for the present the Secretary of State does not see his way to alter existing arrangements.

### Chelsea Physic Garden.

Under the scheme of the Charity Commissioners the Physic Garden at Chelsea will be saved from the hands of the builders, the ground having been handed over to the Trustees of the London Parochial Charities on an agreement that they shall dedicate £800 a year for the maintenance of the Garden, which is to be administered "exclusively for the promotion of the study of botany, with special reference to the requirements of general education, scientific instruction, and research." The practical management of the Garden will be vested in a committee formed of representatives nominated by the Trustees of the London Parochial Charities, the Treasury, the Lord President of the Council, the Technical Education Board, the Royal Society, the Society of Apothecaries, the Royal College of Physicians, the Pharmaceutical Society, the London County Council, and the Senate of the University of London. Earl Cadogan and his successors, as representing Sir Hans Sloane, who conveyed the Garden in 1722 to the Apothecaries' Company in trust for the encouragement of botany, is a member of the committee.

H.R.H. the Duke of Cambridge, K.G., has graciously consented to preside at the annual dinner of the Sanitary Institute, to be held at the Whitehall Rooms on May 2nd.

# Notices to Correspondents, Short Letters, &c.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt lettered, containing twenty-six strings for holding the numbers of The Medical Press and Circular, may now be had at either office of this journal price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

Original Articles or Letters intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

Spes.—The facts of the case, if true, should be brought under the notice of the General Medical Council.

M.D., F.R.C.P.—Our correspondent will find that the case is dealt with editorially in another column.

### THE NEW ORDER OF OPTICIANS.

A Correspondent sends us the circular of a certain city tradesmen who styles himself "F.S.M.C., Sight Specialist, Certified Ophthalmic Optician by Examination." Who would suspect that the substantive qualified by these adjectives merely kept a shop for the sale of spectacles?

Mr. Kensman.—We do not recommend either specialists or general practitioners, in accordance with our rule. But surely our correspondent need not hesitate to take the advice of a friend as to the best medical man to consult in his neighbourhood.

### A QUERY.

M.D. asks whether the central figure in the celebrated painting, "The Doctor," by Luke Fildes, R.A., is the portrait of any living medical practitioner.

J. B. Hydatid cysts of the parotid have been known to occur. A case of the kind was recently recorded in the transactions of the French Anatomical Society.

Dr. O'Kelly —Unavoidably crowded out.

Expertus.—Any good book on toxicology will be sufficient. Among other methods of treating carbolic acid poisoning trial may be made of camphorated oil, administered by the mouth. It is stated that camphor is an antidote to the acid.

### CONSULTATION WITH HOMŒOPATHS.

F.R.C S. writes:—"I have been asked by a homœopathic practitioner to arrange to meet him in consultation with a view to operating upon a lady patient of his. What is the medical etiquette in such a case?"

[The case being a surgical one we think that our correspondent would not be offending any ethical rule in acquiescing in the request, especially since the Royal College of Physicians (London) have refused to lay down any rule definitely deciding that it is unethical to meet a homœopath in consultation.—Ed.]

L.R.C P.Ed.—If our correspondent will refer to the last week's issue of The Medical Press and Circular he will find the subject fully discussed.

M.R.C.P.—Professor Osler of the Johns Hopkins University is not an American, but a Canadian, and formerly held the post of Professor of Medicine in the University of Toronto. He has accepted the invitation to deliver the Cavendish Lecture before the West London Medico-Chirurgical Society, on Friday, June 16th, 1899.

Acarus.—We have not before met with the term "senilophobia," but the fear of growing old is certainly a widespread disease, if disease it can be called. It affects chiefly persons of the female sex, and it is characterised by a tendency to relapse on slight provocation. The prognosis on the whole is favourable in the absence of complications.

### THE GREATEST COLD EVER RECORDED.

Professor Dewar, by the agency of liquified hydrogen, has reduced temperature to 234 degrees below the Centigrade Zero (which is equivalent to 336 below the Fahrenheit Zero, no temperature like this having ever previously been recorded. By the way, asks a correspondent, Is there any good reason why English scientists should persist in adhering to the Fahrenheit scale which is, admittedly, based upon an original error? Fahrenheit was not an Englishman, and, therefore, we need feel no jealousy in adopting the Centigrade scale, unless there be some technical difficulty which scientists can produce.

## Vacancies.

Belgrave Hospital for Children.—House Surgeon for six months. Board and residence provided and a gratuity of £5 given.

Central London Ophthalmic Hospital.—House Surgeon. Residence, board, &c., in the hospital.

Charing Cross Hospital.—Bacteriologist to the Hospital and Lecturer on Bacteriology at the Medical School.

Chester County Asylum.—Junior Assistant Medical Officer, unmarried. Salary £120 per annum, rising yearly by £10 to £150, with board (no liquors), lodging, and washing. Also Medical Officer to act principally as Pathologist. Salary £150 per annum, with board (no liquors), lodging, and washing.

Dental Hospital of London Medical School, Leicester Square.—Demonstrator in Dental Surgery. Honorarium of £25 per year given.

Derby County Asylum, Derby.—Assistant Medical Officer. Salary £100, rising to £120, with board, lodging, and washing.

East London Hospital for Children and Dispensary for Women.—Medical Officer for the casualty department for six months. Salary at the rate of £100 per annum.

Fisherton Asylum.—Assistant Medical Officer. Salary £100 per annum, with board, lodging, and washing. Applications to Dr. Finch, the Asylum, Salisbury.

Hospital for Diseases of the Chest.—House Physician for six months. Salary at the rate of £40 per annum, board, lodging, and washing.

London Temperance Hospital.—Assistant Resident Medical Officer six months. Residence in hospital, board, and washing provided, and honorarium of 5 guineas given conditionally.

North Riding Asylum, York.—Junior Assistant Medical Officer. Salary £100, rising to £150, with board, lodging, washing, and attendance.

North-West London Hospital.—Honorary Anæsthetist for twelve months.

Roxburgh District Asylum, Melrose.—Assistant Medical Officer. Salary £100 per annum, with furnished quarters, board, washing, and attendance.

St. Pancras Workhouse with Infirmary Wing.—Assistant Medical Officer for two years. Salary £120 the first year and £135 for the second year. Residential allowances for a single man provided. Applications Clerk to Guardians, Vestry Hall, St. Pancras Road, N.W.

Victoria Hospital, Folkestone.—House Surgeon. Salary £80 per annum, rising to £100, with board, residence, and washing.

West London Hospital, Hammersmith Road.—Assistant Physician.

Westminster Hospital. Resident Obstetric Assistant for six months. Board and residence in the hospital provided.

## Appointments.

Burt, W. C., L.R.C P.Lond., M.R.C.S., has been appointed Medical Officer to the Workhouse of the Torrington Union.

Dearden, V. G. S., L.R.C.P.Edin., L.F.P.S.Glasg., Medical Officer Carbrook Sanitary District by the Sheffield Board of Guardians.

Dun, Robert Craig, M.B., C.M., B.Sc.Edin.. M.R.C.S.Eng., L.R.C.P.Lond., Honorary Surgeon to the Liverpool Infirmary for Children.

Fullerton, Robert, M.D., C.M.Edin., Honorary Consulting Surgeon to the Greenock Infirmary.

Mackenzie, D. J., M.D.Aberd., C.M., Medical Officer of Health by the Glossop Dale Rural District Council.

Musson, A. W., M.B., B.C.Camb., Medical Officer to the Workhouse of the Clitheroe Union.

O'Donnell, John M.B., B.Ch Irel., Assistant Physician to the Mater Misericordiæ Hospital, Dublin.

Thompson, J. H., L.R.C.P.Irel., L.R.C.S.Edin., Medical Officer of Health by the Mytholmroyd Urban District Council.

Thornton, Dr., Medical Officer of the Ilfracombe Sanitary District of the Barnstaple Union, vice A. A. Mackeith.

Warden, A. A., M.D.Glasg., Private Assistant to Dr. Doyen, of Paris.

Weightman, E. J., M.B., C.M.Edin., Resident Medical Officer of the Walton Workhouse of the West Derby Union.

Whitfield, Arthur, M.D.Lond., M.R.C.P., Assistant Physician in Charge of the Skin Department to King's College Hospital, London.

## Births.

George.—On March 15th, at St. John's Wood Road, N.W., the wife of Isaac George, L.R.C.P.Lond., of a son

Harper.—On March 18th, at Rosary Gardens, South Kensington, S.W., the wife of James Harper, M.D., of a son.

Rogers.—On March 18th, at The Red House, Cliffe-at-Hoo, Kent, the wife of Arthur B. Rogers, surgeon, of a daughter.

## Marriages.

Cook—Maddox.—On March 25th, at Christ Church, Hampstead, John Howard Cook, M.S., F.R.C.S., youngest son of the late William Henry Cook, M.D., of Hampstead, to Ethel, youngest daughter of Mr. George Maddox, of Gainsborough Gardens, Hampstead.

Griffiths—Lewns.—On March 20th, at St. Gabriel's Church, Willesden Green. London, N.W., William Griffiths, B.Sc., M.D.,Lond., of Grosvenor Gardens, Willesden Green, to Ada Carrie, third daughter of Charles Frederick Lewns, of Grosvenor Gardens, Willesden Green.

## Deaths.

Brunton.—On March 25th, suddenly, at 16, Endsleigh Street, London, W.C., John Brunton, M.A., M.D., aged 63 years.

Clarke.—On March 17th, at Horsman's Place, Dartford, Thomas Furze Clarke, M.R.C.S., aged 43 years.

Port.—On March 25th, Heinrich Port, M.D., FR.C.P., of 48, Finsbury Square, E.C., hon. physician of the German Hospital, Dalston (late of Nuremberg).

Pound.—On March 2nd, at sea, on board the B.I.S. Navigation Company's ship, 'Goa,' Clement Pound, L.R.C.P.Lond., son of the late Dr. G. Pound, of Odiham, Hants, aged 38 years.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXVIII. WEDNESDAY, APRIL 5, 1899. No. 14.

## Original Communications.

### THE TERM "CONSERVATIVE SURGERY" AS IT HAS BEEN PROPOSED TO APPLY IT TO THE UTERUS AND ITS APPENDAGES.

By LAWSON TAIT, F.R.C.S.Eng., &c.,

Late President of Masons College, and Professor of Gynæcology.

I WAS very much amused some months ago by an article in the *Nineteenth Century* on Anæsthetics, in which it was recommended to the laity that each one of us should "refuse resolutely to take chloroform or allow any member of our family to take it without first obtaining a guarantee from the anæsthetist that he will administer it on an open cloth held at a given distance from the nose, and that the time taken to put us under shall not be less than eight minutes." I was amused because the *Nineteenth Century* is published in London, the very hot-bed of new anæsthetics and new methods of administering them. I was amused because here was Simpson, of 1851, coming back after nearly fifty years and his method being forced back on the medical profession through a lay journal—an offence of the direst description. The offence was resented, of course, by a large number of medical journals in this country, on the Continent, and in America, and, of course, the greatest amount of fun was to be had out of the criticism and opposition of our trans-Atlantic friends. One of the most prominent, and I think the best of the American medical weeklies had a leading article on the subject in which the very difficult task was fully accomplished of admitting the need and justice of the outcry on the part of the patients as voiced by the *Nineteenth Century*. "The fault in this country," says the article, "is for the most part limited to the administration of ether, where the most inexcusable indifference to the patient's comfort is often demonstrated. The man who gives the anæsthetic in a hospital is regularly the youngest man on the staff, a fresh graduate with theoretic teachings alone, or the example of another intern as his guide. The cone soaked with ether is crowded down over the patient's face, and he makes a courageous effort to stand it for a time. Very soon, however, he struggles to save himself from what these patients afterwards describe as a feeling of imminent suffocation and death, and gains a breath of fresh air only in those cases when the orderly or orderlies are unable to hold him down." It may be a little comfort that they are as bad in America in one way as we are here in another, but the whole thing is discreditable to our profession, and absolutely subversive of any claim ever to rank as a science For here we have the greatest drug ever introduced, imperatively the greatest boon ever granted to humanity after opium, that is an ideal anæsthetic to my mind of course chloroform; and we are not yet agreed about it, its method of administration, its power and its method of fatality: in fact, we are agreed only that it is an anæsthetic. The history of this magnificent subject during the half century is a record of proceedings not only entirely unscientific, but eminently discreditable to a body of men who are supposed to have, by their examination in Euclid's six books, to have at least mastered the elements of the art and science of logic. It is a history of rash and unjustifiable introductions of new substances and new methods, going as far as the introduction of the old substance under a new name, "a substance much safer, more rapid, more and everything better than chloroform" by a man who was for a time a medical Cagliostro. We had, of course, hundreds of courses of experiments on animals, in India and elsewhere, with conclusions as absolutely hostile as well could be. We have had initiated only one logical research in the shape of the "Anæsthetic Committee," inaugurated by our own Association which still dawdles its slow length along and will report, as I am informed, about the year 1950.

If I had time I could illustrate my purpose as well in the matter of new drugs, but I shall content myself with one short quotation concerning one of the newly passing foibles, "Thyroid" and its use in bleeding fibroids. In the *Medical News* (Phil.) p. 17, Moseley reports "That while some patients can take comparatively large doses of thyroid with impunity, others are injuriously affected by small amounts" and having established this extraordinary conclusion concerning our cherished sweet-bread, he tells us that they have a marked influence in bleeding fibroids, in checking the excessive loss of blood, and in some cases in diminishing the size of the growth. His observations were extended over five cases, and is an example of the sort of thing which almost renders our desire to see new drugs kept out of the market by Act of Parliament till they had passed through mill of judicious and stipendary investigation.

The fault of this logical deficiency is not, of course, confined to affairs medical, for we find the general affairs of the whole nation ruled, say at a General Election, by the words and votes of the floating residuum of voters in the least important, and generally therefore the most incompetent electoral country, and we seem now to be on the threshold of a vast upheaval within the serene demense of our National Church, the result of a ruthless spirit of innovation and desire for new methods and new manners, not even a revival of the good old things so faithfully followed by our ancestors for over a thousand years.

But in matters medical we ought to do better than that, particularly is it possible in matters of surgery when we have proof of results not tangible in the sister art of medicine, save within very limited lines.

For the last forty years, I think, hardly an inaugural address dealing with the generalities of the advances of surgery has omitted reference to the history of ovariotomy as one of its crowning glories. But I do not accept the story in that way at all. I think the whole thing discreditable, and for one reason only, even if no others were available, that whereas Nathan Smith penetrated the secret to the very depth, and published it in 1827, his great discovery was pushed aside by "new methods," and the great advantage of it was withheld from suffering humanity for more than half a century. Surgical historians, writing towards the end of the coming century, will not look on this as a brilliant record.

Arrived at the year 1878 we put the removals of ovarian tumours down with a mortality of 5 per cent., and then paused to look round. The start of abdominal surgery from this point was made when I showed that 100 consecutive exploratory incisions could be done with a hardly appreciable mortality, and then I formulated and established the law that when conditions in the abdomen threatened life or made it unbearable, we were justified in opening the abdomen to discover the site and nature of the disease. Out of this, as a matter of course, arose one by one and rapidly, as my records show, all the modern and fully accepted operations for gall-stone, &c., which now fill large text-books. Among these records fully numerous operations on the uterus and its appendages, most of which have become classic, and will remain so, unless upset for a time by men merely restless and new methods wholly unnecessary.

It is needless to say that in this long battle, going over now a period, so far as I am concerned, of more than thirty years, I have not, I did not consider it necessary, and it certainly would not have been advisable to make public every step in the process. Mistakes were made, methods employed were found to be faulty and unsuccessful, and nothing would have been gained by dilating upon them or even drawing attention to them. Just as I started, Dieulafoy had introduced his aspirator—an instrument in the device of which he had been anticipated by Bowditch and Protheroe Smith; indeed, by many others, until we get back to the Roman surgery of Pompeii; and Maisonneuve had fought the battle of the drainage tube. The pelvis did not escape either of those proceedings, and they were fully employed. Between 1871 and 1878 my carriage bag always had an aspirator, but for at least twelve years I have not used it. With it I carried a number of ingenious devices for making openings in the vagina, and getting drainage tubes into something, never knowing exactly what, sometimes curing, but more often failing to do real permanent good. But as it dawned on me that the peritoneum had no real terrors if respectfully treated, I found that it was better to ascertain accurately what was needed by careful ante-mortem examination, rather than make hap-hazard shots from below, and after a series of trials came my paper on "Treatment of Pelvic Suppuration by Abdominal Sutures," which revolutionised the practice of pelvic surgery all over the world. Not only so, but it cleared up the pathology of the pelvis and put a stop to the eternal and ignorant wrangling about perimetritis and parametritis which had gone on for nearly thirty years. Of this, of course, the present generation has no need to know anything, and truly it does not as may be seen from the contents of a paper by Dr. Noble in the *Philadelphia Medical Journal* of July last, entitled the "Conservative Treatment of Pelvic Suppuration of Puerperal Origin." He begins, as is not unusual with such people, by references to, and conclusions derived, according to his interpretation from my own writings, and succeeds, as is equally usual, in completely distorting my teaching. He goes so far as to quote my own words almost verbatim, and then commenting on them in this sentence: "These elementary pathological facts are now generally recognised, although some years ago they were sharply controverted, more especially by the disciples of Tait."

According to his contention the truth was first established by the publication of four cases of "True Pelvic Abscess," by Dr. Charles P. Noble, in August, 1891, before English gynæcology was born. He gives his idea of the differential diagnosis between pelvic cellulitis and pus-tubes or intraperitoneal abscess (regarding these two as the same) and misses the fundamental parts of my teaching on this subject first published ten year before his paper of 1891, that there are two varieties of intraligamentous suppuration, one in the outer half of the layers, which he has recognised and another in the inner half, quite as easy to recognise, found in the left side, having a sign which there is no mistaking, and then he goes on to describe such a case which he did not diagnose, but mistook when he need not have done; for which he opened the abdomen correctly enough but did not proceed to complete the operation as he should have done. Subsequently he attacked the abscess from the vagina, as he might have done at first if he had been at all familiar with my teaching, or had been one of those disciples upon whom he pours the vials of his contempt.

It is not for such blundering as this that I now draw attention to Dr. Noble, but because he is an example, though a very bad one, of the clouding school of abdominal surgery. Of these most exist in Germany, and the movement seems to be reaching England, and whilst I would be the last, by my utmost endeavour to deride change merely because it was new, I deprecate change when introduced for no other purpose than its novelty when its novelty leads us off the track of the investigation of facts already quite familiar to us, but concerning which we have not arrived at final conclusions.

That suppuration in the pelvis should not be made the subject of surgical rule different from that affecting other regions had to be my cry for nearly ten years, or as I put it that a surgical writ shall run in the pelvis as it does in the knee joint, and I carried my point against all comers. The chief opposition was, of course, from the uterine tinkerers who were overwhelmed by seeing their consulting-rooms emptied of the helpless sufferers, who came day after day for a glycerine plug, or month after month for new pessaries. They raised the cry of "spaying women," "emasculation of women" (a strange mixture of etymological definition), and even went so far as to say that we surgeons operated for the fees at the end of the cases. This cry ceased, however, when it was shown that the operating table of the surgeon was much cheaper in the long run than the consulting-room of the pessary-monger; and, personally, I am now in a position to say that I should have been a much richer man if I had never seen any of these cases, for as I had to give bed room to the great bulk of them I was out of pocket, and largely, by the whole transaction. The strange thing is that the cry is still kept up by beardless boys who tell us what they can have no personal knowledge of, whether it be true or not, "that the reckless way in which, in the past, gynæcologists have removed uterine appendages without adequate justification, is the opprobrium of our art." In the past I was in the habit of checking such nonsense by saying that such informers either knew of such proceeding or they did not. If they did not they were liars. If they did it was their business to give such information as would put the offenders on their trial for felony; and failing to give such information, they were themselves accessories after the fact, and so liable to indictment. I went so far as to serve notice on a well-known London physician who was guilty of this that I should prosecute him if he did it again, and since that time he has been quiet.

Another parrot cry still being repeated was that most operations made the patients absolutely sterile. But then they were so rendered by the disease before our operation. Disease of the knee-joint makes a man lame, amputation of the limb confirms the lameness, and the best case of a "conservative" result of an excised knee-joint I have ever seen did not get about free from lameness—in fact, I think the lameness was worse than it would have been with a first-class artificial limb. Double pyosalpinx renders a woman absolutely sterile. Nay more, as a rule she cannot have intercourse. Removal of the appendages does neither increase nor decrease the sterility, and it often removes completely and permanently a grave interference with marital life. Opening and draining a double pyosalpinx may do as much, but that it will cure sterility—pigs may fly, but I have yet to see a flight of them.

Foiled in all such arguments, our critics have found another platform, and I take again Dr. Noble as my example; he is as good for my purpose as any other of the score from which I might select, they are all as deficient in logical acumen as he is, they put their cases quite as badly, and they are all as open to the same suspicion of quackery, there is no use mincing terms or using plausible phrases to hide the pill which must be swallowed.

It is forgotten, or, at least, seldom acknowledged by gynæcologists, that the adoption of measures does not rest with them, but with the mass of the profession, men in general practice, upon whom rests the responsibility of advising their patients for what seems to be the best. It is perfectly true that the profession will be and must always be governed by the weight of a great name, so that I had a very hard fight after the International Congress at London in 1881, when Spencer Wells said that he had only once seen such a case as I described in his life. I answered by publishing a long series of my own cases which had been previously under his own care. This cost me his personal friendship, a result I regretted as long as he lived, and still regret, but I won the battle. I silenced Mathews Duncan by compelling him, almost by threats, to come with me to a neighbouring house in London, to see me remove two huge bags of pus in a patient under the care of Dr. Chapman Grigg, which had quite recently been under that of Dr. Duncan. I met the personal difficulty with another case in London, when six distinguished practitioners met me and assured themselves that I had exaggerated my diagnosis, that there was nothing much the matter, by taking Keith to London, making him operate, and then submitting to them his written report of the operation.

Now another battle rages, and I shall halt no more in it than I did in the former, though my fighting powers are no longer as sharp as they were, nor my taste for warfare as great. We are told once more, though the contrary has been proved over and over again, that in a considerable majority of cases there is diminution or total abolition of the sexual instincts This is not true, in fact it is absolutely untrue. It is a subject on which, of course, the publication of facts is extremely difficult, either one way or the other. But my own facts establish the conclusion that the cases of abolition are extremely few, not more than 5 per cent., but they get greatly tattled about by loose-minded women and by men whose sense of honour and proper reticence in matters concerning their wives is strangely defective. On the other hand, the instances of restitution of marital relations, which had been entirely destroyed by disease and restored by the operation required are at least 60 per cent. of all the cases. In a few instances the mysterious fact remains that women who before operation had little or no sexual appetite have it developed after treatment to an extent which becomes inconvenient. I removed the appendages, twelve years ago, of a lady noted in public estimation to the highest degree. She had had one child, and her husband had never shown any sexual response whatever, till after the operation, when it became oppressive to him and he died. She lived as a widow for three years, applying to me from time to time for arrest of this symptom, until it got so bad that I advised removal of the uterus, and this I carried out, not only without benefit, but rather with an increase of the trouble. She greatly objected to the idea of a second marriage, and had always resented my advice and the advice of her parents, in that direction; but at last, and entirely to save her conscience from the reproach of wrong, she married again, and a few months ago the fact was announced in every paper in Europe. It is, therefore, perfectly useless to say that in a few cases the sexual tastes are destroyed What kind of an argument it is, I shall consider afterwards, but meantime I go on discussing it on what merits it has, to prove the argument, and put in semi-decent form, the word "conservative" is introduced, a piece of rampant deceit and chicanery.

Dr. Noble has two papers that I have already quoted, and another on "The Conservative Treatment of Fibroid Tumours by Myomectomy." The paper is hardly worth referring to, reeking as it does of all the work of Simpson, Pean, Marion Sims and others of less note, who brought myomectomy as far as it would go, more than a quarter of a century ago, and there it was left by all of us. But the paper is a useful warning of a common logical error, the use of the indistributed middle term, or in plain words, the use of a term devoid of definition and employed with various and irreconcileable meanings in the course of the same argument. Thus in the one paper he alludes to the preservation of parts of ovaries diseased and adherent, and bits of occluded tubes as "conservative surgery," whilst in the other the same thing means removal of the whole uterus, the absurdly so-called pan-hysterectomy, revived from the moral of Pean's "Morcellement," and hashed up as something new.

The term "conservative surgery" was introduced by Ferguson in the late "fifties," and was the cause of a hot feud between him and the more logically-minded Syme. But, as Ferguson puts it, it was fair enough, and became afterwards limited almost entirely to its best example, that of excision of the knee-joint. Ferguson was a prince of operating surgeons, and none who can remember his magnificent figure and wondrous features, unmoved as he made the knife fly, as things in the old days, with a rapidity which few eyes could adequately follow, can easily believed that such an operation as excision of the knee-joint would meet with his strong approval. In theory it was all right. Conserve the lower limb; it must always be better than an artificial one. But, alas! though his pupils carried the banner of this conservatism far and wide, it did not keep its promise, and on Syme's face there was to be seen, and then only, that strange little smile of triumph as he lopped off a "conserved leg." "Conserve the parts," was his only comment, and the operation took a back seat, and occupies now a very restricted area.

Fancy my astonishment, therefore, when I read in the second paragraph of Dr. Noble's second paper this sentence:—"In the recent past true conservatism—that is, the welfare of the patient—has required," &c. This is another theory, and completely confirms my lifelong belief in politics that the advanced Liberal is the truest Conservative. Certainly, with this definition, we all are, all hope to be, all must strive to be, truly conservative. But why should Dr. Noble pretend to be that and exclude others equally earnest in their efforts, and why should he use for himself a phrase which reminds one of the story of the two men who went up into the temple to pray. If he claims exclusively to be a Conservative, then I say he is also a Pharisee, as are also those who use this phrase as he uses it.

For what is its real intention, other than to declare that he has, and uses, a method of operating which conserves the sexual instinct, as he plainly does in his concluding sentence, together with a hope that the sterility may not be complete, nor completed.

In all such cases the probability of the restoration of fertility is so minute in these cases that it is wholly unworthy of discussion or acceptance, save in some very unusual set of conditions, as when the succession to a crown is concerned, and then I, for one, would not accept the responsibility. Crowned persons are a rule unto themselves, and I never cared to share in the government. For the general public the terrible facts of over population, and the fact that of all children born one half die before they are five years was enough to dismiss such a bagatelle from my mind. When such patients have been married for years and remained sterile, it may be assumed that the sterility is complete, and when the mischief has resulted after the birth of one or more children the patients themselves usually dismiss the argument with impatience. The second question, I find, is now being directed towards the apprehension of the husband more than to his partner, and here is where the quackery comes in.

In a recent case where I was concerned, and where it was strongly wished that the case should be got out of my hands, it was urged that where on the one hand I would geld his wife and make her like a log of wood, another surgeon who was strongly recommended as of the Conservative school, would leave her active, the husband promptly replied that the case was that of his wife not that of a strumpet, and the efforts failed. I confess that this is how I should look at the question, especially in the light of the published experience of Laudson and others who are practically the leaders of this new movement, aided by what is probably of far more importance, my own wish and longer established experience. The whole thing is based on a misconception of the function of the ovaries, which have no more to do with the sexual appetite than the kidneys. Nor have the Fallopian tubes, nor the uterus; as it is maintained, and as I have proved, sometimes increased by the complete absence of all five. The two most erotic women I have ever come across were two sisters in whom not the slightest trace of uterus or ovaries could be determined, and in one of them I had positive knowledge of the fact of that complete absence when I operated upon her for tuberculous peritonitis. They were in good social position, were not insane, yet no kind of inducement, social, parental or restrictive could prevail upon these women to refrain from inspiring every man with whom they could get an opportunity to have intercourse with them, and *faute de mieux*, they were confirmed Sapphists.

Finally is it an argument, even if it could be sustained, which we, as surgeons, can give weight to?

I do not often quote Scripture, but I think that a great clinical lesson on this subject may be got in the 5th Chapter of Matthew, when at the 29th verse we are told that "if thy right eye offend thee, pluck it out, and cast it from thee. And if thy right hand offend thee, cut it off and cast it from thee; for it is profitable for thee that one of thy members should perish, and not that thy whole body should be" infected with bacilli, a lesson which is still more emphatically localised as pertinent to the present man by my national poet in words which read—

"Geld you, quo he, and what for no?
If that your right hand, leg or toe,
Should ever prove your spiritual foe
You should remember
To cut it off—and what for no
Your dearest member?"

We are not called upon to play the part of moralists, but this we are called upon to do, to adopt as our guiding principle to do the best we can for our patients and for our art, and then for ourselves. I have always held in detestation any surgical proceeding which brings with it a risk that the patient shall have to submit to a second operation. I have, therefore, always steadily opposed all operations for malignant disease undoubtedly pronounced. Nothing brings so much discredit on our art, nothing so much discredits the individual practitioner. Not only so, but second operations in the pelvis are always more difficult than the first, and according to all published facts far more fatal than operations completed at first. So much is this the case that I have been driven by the stern logic of facts to advise a more complete operation than ever in certain kinds of disease of the appendages. I refer to those in very young women, when the mischief has arisen apparently at, or even before, the molimenal period. I am certain that of all the cases of suffering from the results of chronic inflammation of the uterine appendages they suffer the most, their sufferings begin sooonest, and they are the most difficult to relieve. Among them I have had my worst and most bitter disappointments of relief expected, and have had discredit in this class of cases. About eight years ago I removed the uterus in one young lady, from whom I had removed the appendages thirteen years before, not only with a failure as a result, but I had made her worse; she had taken to drinking, been placed in an asylum, and had altogether gone to the bad. I removed her uterus and cured her promptly and, after nearly eight years' success, I think I may say permanently. I followed this case up, and hunted up a number of my known failures, removed the uterus in eleven more cases, and have succeeded in all, and I am now hunting up some more. This is conservative surgery. As a cross to it, I was called to London a few weeks ago to a consultation with one of the eminent West-end doctors in a case of this kind. I advised a complete removal, but the patient was conservative in the other way. She was sure that it was all in the right ovary, and the right ovary alone was to be removed. After much arguing and a full understanding in black and white, I consented to divide the operation, and removed the right ovary and tube. We shall see. I do not usually accept a fettered condition such as this, but my colleague is a man for whom I have a great reverence, and he took the responsibility; therefore, I acquiesced.

My belief is consummate in such radical surgery as will preserve my patients from further risk, and I do not regard the "sexual appetite argument" as worthy of any but the brothel-keeper, with whom it would, of course, have great weight. Concerning the surgical difficulties and dangers of the so-called "conservative" operation, my old experience of the early "seventies" are confirmed in a paper by Mr. Stanmore Bishop, in the MEDICAL PRESS AND CIRCULAR for November 23rd, 1898, and I need do no more than refer to that common-sense contribution to the subject.

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# ADENOMA UNIVERSALE OF THE ENDOMETRIUM

## INFILTRATING THE MYOMETRIUM IN A VIRGIN, FORMING AN ABDOMINAL TUMOUR —PAN-HYSTERECTOMY—RECOVERY.

By JAMES OLIVER, M.D., F.R.S.Ed., F.L.S.,
Physician to the Hospital for Women, London.

THE patient who is the subject of this annotation is a virgin. She came under my care in the first instance in November, 1895, and was then only 34 years of age. Menstruation was not established until she was 18, and during the four succeeding years, *i.e.*, until the patient was 22, the menstrual discharge appears to have been moderate in amount. It thereafter became more profuse, and during the last ten years it has on several occasions (about twelve in all) been extremely abundant. The menstrual period preceding her visit to me had been a profuse one and had lasted six weeks and she was very anæmic in consequence. She had never experienced pain in association with menstruation. The following are the physical signs which were noted in November, 1895. The hypogastrium is occupied by a small globular and regular swelling which arises from the pelvis and extends to two and a half inches above the pubes. It is uniformly firm in consistence. The hymen is intact. Hanging from the cervix uteri are two mucous polypi of about the size of small hazel nuts. The hypogastric tumour is the uterus enlarged. On this occasion I merely removed the polypi. The patient thereafter enjoyed fairly good health, losing occasionally rather freely until October, 1897, when she consulted me because she had been losing continuously for eight weeks. The physical signs then noted were the following. The hypogastric tumour is slightly larger than it was in November, 1895, and its consistence is hard. Hanging from the cervix uteri is a mucous polypus of about the size of a large hazel nut. I now advised not only that the polypus should be removed, but that the uterus should be dilated and explored. By means of a somewhat sharp spoon I removed on this occasion from the cavity of the uterus nearly a teacupful of material which when examined under the microscope presented the appearance of a simple adenoma. The size of the uterus was thus so greatly reduced that it could not be detected abdominally. About two months after this operation patient began to complain of a watery discharge from the vagina, and in consequence of this troublesome symptom which necessitated in May, 1898, the use of three and four diapers a day, she again came under my care. I then found that the hypogastric tumour had reappeared, and that the uterus was of about the same size as it was prior to the last operation. Before submitting the patient to hysterectomy I decided to curette freely the endometrium once more, and this I did, removing again about a teacupful of adenoid material. The watery discharge reappeared soon after this operation, and as it became more and more distressing the patient sought my advice again in October after an interval of only five months. The hypogastric tumour had now re-appeared, and was as big as it had ever been. I now advised, and performed, the operation of pan-hysterectomy, removing the whole uterus by the abdominal way. The broad ligament on each side was secured by three ligatures of silk. The lower ligature only on each side, namely, that including the uterine artery was pulled down into the vaginal canal and was left long; the other ligatures were cut short. With fine silk the peritoneum at the top of the bladder was stitched to the peritoneum, which had entered into the formation of Douglas's pouch, and thus the peritoneal cavity was shut off from the vaginal canal. The patient made an excellent recovery, and was able to go to the seaside after the operation.

The uterus weighed twenty-eight ounces, and was equal in size to that containing a three months' fœtus. On opening the organ anteriorly by a triangular flap, reflected from the cervix towards the fundus, the endometrium (corporeal and cervical) showed myriads of smooth prominences varying in size from that of a split pea to a walnut. Most of these new growths were practically sessile but a few were polypoid. The muscular tissue of the organ generally was much thickened, and to the naked eye even it was apparent that the new growth had infiltrated extensively this structure. Sections of the smooth prominences and of the underlying muscular tissue display under the microscope the appearances characteristic of adenomata, namely, tubes lined with cylindrical epithelium.

On account of the manner in which the neoplasm invades the muscular tissue of the organ, pathologists will affirm that the disease is malignant. In attempting, however, to settle this important question we cannot accept the tenets of the pathologist alone and discard altogether the clinical facts. In November, 1895, when the patient in the first instance came under my care, the enlarged uterus formed a hypogastric tumour which was then almost, if not quite as large as it ever was on any subsequent occasion. At this period the muscular tissue was already extensively infiltrated by the new growth, as the consistence of the uterine tumour was on this occasion as firm as it was at the time the operation of pan-hysterectomy was performed. It is impossible for us to surmise how long the hypogastric tumour may have existed before the patient came under my care; as, however, it increased but little in size between November, 1895, and October, 1897—a period of nearly two years—it is more than probable that it had been in existence, and had maintained a more or less stationary state, for several years. It is quite evident that the disease must have progressed slowly, as the prolonged and excessive hæmorrhage, which occurred when the patient was as yet only 24 years of age, was undoubtedly due to the neoplasm having already attacked the endometrium. With a clinical history, such as we have here presented, one would hesitate to characterise the disease as malignant. In the case which I have just recorded the specimen is an unique one, and the patient is probably the youngest that has ever been reported with adenomatous disease of the endometrium of so extensive a character.

It is an interesting fact that the lining of the cornua uteri in horned ruminants shows smooth prominences devoid, however, of utricular pores. They are called "caruncles" or "cotyledonal processes," and they increase in number with the size of the species. In the giraffe as many as eighty of these processes may be detected. In the bison they are softer, thicker, and more obtuse than in the giraffe, and they are less regularly disposed than in the latter animal. They are also very pronounced in the uterine cornua of the goat and sheep. When gestation occurs in animals possessing these cotyledonal processes their surfaces which previously were smooth become somewhat papillose, and into the depressions thus formed the chorionic villi are thrust, and are there retained until parturition takes place. At birth the fœtal villi are withdrawn from the maternal processes, and soon afterwards the surfaces of the latter become again smooth. Occasionally the entire caruncle is shed after parturition, and when this happens it is never reproduced.

Prof. Mettam, of the Royal Veterinary College, Edinburgh, informs me that the cotyledons in horned ruminants are upheavals of the mucous membrane, contain a good deal of corium and are very vascular. They are covered by the ordinary epithelelium.

Now, the disease which I have just described as occurring in the human female is an overgrowth of the lining membrane of the uterus, and we may perhaps be justified in believing that it is the revelation of a "reversion to type" tendency.

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The magistrates at St. Albans have decided that bread is meat. A man had been prosecuted under the Poisonous Meat Act for having thrown some poisoned bread to his neighbour's hens. He was accordingly convicted.

# ON THE PREVALENCE OF TUBERCULOSIS IN IRELAND AND THE MEASURES NECESSARY FOR ITS PREVENTION. (a)

By THOMAS W. GRIMSHAW,

**President of the Medical Section of the Royal Academy of Medicine of Ireland, Vice-President of the Statistical Soc. of Ire. &c.**

After some introductory remarks the author proceeded to analyse the principal statistics of tuberculosis, and especially of phthisis mortality in Ireland, the analysis being mainly founded on a table of the deaths from tuberculosis in children under 5 years of age, and of phthisis at the various ages of active life from 15 to 45, in town and country districts. The result of this analysis showed the following remarkable results:—During the three years dealt with in the table, 1895, 1896 and 1897, the average annual death-rate from all causes for Ireland was 17·3 per 1,000; the rate for the town districts (that is towns with a population of 10,000, and upwards) was 25·4, and for the rest of Ireland 15·2. For Ireland the death-rate from all tuberculous diseases, exclusive of phthisis, was 0·7 per 1,000 for country districts 0·4, for town districts 1·5 or nearly four times the latter rate. For consumption alone the rates were for Ireland 2·0, for country districts 1·7, for town districts 3·3, or nearly double the usual rate. Taking all forms of tuberculous disease, the rate for Ireland was 2·7—for country districts the rate was 2·1, for town districts 4·8, or more than double. In the districts with six large towns the rates were—from all causes 26·2, as compared with 15·2 in country districts; from tuberculosis other than phthisis 1·6, against 0·4, or exactly four times the rate; for phthisis 3·5, against 1·7, or slightly more than double the rate; and for all forms of tuberculosis combined 5·1 against 2·1, or considerably more than double as compared with country districts. It will be observed that by far the most important cause of death dealt with in the foregoing remarks is phthisis. This disease alone caused 11·7 per cent. of all the deaths in Ireland during the period under consideration, the percentage for the districts with towns of over 20,000 population being 13·3, for those with towns of 10,000 inhabitants and upwards 13·2, or slightly less, as compared with 11·1 per cent. for the rest of Ireland. These figures point to a conclusion which to many will be somewhat unexpected, namely, that the proportion of deaths from consumption to total deaths is very high even in the country districts of Ireland. If we compare the death-rate from tuberculous disease in the six great town districts of Ireland as measured by the general population we find that of the forms of tuberculosis other than phthisis—Dublin and Belfast are the same, 1·8 per 1,000; Londonderry next, 1·6; Waterford 1·2; Cork 1·1; and Limerick 0·7 only. In the case of phthisis we find Belfast leads with a rate of 3·9, Cork follows with 3·8, then in order Dublin 3·3, Waterford 3·2, Limerick, 3·0, Londonderry 2·5. These figures are sufficiently serious, but when we consider the question of the ages at which tuberculous diseases are most fatal we find still more alarming results. In the case of death-rates there may be some errors owing to unestimated variations in population since the last Census, but when we consider the rates of deaths from tuberculosis to those from all causes of death this element of doubt has little or no significance. I shall first deal with the question of tuberculosis as its affects young children—by this I mean children under five years of age. It has been shown by Sir Richard Thorne, and by the report of the British Medical Association, that the tendency to the disease of tuberculosis among young children in England and Wales is not so marked as it is in the case of phthisis. The forms of tuberculosis which kill young children are tabes mesenterica, tuberculous meningitis, and forms of tubercle other than pulmonary consumption. We find that in Ireland the death rate of children under 5 years of age from these forms of tuberculosis was 3·5 per 1,000 living at this age period. In the districts with towns of 10,000 and upwards the rate was 8·7 as compared with 2·0 in country districts, or more than four times the rate. In the six large towns taken collectively it rises to 9·4, in Dublin it reaches 11·0, and in Belfast 10·0. In the other it is considerably below the 10,000 town's rate, the rate for Limerick being only 3·3, or less than the average rate for Ireland. The very high proportion of deaths in Dublin and Belfast is very remarkable and very serious. If we now pass to the more active periods of life, and consider the deaths from tuberculosis between the ages of 15 and 45, the main working periods of life, we find that in Ireland during these age periods the death-rate from tuberculosis of all kinds was 3·8 per 1,000 living at these ages (out of a total rate of 7·9 from all causes, being nearly one half), of which the phthisis rate was 3·5. In the towns of 10,000 and upwards the rate was 5·5 out of a total rate of 12·2, of which the phthisis rate was 5·1. In the six large towns the rate was 5·7 out of a total rate of 12·6, phthisis having a rate of 5·3 It will be observed in the foregoing statement the death-rate from phthisis dominates the whole series of figures, and therefore we may confine our attention in detail to the proportion of deaths from that form of tuberculous disease, and here I shall deal only with the proportion of deaths from phthisis to the total number of deaths, as showing in the clearest manner the immense amount of damage done by phthisis at the most active periods of life in Ireland. At all the age periods from 15 to 45, except that between 35 and 45 the proportion of deaths from phthisis to total deaths in the country districts exceeds that in the town districts (of populations of 10,000 and upwards) when taken collectively, and that this is also true of the towns with a population of 20,000 and upwards when compared with the country districts. Taking Ireland as a whole we find that during the whole age period of 15 to 45 the deaths from phthisi constituted 43·5 per cent., in the period from 15 to 35, 49·6 per cent., or nearly one-half, in that from 15 to 25—which is apparently the most fatal age period – 52·8 per cent., or more than one-half, from 25 to 35, 46·1 per cent., and from 35 to 45, 29·1 per cent., compared with a total for all ages of 11·7 per cent. of the total deaths. It is important to emphasise the fact that the age at which phthisis causes the greatest proportion of the total mortality in Ireland is during the age period of 15 to 25, and to point out that the percentage of deaths to total deaths during this period reaches the terrible total of 44·6 per cent. in Dublin, 55·4 per cent. in Belfast, 54·4 per cent. in Cork, 56·3 per cent. in Limerick, 52·5 per cent. in Londonderry, and no less than 58·6 per cent. in Waterford. In the next decade of life, 25 to 35, the percentages fall somewhat in each case, but are still so near one half of all the deaths at that age as to excite considerable alarm as to the ultimate result to what ought to be the most active portion of the community. I would again point out that this table is founded on the most recent information available at the present time. Dr. Grimshaw then proceeded to point to the remedies and mainly relied on those put forward in the report of the Tuberculosis Committee of the British Medical Association, and quoted with approval the recommendations of the last Royal Commission on Tuberculosis.

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(a) Abstract of paper read before the meeting of the Academy of Medicine of Ireland (Section of State Medicine), Feb. 17th, 1899.

# The Goulstonian Lectures

ON THE

# PATHOLOGY OF THE THYROID GLAND.

*Abstract of Lecture I, delivered before the Royal College of Physicians of London.*

By GEORGE R. MURRAY, M.A., M.D.Camb., F.R.C.P.,

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THE embryology and comparative anatomy of the thyroid gland furnish us with important information as to the origin of its present situation, structure, and function in man. The fully-developed gland consists of three parts, two lateral lobes and the isthmus which unites them. The two lobes are closely applied to the sides of the larynx and trachea, and extend backwards as far as the sides of the pharynx and œsophagus. At the level of the isthmus the recurrent laryngeal nerve lies in the angle between the œsophagus and the trachea, being covered externally by the lateral lobe of the gland on each side. In front the gland is covered by the sterno-hyoid, sterno-thyroid, and omo-hyoid muscles. Laterally the lobes extend outwards in front of the common carotid arteries. Each lateral lobe is shaped somewhat like an almond, but the upper end is narrower and more pointed than the lower. The lower end lies on the fifth or sixth ring of the trachea, while the upper is generally on a level with the middle of the thyroid cartilage. The position of the isthmus varies, but it generally lies in front of the second, third, and fourth rings of the trachea. In many cases, variously estimated at from 40 to 68 per cent, the pyramid or middle lobe extends as a thin process from the isthmus or from a neighbouring part of one of the lateral lobes up to the hyoid bone, to which it is attached by muscular or fibrous tissue. The gland is firmly fixed to the larynx and trachea by fibrous tissue, so that it follows the movements of these structures which take place during deglutition. The gland when freshly removed is of a dark brown-red colour. It usually weighs from an ounce to an ounce-and-a-half (30 to 50 grams). It is relatively larger in the infant than in the adult. The whole gland, however, is liable to considerable variations in structure, such as inequality in size between the two lobes, absence of one lobe, and absence or irregularity of the isthmus.

There is a rich blood supply from four arteries, the superior and inferior thyroid arteries on each side, and in some cases there is a further supply by the thyroidea ima.

Externally the gland is invested by a firm fibrous capsule from which septa extend inwards, partially dividing it into lobules of various sizes. The glandular structure consists of large numbers of closely aggregated follicles which vary in size and shape. The colloid substance which occupies the central space of the alveolus is a yellow glairy fluid which stains uniformly in microscopical sections. Scattered through it may sometimes be seen white blood corpuscles, epithelial cells, and the remains of red blood corpuscles undergoing degenerative changes.

The colloid substance is the secretion of the epithelial cells which line the alveoli Hürthle has shown by observations made on normal glands and on portions of gland in which increased secretory activity had been stimulated either by removal of the greater part of the gland or by ligature of the bile duct so as to cause absorption of bile products into the blood, that the secretion may be formed by the epithelial cells in two ways. The colloid may be either formed in droplets in the cells and then gradually extruded into the lumen of the alveolus, or whole cells may break down and be discharged into the colloid substance, a part of which they thus help to form. In the first method the same cell continues to secrete, while in the second its place is taken by one of the reserve cells. It is doubtful if both these methods obtain during normal secretion, the first being probably the usual manner in which secretion takes place. The large amount of secretion which is found in many alveoli indicates that under ordinary circumstances it is not discharged as soon as it is formed, but that the central portion of the alveolus serves as a reservoir where the secretion is stored for a time before it finally escapes from the gland

As the thyroid is a ductless gland it is clear that the secretion can only escape by either the lymphatics or the veins. The evidence we possess shows that the former is the usual path, for it was shown by King and by Horsley, that by applying pressure to the gland the colloid could be squeezed from the acini into the inter-acinous lymphatic spaces, where it could be seen with the microscope. Biondi and Hürthle have found that this escape of the secretion from the alveolus may occur in two ways. The wall of the alveolus, not necessarily as the result of distension, becomes thinned out at one point and finally ruptures, allowing the colloid to escape directly into the lymphatic space outside, while the empty follicle collapses and forms the starting point for the growth of a new one. Hürthle has found that the secretion can also pass out from the alveolus without rupture of the wall. He injected Berlin blue into the lymphatic spaces of the gland, using an intermittent pressure, and found that it passed on into the interior of the alveoli through minute intercellular channels, in which it could be seen. He also found that when the secretory activity was stimulated the colloid itself could be seen lying in these intercellular channels continuous with the colloid in the alveolus at one end and with that filling the lymph spaces at the other, proving that it was passing from the former position to the latter. By one or other of these methods, the secretion flows into and mingles with the lymph, which bathes the interalveolar spaces of the gland, and with it flows along the path already described to be discharged into the blood stream in the innominate vein, and so distributed to all parts of the body.

No doubt, as in other glands, the activity of secretion varies according to circumstances Of these, however, we possess but little information Stimulation of the laryngeal nerves or of the sympathetic with the faradic current produces no change indicative of increased secretion. Pilocarpin produces a marked increase in the secretion of the colloid, as was shown by Wyss, and Schäffer found that the changes produced in the cells were similar to those which occur in other secretory glands under the stimulating influence of this drug. As already mentioned, the presence of an excess of bile constituents in the blood after ligature of the bile duct also stimulates thyroidal secretion. Removal of the greater part of the gland was also shown by Hürthle to serve as a stimulus to more active secretion in the remaining portion.

At one time the thyroid gland was considered to be an excretory rather than a secretory gland, and the excretion a mucinoid substance, the retention of which led to an accumulation of mucin in the body and the production of the subcutaneous swelling in myxœdema.

Further investigation has shown that the colloid substance is a true secretion which does not contain mucin. Our knowledge of the actual composition of this secretion is by no means complete, but several important constituents have now been separated from it. Most of those who have examined the composition of the secretion have considered the proteids to be the important and active constituents of it. Notkin regards thyreoproteid, a substance which he isolated from the gland, as an active constituent which behaves like an enzyme. Gourlay found that a nucleoproteid was the only proteid to be obtained from the thyroid in any quantity, and that it contained phosphorus, which by Morkutun's analysis has been shown to amount to 0·32 per cent. Baumann and Roos made the important discovery that the colloid substance contains iodine in an organic combination with proteid which they named "thyroiodin." This substance contains 9·3 per cent. of iodine, and 0 56 per cent. of phosphorus.

Hutchison has found that two proteids are contained in the gland—a nucleo albumen, which is contained in the epithelial cells and the colloid material which fills the acini. The formed secretion of the gland is split up by gastric digestion into two parts, one of which is proteid, contains only a small amount of iodine, and has but slight physiological action; the other is non-proteid, contains more iodine, and all the phosphorus of the original colloid, and is more active in removing symptoms due to loss of thyroid secretion than the proteid portion. S. Fraenkel obtained a crystalline substance with the formula $C_6H_{11}N_3O_5$ from the gland, which he named "thyreo-antitoxin." There is, however, no satisfactory evidence to show that this body is endowed with active properties.

It is evident from these observations that the secretion is a complex body, and we cannot as yet say whether its remarkable properties depend on one or, as is more probable, several constituents. Be this as it may, we shall now consider what functions are fulfilled by the secretion as a whole, for that is the form in which it mingles with the blood, and is thereby conveyed to the tissues.

A large amount of valuable information as to the properties and functions of this secretion has been obtained by observing what occurs when it is no longer present in the blood. This state of affairs is easily brought about by removal of the gland from an animal. Owing to the superficial position of the gland in the neck, this operation can easily be performed so as to entail no other secondary result than the loss of thyroid secretion forthwith, provided only that the parathyroid glands are not attached to the gland and removed with it, in which event the effects observed are the results of thyroidectomy *plus* parathyroidectomy. In man the results of failure of the normal supply of thyroid secretion from disease of the gland are seen in primary myxœdema, and from removal of the gland for goitre in secondary myxœdema, or cachexia strumipriva, as it is also called.

My own observations of the results of thyroidectomy have been made on rabbits and monkeys. It has, however, been shown that although no effects have been observed in fishes; in lizards, and snakes, the operation is followed by loss of strength and activity, ending in death in the course of a few weeks.

My own observations show that, although the immediate effects of thyroidectomy are very slight, after a long interval a chronic cachexia develops closely resembling myxœdema in man. Thus in two rabbits which were kept for a long time under observation after the thyroid gland had been removed, there was an early development of hebetude and loss of appetite. No further change was noticed until an interval of eleven months in one case and twelve in the other had elapsed after the operation. After this, in addition to the hebetude already mentioned, swelling of the subcutaneous tissues, dryness of the skin, loss of hair, and subnormal temperature developed, an entirely different condition to that described by Gley after removal of the parathyroids as well. These slides show you the appearance of one of these animals killed eleven months after the operation, and the ears of the other killed twenty-one months after. The ears were very dry, and rough, and cold to the touch, though they flushed readily when handled. The edges of the ears were dry and cracked to a depth of ¼ in. In many places this dried margin had broken off, leaving an irregular outline to the ear. In a third rabbit, which was kept for twenty-seven months after thyroidectomy, no symptoms appeared. When the animal was killed the reason of this was found to be that some of the glandular tissue had unintentionally been left at the time of the operation, and had undergone compensatory hypertrophy. The total amount of thyroid tissue found weighed only 0·07 gram, or about one-third the weight of a complete gland, but it had been sufficient to maintain an adequate supply of secretion for more than two years.

Dogs and cats both develop a rapidly fatal cachexia after thyroidectomy, but the most important results of all have been obtained in monkeys, which have been employed by Munk, Horsley, and myself. In the bonnet monkey (macacus sinicus), which I have used, with one exception, in all my experiments, a parathyroid gland lies in close connection with, or actually embedded in, each lobe of the thyroid gland. As a result of this, when the thyroid gland is removed the parathyroids are removed along with it. It would be difficult to remove the one without the other, for distinctly as the parathyroid can be seen in a transverse section, it is much more difficult to see it during life while the gland is *in situ*. In two recent experiments I was unable to detect, even with a lens, the parathyroids on either side and remove them without the thyroid gland; they were, however, easily seen in transverse sections of the lateral lobes after removal of the whole gland. It is, therefore, important to bear in mind that thyroidectomy in the monkey involves removal of the parathyroids as well, so that the symptoms which occur afterwards are not solely due to loss of thyroid secretion, but in part are due to loss of the parathroids as well.

I have removed the whole or a part of the thyroid gland in nine bonnet monkeys and one rhesus monkey, in four of the former the symptoms were allowed to develop with the object of testing the influences of various preparations of the thyroid gland upon them. Some symptoms also occurred in the others, but these four form the basis for the description of the symptoms which result from the operation. These symptoms have been very carefully described by Horsley, but they have such an important bearing upon the whole subject that I shall briefly describe what I was able to observe in my own experiments.

After the operation the animals have been kept in a room, the temperature of which ranged between 60 degs. and 70 degs. F. In about five days the symptoms first begin to develop, the early symptoms being entirely nervous. One of the first to appear is a fine regular tremor, which is most easily seen in the upper limbs, but which is also plainly visible in the lower limbs as well when the animal is held with the feet unsupported. Along with the tremor there is a marked change in the whole demeanour, which is the more noticeable owing to the naturally lively disposition and active habits of the healthy monkey. There is progressive apathy, with loss of natural curiosity and interest in surrounding objects, while the temper is irritable, interference being resented. There is loss of activity, as the animal sits still in one place on a perch or on the floor of the cage for long periods without moving and increasing loss of muscular power, as climbing is done more slowly, and evidently with greater effort, as the symptoms advance. The attitude assumed is characteristic, the head is bent, the trunk curved forward, and the knees drawn up, so that the chin rests upon them, the joints of all four limbs being in a position of flexion. Contractures owing to tonic spasm of the flexor muscles frequently occur; in fact, I believe this attitude is partly a result of these contractures, as the limbs are often found to be rigid when it is adopted. Clonic contractions of the muscles are common. There may be a single contraction of a group of flexor muscles, or a series of three or four may involve all the flexors of one arm, increasing in intensity until a position of extreme flexion at all the joints is reached, after which relaxation takes place until another series occurs. Irregular fibrillary contractions of the superficial muscles are often visible through the skin. In consequence of these symptoms the gait is stiff and unsteady, and when the contracture is excessive the animal is obliged to walk on the heels owing to the tonic spasm of the flexors of the ankle raising the toes and sole of the foot from the ground. There is a marked tendency to fall over backwards, so that if a banana is held over the animal's head it loses its balance in looking upwards at it and falls over backwards, and a very slight push when the animal is sitting has a similar effect. True epileptic fits of greater or less intensity may occur. There may be a sudden loss of consciousness, so that if the monkey is on the perch at the time, it falls to the ground. The temperature at first is raised and irregular, but soon becomes subnormal.

During the second and third weeks the myxœdematous swelling becomes distinct, and as in man is most apparent in the face. Both upper and lower eyelids become swollen, and with this there is sometimes transverse wrinkling of the forehead. Both lips are also swollen by the elastic œdema. Examination of the blood shows that the red corpuscles are diminished and the white increased in number.

Without giving any further details of this interesting condition, its resemblance to primary myxœdema in man is remarkable. The course of the symptoms is much more acute than in man, partly because the supply of thyroid secretion is cut off suddenly by the operation, while in primary myxœdema the supply only gradually fails as the disease of the gland advances.

In both conditions we have the same progressive loss of mental and bodily activity, subnormal temperature, elastic subcutaneous œdema, dry skin, and loss of hair. In the monkey we have, however, acute nervous symptoms which do not occur in primary myxœdema, though some have been observed after thyroidectomy in man. I would suggest, however, from the results of removing the parathyroid glands in rabbits and other animals, that these symptoms are in part due to the loss of the parathyroids, which, as we have seen, are removed along with the thyroid, This view receives further support from the fact, which will be considered later, that these acute nervous symptoms are not readily controlled by treatment with thyroid extract as might be expected were they purely thyroidal in origin.

Opportunities for observing the effects of total thyroidectomy in man have occurred in cases in which that operation has been performed for goitre. It is well known that in a certain number of these cases, as a result of the loss of thyroidal secretion, symptoms develop which are identical with those of primary myxœdema. Indeed, it was the striking similarity between the two, noticed by Sir F. Semon, which led to the appointment of the committee by the Clinical Society, whose report proved the identity of the two conditions and their dependence upon loss of function of the thyroid gland.

In man only three of the diseases which occur in the thyroid gland appear to be capable of causing a sufficiently destructive lesion of the secreting cells to materially diminish the amount of secretion. Syphilis and actinomycosis of the gland have thus caused myxœdema. If these diseases are successfully treated the gland recovers, sufficient secretion is once more formed, and the myxœdema disappears. The great majority of cases of primary myxœdema are due to a fibrosis of the gland with atrophy of the secreting epithelium. Unfortunately we know very little as yet of the cause or mode of origin of thyroidal fibrosis.

It may, according to the older views, be regarded as a chronic inflammation a chronic interstitial thyroiditis as a result of which new fibrous tissue is formed, which by its slow contraction and constriction of the blood vessels and alveoli leads to the destruction of the epithelial cells. On the other hand, it seems more probable that the atrophy of the glandular tissue take place primarily as the result of the action of some toxic agent, and that the fibrosis is only a replacement fibrosis, such as occurs in the spinal cord and elsewhere after more highly organised structures have been destroyed.

The symptoms of myxœdema which occur in man as a result of this destructive disease of the gland were so ably described by Dr. Ord in his Bradshaw Lecture last year that they are familiar to all. I should, however, like again to draw attention to the fact that there are many cases of early thyroidal fibrosis in which the symptoms are not nearly so definite as in the advanced cases. I have endeavoured in a recent paper to show what are the chief characteristics of these cases—such as slight subcutaneous swelling and dryness of the skin, subnormal temperature, certain striking subjective nervous symptoms, &c. The opportunity of examining the condition of the gland at this early stage can only arise if death should occur from some accident or intercurrent disease. In the absence of definite information we can only conjecture that a much earlier stage of fibrosis will be found, for it is evident that in any given case the severity of the symptoms will vary directly with the amount of atrophy of the glandular structure.

The gradual changes in the appearance of a patient suffering from slowly progressing fibrosis of the thyroid gland will be illustrated by some photographs which will be shown at the next lecture, in which I shall deal with results of disease of the thyroid gland in the young and the rational treatment of myxœdema and cretinism.

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# Clinical Records.

## WESTMINSTER HOSPITAL.

### *Erysipelas Migrans with High Temperature.*

(Under the care of Dr. Murrell.)

Mrs. S. suffered from pain in the lumbar region and a sensation of chilliness from November 10th to 17th, but she had no distinct rigor. On the 18th the skin over the bridge of the nose and under the eyes was red and shiny, and there was some tenderness. She had no sleep that night On the 19th the whole face was red and swollen, and had to be covered with flour. On the following day she suffered from persistent vomiting She continued to get worse, until she was admitted into the hospital on the 24th. Her husband stated that they had been married for five years, and that he had known her for three years previously, and that she had never met with any accident or injury. Her grandmother had erysipelas very badly, and patient's sister had an attack about ten years previously.

Patient's temperature on admission at 6 p.m. was 104·2 degs. and at 10 p.m. 104·8 degs. A bright-red shining blush extended over the whole face and half-way up the forehead. There was considerable œdema of the eyelids, which the patient was unable to open, and the lids were swollen and thickened. The tongue was dry, and she had much difficulty in swallowing. She was carefully examined, but no wound or abrasion was found either on the skin or on the mucous membranes. Her lungs were normal. The face was covered with cotton wool, and she was given 40 minims of perchloride of iron every four hours. The following day the redness extended from the face downwards to the left side of the neck. The temperature at night was 105·2 degs., and she was delirious. She was sponged with tepid water, but this had to be done carefully, as the pulse was weak and she showed signs of collapse. The delirium was quieted by the administration from time to time of ¼ grain of morphine hypodermically. On the 30th, at 3 a.m, the temperature rose to 107·4 degs., she was wildly delirious, and was controlled with difficulty. At 7 p.m. the temperature had fallen to 99·2 degs., but at 3 a.m. on the following day it was 106·0 degs. The rash was desquamating on the face and forehead, but was extending down the back. She took milk, beef-tea, and stimulants freely. Her pulse was 128, of fair volume, and there was no albumen in the urine. For some days there was very little change. The temperature was from 101 degs. to 102 degs. in the morning, and from 104 degs. to 105 degs. in the evening, the pulse being 120. The patient was in a condition of low muttering delirium, and was constantly picking at the bed-clothes. The rash slowly and steadily progressed downwards at the rate of about 1½ in. a day until it reached the first dorsal vertebra. On the 18th patient was found to have a fluctuating swelling on the occipital protuberance from which pus, watery and offensive, issued freely on pressure. In addition there were two sloughs on the scalp, one about 2 in. by ½ in., and the other 1½ by ¼ in., the surrounding tissues for an area of 44 degs. being boggy. This was freely laid open by Mr. Guy Coltart by means of three incisions, each about two inches long, and the wound was irrigated with 1 in 20 carbolic acid, and then dressed with hot boracic acid fomentations. The patient gradually sank and died on the morning of the 10th. A post-mortem examination was made six hours after death, but nothing of interest was found. The lungs were normal with the exception of hypostatic congestion, and some old adhesions at the apices.

*Remarks by* Dr. Murrell.—This case is of interest from the high temperature, 107·4 degs., and from the fact that life was maintained for 18 days after admission. If we accept the 10th as being the first day of the illness, she managed to struggle on for exactly a month

Death was warded off by the large quantity of nourishment she was able to take, and by careful nursing. It is curious that with the exception of the surgical incisions no wound or abrasion was discovered either during life or post-mortem. It is possible, however, that there may have been some abrasion of the cuticle or of a mucous membrane which escaped detection, or may have healed during the period of incubation, and before the patient came under observation. Erysipelas is an acute contagious disease characterised by a special inflammation of the skin caused by the *streptococcus erysipelatos*. How the streptococci managed to get into the system in this particular case is by no means clear, nor is it very obvious why the disease should have assumed such a virulent form. It is well known that people who are the subjects of chronic alcoholism or of Bright's disease are especially predisposed to erysipelas, and often do badly, but this woman was temperate, and there was never more than a trace of albumen in the urine. The mortality from erysipelas in hospital practice is only 7 per cent., and 4 per cent in private practice, but the prognosis in *E. migrans* is less favourable. The treatment was purely expectant, for although it has long been customary to give large doses of perchloride of iron in this disease there is no evidence that it modifies its course. Tepid baths, or cold baths, to reduce the temperature might have proved useful, but this object was attained by tepid sponging Her condition from the first was so serious that the safest course seemed to be to trust to good feeding and careful nursing.

The case affords an unfortunate illustration of the risks run by house physicians and house surgeons in the discharge of their duties. Mr. Guy Coltart operated on the patient on December 8th, and on the morning of the 22nd he performed a post-mortem examination on a non septic case and slightly punctured his finger. At half past one on that day his arm was much inflamed, he looked extremely ill, and was unable to go round the wards. The wound was promptly laid open and cauterised with pure carbolic acid, but in spite of this precaution he developed symptoms of blood-poisoning, and for many weeks was in an extremely critical condition. It was not until long after this unfortuate woman's death that it was known that quietly and unostentatiously, in spite of the hard work which the post of house physician involves, Mr. Coltart had devoted all his spare time to looking after this patient. It is difficult in adequate terms to express our admiration of his conduct, which reflects credit not only on his hospital, but indirectly on every member of the medical profession.

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# Transactions of Societies.

## BRITISH GYNÆCOLOGICAL SOCIETY.

### MEETING HELD THURSDAY, MARCH 23RD, 1899.

The President, Dr. H. Macnaughton-Jones, in the Chair.

### SPECIMENS

Mr. Charles Ryall showed three specimens of "Uterine Myoma Removed by Abdominal Hysterectomy," notes of which we hope to publish in our next. In the discussion that followed,

Dr. F. A. Purcell commented on the accident in Mr Ryall's first case: intestinal obstruction might occur from traction on the mesosigmoid when there was any difficulty in securing the uterine artery, leading to kinking of the bowel. The same complication might occur from intestinal adhesions. The second case showed the value of transfusion; until lately this measure was not resorted to as often as it deserved; it gave very good results. Rupture of the abdominal wound was a rare occurrence; the triple method of suturing the abdominal wound was usually a safeguard. In Mr. Ryall's case the accident was probably due to the vomiting from which the patient had suffered.

Dr. Heywood Smith thought that Mr. Ryall had set an example worthy of being followed in bringing forward accidents that had occurred in his cases. He asked Mr. Ryall whether in the first case the gut might have been separated from the stump, thus avoiding the necessity for a fæcal fistula. Referring to the second case, he remarked that catgut was not a good material for suturing the peritoneum, as it was apt to become absorbed too soon. For the other layers the material of the suture was of less importance.

Dr. Herbert Snow considered that the plan of giving an aperient by the mouth on the second day was not a good one, for it might set up vomiting, which might be difficult to control.

Dr. Hodgson asked whether the condition of the kidneys had been ascertained in the second case; the symptoms appeared to him to be more than were accounted for by the vomiting, and the accident to the abdominal wall.

Dr. Winson Ramsay (Bournemouth) said he was very interested in the second case. He held the view that the middle line was the only place in which an abdominal wound should *not* be opened. He always used an incision through the rectus muscle, and in over 200 cases of abdominal section he had never had any bad results. He had had only one opportunity of reopening a wound, and he then found that the three layers were well united. The only objection that was made to the lateral incision was that some of the parts of the pelvis could not be got at so easily; but it was merely a theoretical objection, and in practice no difficulty was found. He believed that in many cases hernia of the wound occurred, of which the operator heard nothing.

The President observed that there were several points of importance in Mr. Ryall's specimens. The first was the diagnosis between intestinal obstruction and obstructive peritonitis, and this was often a very anxious point. They had to rely on the countenance of the patient, the position of the pain, the character of the vomiting and the difference in the temperature: the latter was high in peritonitis; in intestinal obstruction it was generally low, as in Mr. Ryall's case. The second point was the importance of transfusion. It should be resorted to not only after, but if necessary during an operation; and the apparatus with the saline solution should be in every operating theatre For the suture of the wound, he always used fine silk for the peritoneum, silk or silkworm gut for the fascia, and silkworm gut for the skin. He would like to know how far Mr. Ryall had proceeded by the vagina in the third case before opening the abdomen. He thought that such cases were best dealt with through the abdomen in the first instance.

Mr. Ryall, in reply, said that he found in the second case that the peritoneum had torn, and the fascia sutures had torn through. As to the temperature as a means of diagnosis of intestinal obstruction, he did not regard it as reliable. In reply to Dr. Heywood Smith's question, he would remark that a fæcal fistula in the sigmoid or indeed in any part of the large intestine, healed readily, differing markedly from one in the small intestine where the coats were much thinner. For suturing the peritoneum he did not think that silk was necessary because here union took place within a few hours; and Mr. Greig Smith in many cases did not suture the peritoneum at all. The patient had had an aperient—viz., 5 grs. of calomel; but there was no true vomiting, only a constant retching. In reply to Dr. Hodgson, he could not say whether the kidneys were examined at the post-mortem. There was one objection to opening the abdomen through the rectus—viz., the cutting off of the nerve-supply of the part internal to the incision. Replying to the President, he operated by the vagina in the third case, thinking it might be a polypus.

Dr Winson Ramsay showed the following specimens:—1. Two Uteri removed through the Vagina. 2. A Myoma (? Sarcoma) removed by Abdominal Hysterectomy. 3 A Specimen of Tubal Abortion. 4. A Modified Broad Ligament Needle.

Dr. Purcell referred to a case of ectopic gestation occurring twice in the same patient, the details of which he had already narrated before the Society.

Dr. Heywood Smith asked whether the large myomatous tumour had been examined microscopically to determine whether it was really sarcomatous. With regard to the tubal abortion, the mole, having remained in the tube, seemed too small to cause so much hæmorrhage. He noticed that in the specimen the fimbriæ were much thickened, and suggested whether this might not have been the source of the hæmorrhage.

Dr. **Arthur Giles** complimented Dr. Ramsay on the care he had shown in dealing with a difficult complication—viz., the proximity of the ureter to the myoma in his abdominal hysterectomy case. Unless great vigilance were exercised, the ureter was easily wounded in this position. With regard to the case of tubal abortion, he would remark that it was strictly an instance of missed tubal abortion; and the presence of the mole in the tube was sufficient to account for the continuance of the hæmorrhage by keeping the tube distended. A parallel was to be found in incomplete uterine abortion, where a portion of the ovum retained in the uterus was sufficient to keep up hæmorrhage by preventing uterine contraction. The first two specimens shown were excellent examples of the kind of uterus that was best removed through the vagina; he thought that the practice of removing very large tumours by this route was likely to hinder the wide adoption of vaginal cœliotomy.

The **President** asked Dr. Ramsay whether he had used Deschamp's needles; they were very similar to those that Dr. Ramsay had shown.

Dr. **Ramsay**, in reply, first reverted to a question previously raised, viz., the paralysis of the rectus muscle after lateral incisions, and said that paralysis did not occur unless one of the tendinous intersections of the muscle were cut through. With regard to the large myoma, a part of it was found at the operation to be cystic, and contained blood; he did not think at the time that it was malignant: it was only the subsequent history that had suggested this view. In the case of tubal abortion, he thought that the blood came from the mole itself.

Dr. **James Oliver** showed a photo of a fibroid of the ovary with extensive localised extravasation of blood under the capsule of the tumour.

Dr **Oliver** then read a paper on

ADENOMA UNIVERSALE OF THE ENDOMETRIUM

which will be found in another column under the heading Original Communications. In the discussion that followed

The **President** observed that they had listened to a philosophical paper, whose references to comparative anatomy added both value and interest to the paper. He gathered that Dr. Oliver did not consider it to be a case of malignant adenoma; and that he thought that the first interference had made the case worse. If this were so, it would be an argument in favour of early hysterectomy rather than of repeated curetting. He had himself had a case of adenoma which he curetted; this was followed by a malignant condition of the uterus, which in the end killed the patient. Yet he thought that most men in dealing with such a case would proceed to curette the uterus, rather than at once perform hysterectomy.

Dr. **Herbert Snow** wished to protest against the use of the word adenoma, which was used in many senses, and consequently led to confusion. In the photo, the growth certainly looked malignant, though in that case one would not expect it to go on for ten years. His view of the case would be that the patient had an endometritis which, on curetting, became a true malignant disease. He would like to ask whether the later stages were accompanied by any of the symptoms of malignant disease.

Dr. P. Z. **Hebert** took objection to the suggestion of reversion in this case. In order to show any probability that such a condition was a reversion to type, it would be necessary to show not only that horned ruminants present such characteristics, but also that the ancestors common to both man and the horned ruminants presented the same characteristics before the divergence of the common stock into two distinct species took place; and this would be a rather difficult task, considering the remoteness of the period. Characters which might have developed after that period in one or other of these species could not be reverted to by the other. In othe words, man could only revert to characters that had been volved in the direct line of descent. The comparison was also imperfect, inasmuch as in one case they had a pathological, and, in the other, a physiological condition.

Dr. **Oliver**, in reply, said that when he first saw the patient the size of the tumour was about the same as when he did the hysterectomy; but at the outset he did not attempt more than the removal of the polypi. These were found on examination to be adenomatous, but the patient continued quite well then for two years. She had no pain at any time; nor had she a watery discharge until after the curetting, which removed the surface of the glandular tissue. He did not regard the presence of such a discharge as any indication, by itself, of the existence of malignant disease.

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## ROYAL ACADEMY OF MEDICINE IN IRELAND.

### Section of State Medicine.

Meeting held Friday, February 17th, 1899.

The President, Dr. H. C. **Tweedy**, in the Chair.

Dr. **Grimshaw** read a paper on "Tuberculosis in Ireland and its Prevention," an abstract of which we publish elsewhere.

After this paper was read the following resolution was adopted. Proposed by Dr. John W. Moore, President R.C.P.I., seconded by Dr. McWeeney:—"That the Section of State Medicine having an accurate knowledge of the prevalence and mortality of pulmonary consumption and other forms of tuberculosis, hail with pleasure the movement to control this destructive group of infective diseases, which has been inaugurated by the British Medical Association. The Section urge upon the Council of the Royal Academy of Medicine in Ireland, as a matter of public professional duty, to cooperate in every possible way with those who are engaged in the present determined effort to cope with tuberculosis, now proved to be the deadliest scourge of the human race."

### ON THE DEATH-RATE FROM TUBERCULOSIS, AS EXEMPLIFIED IN THE MALE POPULATION OF ENGLAND, FOR THE FIVE YEARS 1891-5.

Dr. **Martley** read a short paper on the above subject. After pointing out that the deaths from this cause were nearly as numerous as those from the whole group of zymotic diseases, and that they annually averaged about 240 per 100,000 living, he drew attention to the very unequal mortality at different ages, tuberculous disease being most fatal in the first few years of life, and again, though to a less degree, about 40. However, on correcting the county rates for varying age distribution, he found that there was comparatively but a slight difference, and that for all practical purposes, sufficiently correct results could be obtained by using the crude rates.

### THE BACTERIOLOGICAL ASPECT OF TUBERCULOSIS.

Dr. **McWeeney** read a paper on this subject, and demonstrated a series of illustrative microscopic preparations and photographs. With regard to the morphology of the tubercle fungus he mentioned that he had never failed to detect genuinely ramified forms in sputum whenever he had leisure to seek them out. The type of ramification was that of the genus cladothrix, and from the researches of Firchel, Coffin Jones, Hazo Bruns, and Ledoux Lebard, there could be no doubt of the biological affinity of the tubercle fungus to streptothrix and actinomyces. He gave reasons for refusing to admit the spore-nature of the unstained bodies so often found imbedded in the rods, and pointed out the hygienic importance of that fact. He emphasised the value of the staining reaction long considered to be peculiar to the tubercle and leprosy bacilli, but now known to be shared by a smegma bacillus, and by the pseudo-tubercle bacilli isolated by Mockler and others from cow-dung—by Mockler from the leaves of Timothy grass near the Greebersdorff Sanatorium, and by Rabinowitsch, from butter. Cultures of the three last-named organisms were demonstrated, as well as slides showing their remarkable resemblance to the genuine tubercle organism. The cause of the staining reaction was the presence in the sheath of the bacillus of a peculiar *wax*, as was shown last year by Aronson. This underwent gradual extraction by alcohol and ether, with the result that the bacilli lost their specific staining reaction, a fact which may account for their gradual disappearance from tissues that have been treated for reactionary purposes with these substances. The relation of the bacillus of human to that of avian and piscine tubercle was discussed, and the discovery by Ledoux-Lebard of the bacillus of fish-tuberculosis and the recently demonstrated inoculability of poikilathermous animals with a variety of a bacillus capable of thriving at ordinary temperatures were pointed out as important recent additions to our knowledge. He concluded by earnestly deprecating over-zeal in the adoption of measures intended to be preventive, but which by involving irksome restriction or intolerable publicity would speedily be found to defeat their own purposes.

### DISTRIBUTION OF TUBERCULOSIS IN IRELAND.

Dr. P. **Letters**, by statistical tables, sought to prove that tuberculous disease throughout Ireland—tabes mesenterica and tuberculous meningitis more so than phthisis—was regulated almost exclusively by aggregation of population. Small towns and villages bred tuberculosis largely. He controverted all theories referring the prevalence of Irish tuberculosis to meteorological or climatic causes, or to the proportionate amount of bog and barren mountain land, to surface elevation, or to geological formation These did not operate as influential factors, or their effects could not be measured by death-rates recorded over large areas. In the counties, death-rates per million living from (1) tabes mesenterica and tuberculous meningitis combined, and (2) from phthisis, correspond so closely with the several degrees of urbanisation as to leave no reasonable doubt of a casual relationship. This line of argument led to the conclusion that tuberculosis, as found in Ireland, is essentially a town and village bred disease, exclusively rural localities showing next to no mortality from tabes mesenterica and tuberculous meningitis, and greatly reduced death-rate from phthisis. The most tuberculosis region in Ireland extended along the eastern and south-eastern seaboard, and was mapped out by the counties of Antrim, Down, Dublin, Wexford, and Waterford. The least tuberculosis was found in a compact region in the north-west comprising the five counties of Donegal, Leitrim, Cavan, Fermanagh, and Longford. These two regions contain respectively a high and a low percentage of urban population. A table giving the percentage of inhabitants of towns over 500 to the total population in each of the thirty-two counties showed that, where the town-dwelling population was high, so also was tuberculosis, and *vice versa*. Freedom from tuberculosis, or the reverse, in the smaller areas of Poor-law unions throughout the country, depended on the same general law of aggregation into town and village communities. Kerry, taken as a whole county, was statistically rather tuberculous Divided into two regions, North Kerry, including the unions of Tralee, Listowel and Killarney, and South Kerry, the remaining unions of Dingle, Cahirciveen, and Kenmare, twenty of the Irish counties are found to be less tuberculous than North Kerry, while South Kerry is considerably freer from tuberculosis than any whole county in Ireland. This was explained by the fact that the percentage of urban population in South Kerry is only nine, while in North Kerry it is nineteen. A point to which Dr Letters directed special attention was that the most correct test of the tuberculous character of a locality is when the mortality from tabes mesenterica and tuberculous meningitis combined bears a high rate to that from phthisis. This high proportion of juvenile to adult tuberculous mortality in Ireland invariably corresponds with a high degree of urbanisation.

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Dr. John M'Murray, whose term of office as Mayor of Bootle, recently terminated, has been presented with a horse and brougham and an illuminated address, as expressing the acknowledgment by his fellow-townsfolk of the ability and courtesy displayed by him during his year of office.

## France.

[from our own correspondent.]

Paris, April 1st, 1899.

### Hypertrophy of the Prostate.

At the meeting of the Surgical Society, M. Monod spoke on the ligature of the vessels of the spermatic cord for hypertrophy of the prostate. A patient suffering from that affection entered his ward for acute retention of urine. During three days, it being impossible to pass a catheter, the bladder was tapped, but finally a fine instrument was passed and left *in situ*. At the end of a week M. Monod placed a ligature on the vascular pedicle of the testicle, and in a short time the patient was able to micturate freely. As to the spermatic gland, it diminished slightly in volume, without, however, presenting any tendency to sphacelus. M. Monod considered that the benignity of ligature of the spermatic vessels towards the nutrition of the organ could be explained by the fact that when the vas deferens was separated from the vessels about to be ligatured, the artery of that canal is so intimately associated with it that it escaped being tied, and although of exceedingly small calibre, is sufficient to maintain the nutrition of the gland.

M. Regnier thought that his colleague was particularly fortunate in the above case, for ligature of the spermatic vessels provoked frequently lesions of the testicles, especially if the operation was not completely aseptic.

Resection of the vas deferens exercised the favourable influence on the micturition trouble caused by hypertrophy of the prostate without having any evil effect on the nutrition of this gland. He could cite several cases of his own to confirm this fact. In one case the resection of the deferens canal was done on both sides, and not only did all retention disappear, but the genital function persisted.

M. Bazy said that it was a fact that resection of the deferens canal, as Sir Astley Cooper pointed out long ago, in no way interfered with the nutrition of the testicle, but, on the other hand, the operation had no effect on the hypertrophied prostate.

### Hectic Fever of Consumption.

Arsenious acid, ⅕ gr.;
Salicylate of soda, ʒiiss.;
Starch and distilled water, q. s.

Divide into 100 pills (should not be rolled in powder). Ten to be taken after each of the three repasts.

### Asepsy in Operations.

M. Quenu spoke on the above subject and said that in his practice he endeavoured to come as close as possible to the asepsy ideal. He boiled the instruments in water to which was added borate of soda. The region of the operation was washed with soap and water, alcohol or ether, and a solution of sublimate of mercury, in the order given. As to the asepsy of the hands of the surgeon, and those of his assistants, he considered it very difficult to realise. He estimated that any septic contact was susceptible, even after twenty-four hours, and in spite of energetic disinfection to vitiate the result of the operation. Consequently he abstained from opening any abscess for two days prior to any important operation.

For some time he used gloves of very thin caoutchouc previously sterilised by boiling, and found that they furnished great security. For ligatures he employed almost exclusively sewing thread, for he found it to admirably resist the high temperature. Out of 237 important operations he had a mortality of only 5 per cent.

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## Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, March 30th, 1899.

At the Medical Society Hr. Zadek showed a case of

### Echinococcus of the Lungs.

The patient was a butcher, 40 years of age, who had all his life had a good deal to do with dogs, and had become infected by them. In February, 1897, he had difficulty of breathing, cough, and hæmoptysis. Catarrhal rales were heard at the bases of both lungs, but no dulness. There was fever and expectoration of muco-purulente sputa, and emaciation from 78 to 53 kgms. Tubercle was diagnosed, although there were no bacilli, and the patient was sent to a health resort, from which he returned after a stay of fifteen weeks, with a gain of 20 lbs. in weight, cough and hemoptysis soon returned, however, and the patient observed skinny membranes in the expectoration. These appeared for a period of between one and two months; and their milky look and the microscopic appearance showed that they were the coverings of ecchinococcus cysts. There were hundreds of them, and they were expectorated easily and without much hæmorrhage. They ceased to make their appearance from Christmas, 1898, the expectoration diminished, and pain ceased. The patient improved in health, and returned to work with a weight of 180 lbs. The physical signs were only slight, and after expelling quantities of cysts there were no signs of cavities remaining, and as percussion gave no evidence the X-rays were tried. These showed clearly the site, size of the collection of echinococci. A shadow the size of an apple was seen clear in the centre on deep inspiration, with darkened edges. From the situation it was evident that an echinococcus of the liver had passed into the lungs. Adhesive pleuritis had prevented the stormy symptoms usually observed in such cases. There was also a shadow in the left lung, between the middle and lower lobes, plainly from a second echinococcus, and the patient in fact did complain of some disturbance in the left side of the chest. There being no mixed infection complicated lung disease had not developed. What would be the end of the disease on the left side could not be foretold. The interesting features of the case were the mild course, the discovery by the X-rays, which had thrown light on the diagnosis, ætiology, prognosis, and treatment. The rays were clearly of great assistance in case of echinococcus of the lungs.

Hr. Levy-Dorn explained the technique of the use of the X-rays. The patient must be required to breathe deeply and then hold his breath. In this way only was it possible to study the relation of the tumour to the diaphragm, and exclude some relation to other objects, which moved on inspiration. The exact seat of the collection was determined by the fluorescent screen.

Hr. Rosenhein showed a boy with

### Stenosing Hypertrophy of the Pylorus.

The boy was seven years of age, up to five he had been perfectly healthy, and was of healthy parentage The disease began after a severe attack of measles. The child began to vomit, awoke in the night and brought up what he had eaten during the day. The appetite was good, and there was no other abnormality. In July, 1897, the speaker discovered excessive dilatation of the stomach; it contained large quantities of decomposed fermenting material, and free hydrochloric acid, but no tumour could be felt. The stomach was washed out and the food carefully selected, and the patient was free from symptoms, but objectively became worse. The probable diagnosis of stenosing hypertrophy of the stomach was confirmed by operation, the pylorus only permitting the passage of a small sound. After recovery from the operation fresh symptoms came on, and at last gastro-enterostomy was performed; the pylorus had become adherent. After this permanent improvement set in, the stomach became smaller and its motor function re-established.

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## Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, March 30th, 1899.

### Salophen in Influenza.

In the recent epidemic of influenza this drug has been used with great success, judging from the evidence contributed by a large number of observers. Its advantages of being tasteless, and having no injurious effects are praises frequently repeated in its favour. In cases of influenza, one to two grammes given every three hours, in plenty of mineral water, is held as an excellent remedy for the disease, if not a specific. Smaller doses are recommended as prophylactic in epidemics.

### Privat Docents.

This peculiar body of teachers have now formed themselves into a Union with the object of increasing their usefulness and improving their status.

The privat docent is a body peculiar to Austrian schools, and of considerable benefit to a foreigner as an introduction to foreign University ideas. Their avowed combination is to increase this utility by adding to the number of their classes, particularly during the periods of recess. The provincial Universities are invited to join the combination for the regulation of post-graduate classes for Austrian practitioners. Drs. Landsberger, Hartmann, Schmid, Lampa, Jellineck, Hammer, and Prof Finger, have been appointed to act as a representative committee.

### Fochier on Artificial Abscess in Pyæmia.

This novel antidote for pyæmic poisoning is still increasing in favour. It seems to be more effectual in cases arising from abscesses forming around the genitals. The *modus operandi* is to inject two drachms of oil of turpentine into the calf of the leg, which sets up severe irritation, finally resulting in a large abscess.

From the time of injection the rigors due to pyæmia cease, and the patient rapidly recovers without any subsequent relapses. The temperature, however, remains high for a few days after the injection, but gradually descends to the normal.

Other infectious diseases from which abscesses result, such as typhoid, erysipelas, osteo-myelitis, pneumonia, &c., have been operated on with equally favourable results.

If the artificial abscess be allowed to remain unopened it will soon become absorbed without any bad result, but

Fochier recommends the abscess to be opened at the earliest opportunity.

### Erb's "Symptom Complex."

At the Medical Club Weiss recorded a case of a female, æt. 37, who had been received into hospital from the country. Six years ago she had suffered from an abortion, which was followed by pain over the whole body, but she seems to have shortly afterwards recovered her normal health. Three years later she was attacked with severe rigors, vomiting, subsequently becoming unconscious, and in this condition she remained for three weeks. On recovering, it was discovered that she had difficulty in swallowing associated with involuntary movements of the head.

A few months later she was able to move about only with the greatest difficulty. About this time a discharge from both ears commenced. In the autumn of 1897 the limbs became stiff and movements impeded. The speech was also feeble and inarticulate while double vision was also present. Since 1898 she has been an in-patient, and has become very emaciated, but is quite conscious and understands all that is going on around her. The muscles are flaccid and can be passively or actively moved, possessing a good deal of tonus. These phenomena were common to all the muscles of the body. The movement in the eyes and vocal cords were slow. The internal organs were at first normal, although at present bronchitis, decubitus, and albuminuria were present. The breathing is undisturbed, sensibility is intact, and there is no atrophy or trophic disturbance. The electric stimuli are normal, but the tendon reflex is exalted.

The tonus of the muscular system increases the complication.

The grey substance is undoubtedly affected, although the original acute fever three years ago may be accepted as the initial point, and probably connected with the pyæmia derived from the aural discharge, while the meninges and medulla oblongata became finally affected.

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## The Operating Theatres.

### KING'S COLLEGE HOSPITAL.

Subphrenic Abscess.—Mr. Carless operated on a girl æt. 22, who had been under observation in the medical wards for some weeks under the care of Dr. Burney Yeo; her symptoms were ascribed to a meal of rabbit, and at first were supposed to be those of typhoid fever; she improved somewhat as a result of rest and careful dieting, but for some weeks her temperature had been 2 or 3 degs. above the normal, and she complained of pain and tenderness in the left hypochondrium. During the last ten days she had had several severe rigors. On examination Mr. Carless stated that the girl looked very anæmic, with sordes on the lips, and was extremely apathetic. On stripping the abdomen and chest it was found that the respiratory movements on the left side were less marked than those on the right; tenderness was complained of over the three lowest intercostal spaces and in the left hypochondrium; nothing abnormal could be detected on palpation; there was a patch of dulness a little behind the mid-axillary line, extending up to about the eighth rib, corresponding fairly accurately to the situation of the spleen; over this area breath sounds were absent, although they were heard to be of a normal character above and behind it. An exploring needle had been introduced three times by the house physician without result; it was admitted, however, that it had not been introduced sufficiently far to traverse the diaphragm. Before operating Mr. Carless stated that the nature of this case was somewhat doubtful, but that he thought it probable that there was an ulcer of the stomach and a localised sub-phrenic abscess. With this supposition in view he proposed to make an incision along the left lower costal margin and explore the under surface of the diaphragm. Should nothing be found in this direction he would examine the posterior surface of the stomach through the omentum, then the spleen and finally explore the pleural cavity. An incision nearly six inches long was accordingly made parallel to the rib margin, and, before the peritoneum corresponding to it was fully opened, presence of adhesions round the stomach was demonstrated; these adhesions partly involved the omentum and fixed it and the stomach to the under surface of the diaphragm. A careful packing of gauze was introduced into the lower part of the wound so as to protect the general peritoneal cavity, and then the adhesions were carefully broken down with the finger. To facilitate this proceeding a projecting costal cartilage was divided, and the costal margin held aside by retractors. Before this dissection had been carried very far a collection of foul pus was opened, and on further exploring the cavity it was evident that the main trouble was tuberculous in nature. A certain amount of caseating material was very carefully removed with a sharp spoon, and the cavity well flushed out with sterilised saline solution. A large drainage tube was then introduced and in order to make it lie comfortably a portion of the costal cartilage mentioned above was excised. Iodoform gauze was packed in around the tube, and the external wound partially closed Mr. Carless remarked that the result of his exploration had been most satisfactory, and that it fully confirmed his opinion as to the nature of the case. His diagnosis had been based on the lack of mobility of the chest wall, on the localised tenderness, and on the fact that the lung seemed to be pushed up and not in any way involved. There had been comparatively but few symptoms of gastric ulcer, but it is not unknown, he said, for such a condition to remain passive. In all probability the present operation would only be sufficient to relieve the immediate symptoms. The projection of the costal margin would be almost certain to prevent satisfactory drainage, and other steps would have to be undertaken to secure this end.

It is satisfactory to state that, two days after the operation, the temperature of the patient had dropped to the normal, and she was evidently very much better.

### SEAMEN'S BRANCH HOSPITAL, ROYAL ALBERT DOCKS.

Operation for Rupture of Urethra at Bulbous Portion.—Mr. William Turner operated on a coloured man (a Lascar), a stoker on board ship, æt. about 45, who had been admitted about four hours before with hæmorrhage from the urethra appearing at the end of the penis. He had slipped and fallen against an iron bar (a lever), the end of which gave him a slight blow at the anterior part of the perinæum. This was followed by pain and severe hæmorrhage; there were no symptoms of shock, and on examination no tenderness in the perinæum. He once passed water before admission which was comparatively clear, showing that there was no rupture of the bladder. A soft instrument was passed down the urethra, and an obstruction met with about 4½ inches down, *i.e*, at the bulbous part, and the instrument could not be passed on into the bladder. There was no swelling in the perinæum three hours after the accident; there was some slight tenderness, and the hæmorrhage was continuous and pretty severe. Under an anæsthetic an instrument (a bulbous staff) was passed down to the obstruction, which again could not be overcome, so the perinæum having been purified and the patient put in the lithotomy position the point of the instrument was cut down upon; it was then found that the catheter passed through a rupture in the bulbous part of the urethra, and its point was in the cellular tissue impinging against Colles's fascia, that is to say, against the deep perinæal fascia. It was then attempted, after putting back the instrument into the urethra, to pass it on into the bladder, but this failed (the rupture of the urethra was almost transverse and about three-eighths of an inch long, occupying the centre and left side of corpus spongiosum); a linear incision was now made in corpus spongiosum about half an inch long into the urethra posteriorly to the rupture and a fold of mucous membrane was found, which had obstructed the passage of the instrument. A Lister's bougie was then passed readily into the bladder; a No. 8 silver catheter was substituted for the bougie and the slit and the rupture of the urethra were stitched completely up with fine silk (partly by continuous suture, partly with some interrupted sutures). The hæmorrhage was from the corpus spongiosum, and the stitching up completely stopped it. Numerous small vessels were ligatured in the superficial part of the wound, which was dusted with iodoform, a piece of iodoform gauze being left in. The catheter was then tied in and rubber tubing attached. Mr. Turner remarked that it was essential to cut down in all these cases, as there was great prospect of complete healing, and the operation absolutely prevented any extravasation; in this case the indications for an operation were specially the hæmorrhage, and the fact that an instrument could not be passed into the bladder. The patient, Mr. Turner thought, must have lost at least a pint of blood, and the rupture was evidently caused by direct contact and not by tearing away the bulbous portion of the urethra from the triangular ligament. From cases he had seen, Mr. Turner considered it was always safer to cut down on all cases of rupture of the urethra in whatever position, which, he said, agreed with the teaching definitely laid down by Hurry Fenwick and H. Morris. As to after treatment, if all goes well, the catheter would be removed in from three to four days. It is better treatment, he pointed out, not to stitch up the perinæal wound superficially in case of any slight leakage of urine from the urethra, or any trouble with the silk stitches, which may entail their removal. These two complications are, unfortunately, rather common in these cases, but the final results of the operation and treatment are admirable.

**Dr. Robert Lucas**, of Dalkeith, was the recipient a few days ago of a very substantial testimonial in the shape of a bank draft for £350, together with a handsome timepiece and ornaments.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 5, 1899.

## THE ENGLISH REGISTRAR-GENERAL'S ANNUAL SUMMARY.

The annual summary in which the Registrar-General for England so admirably reviews and connotes the statistics of the preceding year is always interesting, because it directs attention to concrete results gleaned from an arid mass of statistics which must remain *terra incognita* for those among us who are not statisticians by constitution and temperament. From it we learn our position as compared with previous years and with other countries; we can see at a glance whether our national vitality is up to the standard, and whether sanitary science continues to justify its existence by a further reduction in the preventible death-rate. It enables us to detect the unsanitary and ill-governed areas by reason of their huge death-rates, and to gauge the value of preventive and therapeutical measures when applied on a large scale. The summary is useful in that it rubs in the much-needed lesson that, in spite of the much-vaunted progress already accomplished, much more still remains to be done. We find that the wane in the marriage rate which characterised the returns of the last thirty years has experienced a check, that of last year being the highest recorded since 1877, with a corresponding augmentation in the birth-rate, showing that Malthusiasn ideas have not yet gained a firm hold on our young married people. That, we suppose, is matter for congratulation, at any rate from a professional point of view. The returns under the head of infantile mortality continue to afford ground for profound dissatisfaction. The rate for the thirty-three large towns of the kingdom is 178 per 1,000, being eleven per 1,000 above the average proportion during the last ten years. The eminently preventible nature of this wasteful mortality is rendered evident by the extraordinary differences in the figures for the different towns and the difference is even more striking when particular districts of certain towns are considered separately. The deaths from small-pox were less than some years past, numbering in all only 13, and this figure may prove interesting reading in years to come in view of certain contingencies. While the scarlet fever mortality was distinctly less, that of diphtheria was equal to the decennial average, a somewhat discouraging fact considering the general use of the serum treatment, though, of course, the results of treatment must be judged by case mortality and not by total returns. The deaths from enteric fever were up to the average, but the most marked increase perhaps is that under diarrhœa, which is essentially an infantile complaint. The returns for the metropolis present some points of contrast with those of the large towns in the aggregate. In London, for example, the mortality from diphtheria was markedly less than that of the preceeding years, and the deaths from phthisis showed a slight reduction. Although the deaths ascribed to influenza in 1898 were nearly double the number for 1897 they were below the average for the eight preceding years. The returns under this head show a curious oscillation of a rhythmic kind, and we are now apparently on the crest of a rising wave. In conclusion, we find that the death-rate for the total population of the thirty-three large towns stands at 22·2 per thousand living, a rate which compares unfavourably with that of thirty European and American cities with a death-rate estimated at 20·1 per thousand. In Paris the rate was 19·7; in Berlin, 17·3; and New York, 19·1 London, one is pleased to see, still holds her own as the healthiest of the very large cities, with a death-rate of only 18·7.

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## LEAD POISONING.

THE report of the Special Committee of investigation into the condition of the workers in the Potteries has been at length published, and furnishes a crushing indictment of the present system. Without going into details, its most pithy conclusion may be set forth in the simple statement that an enormous sacrifice of human life is going on daily in this dangerous pottery trade, owing to the more or less unrestricted use of lead in the process of glazing. The scientific evidence with regard to the ill effects of the poison is overwhelming, in spite of the fact, familiar to medical readers, that it is often difficult to determine the remote and sometimes even the immediate symptoms of this subtle and deadly industrial material. Indeed, there can be little doubt that our knowledge of the subject has been almost hopelessly obscured by the non-recognition of cause and effect which has filled in the death certificates of bygone generations with such unsatisfying symptomatic etiology as epilepsy, rheumatic gout, convulsions, paralysis, nephritis, anæmia, and a host of chronic secondary vascular, nervous and organic troubles, where the one key lay in the word "plumbism." But the rapid and comprehensive advance of modern medicine has changed all that, and the knowledge of the various trade poisonings under every aspect is now an open book which every practitioner may run and read, if he be alive to his responsibilities and abreast of the generalities of his profession. The recent inquiry has gone into this part of the question, and established the fact that an immense amount of lead poisoning has been going on day by day in the Potteries. It will hardly be believed that old-fashioned factories still exist where simple elementary precautions for the prevention of poisoning are wanting, yet such is the case, and we learn that structurally unfit premises are at this moment in use. After that statement, any Government which allows places of the kind to continue for a day is incurring a grave responsibility. Indeed, we understand that the Home Office has already issued minute and sweeping notices dealing with the regulation of the special trade processes in question. Young persons are not to be permitted to work in the factories, and various sanitary requirements are to be enforced. Although, no doubt, we have been anticipated in this particular by the departmental advisers, we venture to suggest the absolute necessity of frequent and systematic inspection both of workpeople and of premises by competent medical men, who should be appointed forthwith in sufficient number by the central administration. It is to be hoped that Mr. Balfour, who has been stated on high authority to be about to devote his best energies to social legislation, will scotch this potter's poison once and for all. Curiously enough, the slowly evolving light of science has placed a club of Hercules within his grasp. Lead, that for many centuries of historic and pre-historic record has claimed its death toll of the potter, is quite unnecessary for the production of a perfect glaze. That simple proposition contains the germ of all future action; it is the logical basis of reform; its application will eradicate the problem. With no lead in the glaze there can be no plumbism among the potters, and the question of healthy trade environment may be settled upon the lines common to other occupations. With a leadless glaze potting will sink to the level of a comparatively harmless pursuit, apart from the dust, which may be readily provided against in special ways. So far as can be seen no such brilliant opportunity has ever offered itself for an imperative reform at small cost in the whole history of industrial prevention as that which presents itself in the suggested adoption of a lead-free glaze. The scientific evidence in favour of such a step is overwhelming. The public are educated upon the point, and the manufacturers have not offered any really serious opposition to the proposed change. In a case of this kind, however, capitalists should not be allowed to stand in the way of the saving of human life, nor do we for a moment imagine that the master potters have erred hitherto from want of heart so much as from want of knowledge. In future, however, their position will rest upon an entirely different basis. We should hardly have adverted to this aspect of the subject save that in recent bills the Government has seemed to give way to capital in the matter of the abandonment of automatic railway couplings, and of a reasonable standard flash-point for petroleum. It seems clear that immediate action must be taken by the Balfour Ministry with regard to lead poisoning in the Potteries, and in the light of past experience it may be devoutly trusted that all provision against mischief will be made stringent and absolute, with no single loop-hole of permissiveness to mar the prospect.

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## SECRET MEDICAL COMMISSIONS.

If the very grave charges which the London Chamber of Commerce has brought against our profession are passed by with no more repudiation than the milk-and-water pronouncements of our medical contemporaries, we fear that the public might conclude that there is sufficient truth in the accusations to reduce us to silence, and it therefore becomes necessary for us to return to the subject with a view to a more explicit refutation and disclaimer. The London Chamber of Commerce is a very important body, and its pronouncements cannot be minimised. It has issued an official report which constitutes a tremendous indictment of the commercial honesty of the kingdom, the medical profession being represented by a homœopathic faction of the whole. In this connetion it asks that "All professional and trade bodies, such as those representing the medical, legal, artistic, and other professions and trades, be recommended to make an emphatic declaration on the subject of secret commissions . . . by inserting into their bye-laws a stipulation that any member guilty of the pernicious practice will be expelled." To justify a medical authority in acceding to this suggestion the Chamber should be prepared with evidence that the practice of receiving secret commission exists to a material extent in our profession, and of this scarcely a shred of evidence is adduced. The witnesses called in support of the charge are two in number, a pharmaceutical chemist and an optician, jeweller, and silversmith, both of whom testify, in a vague way, that secret commissions on medicines and on instruments pass between trader and doctor. Additional to this is the statement of Sir Edward Fry in a letter to the *Times* that a certain practitioner, after the death of his patient, handed the business card of an undertaker to the relatives. If this be all the proof upon which the Chamber grounds its wholesale indictment of the profession, we say at once that we do not believe a word of the charge. We are aware, also, that certain practitioners of the better class have left themselves open to suspicion of this traffic by systematically writing their prescriptions in hieroglyphics unintelligible to all pharmaceutists save the one whom they patronise, but this very objectionable practice does not necessarily imply that they receive any monetary consideration for such patronage, and it has never been charged that they do. We do not for a moment doubt that there are a few fourpenny practitioners who would take and solicit commission on sticking plaster which they prescribe, but we absolutely deny that these are worthy of being spoken of as even a substantial fraction of the profession. This secret traffic has never been complained of, as it would have been certain to be by rival practitioners, and no instance has ever been brought to the notice of the General Medical Council. If it were we apprehend that the question would have to be seriously considered whether it did not constitute "infamous conduct in a professional respect." If such practices existed to any appreciable extent we should certainly know of it, and should, we hope, be ready to acknowledge the abuse and try to stop it, but we firmly believe that outside a very limited class no such traffic exists, and we much regret that the Chamber has made no attempt to substantiate its accusation.

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## Notes on Current Topics.

### Madame Frain—"Fraudulent or Felonious."

For years past a thriving trade in female remedies has been carried on in the heart of London by one Madame Frain, who has flooded the metropolis with pamphlets and inundated the country with disgusting advertisements. Her position has been repeatedly attacked in the medical journals, but she has been allowed to go her own way unchecked by our Scotland Yard authorities, who seem to think that they have done their duty by seizing a few abortionists red-handed, and that they need not interfere with persons who incite and abet misguided women, either directly or indirectly, to rid themselves of the products of conception. At any rate, it is difficult to arrive at any other conclusion when we find Madame Frain carrying on her sordid trade openly year after year apparently without let or hindrance from the powers that be. Last week an inquest was held in London on the death of a young married woman after abortion, and it was shown, in evidence, she had taken Frain's nostrum for inducing that condition. In the course of the inquiry several noteworthy facts have transpired. First, it was stated by a man who called himself a "herbalist" that the lady's connection with the business had ceased for some time past. Secondly, that the vendor seeks to protect himself by making each customer sign a form to the effect that she is not *enceinte*, a precaution that would probably be worthless in the face of Frain's printed advertisements and circulars. Thirdly, that Frain's remedies are sold by chemists, a matter that demands instant inquiry at the hands of the Pharmaceutical Society. We have little hesitation in saying that a chemist who deals in abortifacients, open and veiled, should be deprived of his licence forthwith. Fourthly, Frain's manager stated that their stuff was perfectly harmless, an assertion that clearly bears o the point of false pretences. The jury gave as thei opinion that Madame Frain's business was either fraudulent or felonious, and the coroner alluded to the fact that the proprietors of the concern had taken no steps to disprove the charges recently made against their advertisements in leading medical journals. Again we ask, where are the police?

### Infection in Public Vehicles.

FROM time to time a case is published of disease communicated by the exposure of infective patients in a cab. A little stir is made over the scandal at the time, but the storm in the teacup soon subsides, and no one is a penny the worse, as prosecution for such recklessness is rare, and conviction almost unknown. Yet weighed in the balance of probability, a factor that cannot be ignored, the percentage of the known to the unknown must be in this matter simply incalculable, for by the very circumstances of the case discovery of the facts is hard to detect and still more difficult to prove. At the present moment, however, the community is faced with a situation ripe for instant action. Two great movements are afoot, each of them bearing directly on the particular point under discussion. First, there is the great national crusade against tuberculosis, a movement that is gathering every day fresh strength and volume. Secondly, there is the social battle now being waged anent the regulation of street traffic, especially of public vehicles plying for hire. By a happy combination of the practical issues of these two subjects of current interest it seems likely that the cause of prevention might be materially advanced. The root of the matter may be placed in a nutshell. Tuberculosis and many other communicable diseases are spread by infected persons who travel freely in cabs, omnibuses, tramcars, and railway cars. The present system of prevention in such special case is unsatisfactory, as the state of the law is dubious, and practically no provision of any kind whatever is enforced by the local authorities. The reform is no doubt a difficult one to institute, but its existence marks a most serious flaw in the general prevention of communicable diseases. Here is an opening for some earnest worker in public health who may be desirous of handing down his name to posterity.

### Margarine Evasions.

BUTTER is butter, all the world over, a sentiment that seemingly forms the text and gospel of the Butter Association, an excellent body that last week, pregnant with sorrows, waited upon Mr. Walter Long. The tale unfolded by these experts furnishes suggestive reading for consumers in general. No one objects to margarine, if sold as such, and distinctly labelled, as the law directs, but when vended either pure and simple or in mixture and paid for as genuine butter then the public most assuredly have a right to grumble. The Association have successfully prosecuted many hundreds of offenders in that direction during the past five years, and have thus undertaken work that should have been performed by the local authorities. They found that out of 500 samples of butter sold at a shilling a pound in apparently respectable shops, over 100 were adulterated with margarine, the majority to the extent of 70 to 90 per cent. They assert that the practice of many retail establishments is never to sell margarine or mixtures across the counter as butter for fear of detection, but to send such stuff to their family customers by van or errand boy delivery. An even more artful trick is that which practically hides the word "margarine" on the wrapper by placing it in the midst of a thicket of flourishes, while the word "butter" in connection with the name of the vendor stands out in overwhelming prominence. The Association propose a label which should bear in bold block type the name "Margarine," only that and nothing more. All this sounds reasonable, and it is to be hoped that the sweet persuasiveness of the Butter Association will prevail upon Mr. Long to carry out the principles clearly adopted in existing margarine legislation, and no less plainly evaded and set at naught by the trickery of tradesmen to the injury and loss of Her Majesty's lieges.

### Company Doctoring.

OUR readers are aware that the Pharmaceutical Societies have been making great efforts to prevent co-operative stores and other limited companies from carrying on extensive business as dispensers under cover of a single qualified pharmaceutist who stands as trade sponsor for a whole crowd of unqualified compounders. So far, the societies have not succeeded, but more than a year ago, it occurred to Dr. Tichborne, the representative of the Apothecaries Hall of Ireland in the General Council, that there is a serious danger that the same method may, at any time be applied to medical practice, and that it may be legally possible for a company to be started to supply medical advice and medicine wholesale under cover of some out-at-elbows practitioner. Dr. Tichborne brought the matter under the notice of the General Medical Council, and the result, after much legal advice and cogitation is the following Bill introduced to the Lords by the Chancellor last week:—

1. It shall be unlawful for a company under the Companies Acts, 1862 to 1898, to carry on the profession or business of a physician, surgeon, dentist, or midwife, and if any company contravenes this enactment it shall be liable on summary conviction to a fine not exceeding five pounds for every day during which the contravention happens.

2. This Act may be cited as the Companies (Medical Profession) Act, 1899.

### Typhus in South London.

FROM a recent report handed into the Vestry of St. George the Martyr, Southwark, it appears that typhus has been running a slow epidemic course in South London for many months. In the parish named a case occurred in October last and another in the following February. Following up the history of the cases the Medical Officer of Health, Dr. Waldo, has established a connection between them by a long chain of illnesses and deaths, some of the attacks being recognised as typhus fever, while the fatal cases were certified as due to pneumonia, influenza, enteric fever, and typhus. The report is valuable from several points of view. It shows the difficulty or, indeed, the impossibility of recognising atypical cases of the disease, which are nevertheless infectious. It also proves the value of careful and systematic investigation of all cases, and the need of co-operation by neighbouring sanitary authorities. The disease was spread in the first instance by the father of a family who refused to go to the St. George's reception house, and who carried off the infection to his daughter's house in another parish, and thereby started the long train of specific sickness which has led to something like sixteen cases, with four deaths. Many persons will be somewhat startled to hear that typhus fever has been abroad in the metropolis for the last six months, and the officers of medical institutions will do well to bear the fact in mind when dealing with obscure cases, especially where there are petechial or anomalous rashes.

### A Nostrum Denounced.

Mr. Braxton Hicks took advantage of the opportunity afforded him by an inquest at Putney last week, to expose what he rightly considers to be a gross fraud upon the suffering poor. It had transpired at another inquest that the father of an epileptic girl had paid several shillings a bottle for a quack remedy called Elepizone, prepared by one Root, at 28, Endsleigh Gardens, N.W., which, it was claimed, would cure fits, epilepsy, and falling sickness. The coroner had this nostrum analysed by Dr. Womack, of St. Bartholomew's Hospital, who testified that each drachm of the liquid contained three grains of bromide of potassium with an admixture of some inert colouring matter, the whole being approximately of the value of twopence. The coroner and Dr. Womack announced their intention of defending any action that might result from this *exposé*, but the risk is small, for these pernicious nostrum-mongers know full well that they would find short shrift before a British jury. This nostrum, however, is probably no worse and no better than a myriad other preparations of the same kind, and it would be more to the point if an anti-quack league were formed for the express purpose of publishing analyses of them all in order to educate the public. The thing might be worth doing in spite of the fact that the taking of nostrums is with many people a sort of religion, and the habit is consequently open to amendment.

### Hospital Case Books for Sale.

If the story told in the last number of *Truth* be correct anent the sale by auction of twenty odd volumes of the late Dr. Alfred Meadow's hospital case books, we cannot but concur in the condemnation expressed by our contemporary of the conduct of those responsible for such a tactless breach of professional confidences. These case books only dated back to 1873, and doubtless many of the persons whose histories are therein recorded are still alive, and they would certainly resent these histories being made public property. The whole lot only fetched between three and four shillings, so that the leaves may serve to wrap up butter and cheese. If any aggrieved patient chose to take action we presume the responsible persons might be held liable in damages for their wanton disregard of professional amenities. It would be interesting to know the name of the purchaser, but this it is not in our power to give.

### The Presidency of the Royal College of Physicians of London.

It is stated that the struggle for the Presidency of the Royal College of Physicians (London) between Dr. W. S. Church and Sir William Broadbent was really one between St. Bartholomew's Hospital and St. Mary's. The former being the larger school, and having consequently the largest number of supporters, it is not surprising that their nominee should have been successful at the poll. The last member of the school of St. Bartholomew's who was President of the College was the late Sir George Burrows, who held office from 1871 to 1876. It is no doubt an honour to a school to have among its staff the President of the College, and while we heartily congratulate Dr. Church upon the high position to which he has attained, we nevertheless feel bound to confess that so far as work done for and in the profession is concerned, the claims of Sir William Broadbent were not only higher than those of Dr. Church, but higher than those of any other candidate for whom votes were recorded.

### A Fatal Ether Explosion.

An extraordinary catastrophe is reported from Rochdale Workhouse Infirmary, where two nurses were fatally injured in consequence of the accidental breakage of a large bottle of ether in the dispensary, and the ignition of the contents. It seems that the dispensary doors were without handles on the inside, thus rendering prompt escape impossible. At the inquest the jury added a rider to the effect that ether bottles should be stronger, and that the Petroleum Acts should apply to this highly inflammable substance. It is to be feared that the strongest bottle made would not resist a fall from a shelf, but some good might be done by requiring ether to be sent out in bottles not containing more than one pound each. We must admit, however, that even one pound of ether would suffice to set the place in a blaze in presence of a lighted gas jet. In fine, this regrettable accident appears to be one against which extreme care alone can afford even an approximate safeguard.

### A Volta Centenary.

Volta, the electrician, and inventor of many electrical appliances, was born in Como, Italy, and the inhabitants of that city on May 4th next will celebrate the centenary of the day on which he invented the pile which goes by his name. On this occasion, also, an international exhibition of electricity will be held, a section of which will be devoted to the various medical applications of electricity. Perhaps in this connection it would be worth while to recall the great discoveries made by our countryman, Michael Faraday, in electrical science. He was the first, for example, to demonstrate the laws of electrolysis, a discovery which alone would entitle his name to be passed down to posterity. As, however, he was only born in 1791, some time must yet elapse before a centenary celebration can be held in connection with his life work. As a chemist he was a great man, but as an electrician he was a greater, and, perhaps above all, he was a native of this country.

### Insanitary Stations in India.

THE Government of India have a work before them from which they should not shrink. It is that of carrying out wholesale sanitary reforms in regard to the various stations. Most of the latter, it is reported, are so insanitary that they have become veritable death-traps for the officers and men of the British regiments. The necessary reforms would require either the complete abandonment of the old sites and the selection of new ones, or the enforcement of sanitary principles by which the old stations could be made free from filth diseases. Under present circumstances, many young officers and men who land in India from this country merely do so to die from typhoid after a brief interval. The disease is quite preventible, and the responsibility of the deaths of the young Englishmen entirely devolves upon the Government. No doubt an enormous sum of money would be requisite in order to carry out the necessary reforms; but the Government of India should not shrink from such an outlay in view of the terrible cost of valuable lives which its neglect exacts. The matter is one upon which some questions might with advantage be asked in Parliament, inasmuch as the sooner public opinion is brought to bear upon the urgent necessity for the reforms indicated the better.

### The Open-Air Treatment of Tuberculosis.

THE West London Medico-Chirurgical Society have arranged a discussion upon "The Open-Air Treatment of Tuberculosis," which will take place at the meeting of the Society on the 7th instant (Friday next). Dr. S. T. Pruen, of Cheltenham, will open the proceedings by reading a paper upon the subject, and there is no doubt that the theme is one upon which much can be said. It is true that the open-air treatment of tuberculosis is very greatly to the fore at the present time, for which in some measure the "boom" in "matters tuberculous" is responsible. Good, therefore, is likely to come from the dissemination of facts and opinions in connection therewith, for which the Society above mentioned have made timely arrangements.

THE extremely trying east winds of the last weeks has run up the death rate in Dublin to 32·3 per 1,000 of the population, being two per 1,000 over average. The deaths from respiratory diseases the week before last reached 59, being 11 over average. Thirty-one deaths were from bronchitis, and 19 from pneumonia.

### Another Poison Romance.

THIS is not the big gooseberry season or we should experience less difficulty in explaining the curious plethora of sensationally ridiculous stories about attempts to poison whole families with a few drops of chloroform on a handkerchief pushed under a bed room door. and the more recent tragedy reported from Philadelphia, where a certain society lady is asserted to have been the victim of an attempt to murder by means of a poison emanating from a bookmark placed in a work which some disappointed lover or female rival had sent her. She is said to have held the bookmark to her nose on account of its delicious odour, and soon became comatose, a whole hour elapsing before consciousness was restored. We are assured that on examination the bookmark proved to be saturated with poison, and it has been retained for analysis. Let us hope that this analysis will give us the key to the mystery, because we are at a loss to imagine which, in the arsenal of poisons, might answer to the description.

### Epidemic of Cerebro-Spinal Meningitis.

A SHARP outbreak of cerebro-spinal meningitis is reported to have broken out among the troops at Omdurman. The disease is one with which English practitioners do not have many opportunities of becoming familiar, and our knowledge thereof is limited accordingly. We know that it is very contagious, and its occurrence appears to stand in some relationship with insanitary surroundings. Epidemics of the disease are tolerably frequent among French soldiers, and are characterised by a very high mortality, but so far the only means of dealing with it is by general sanitary precautions and measures, and no treatment seems to have any effect in checking its progress when once it has obtained a hold.

### Prescriptions and Chemists.

COMPLAINT was recently made in the public press of the difficulty in London of having a prescription made up at a chemists between the hours of nine in the evening and eight in the morning, and we might also add on Bank holidays and Sundays, throughout the day. An instance is given in which a servant visited eighteen different shops before he could get a chemist to dispense the prescription. We should have thought that a chemist would find it worth his while to leave some one always on duty, and who would, in any case, not be above supplying medicine whenever it was required.

### Dr. Stevens's Hospital, Dublin.

IN our last issue we stated that Mr. Hamilton had resigned the Surgeoncy of this hospital, which he has held so long with such advantage to the institution, and that an election to the vacancy so created was pending. This statement was not altogether correct, inasmuch as Mr. Hamilton still holds the position of Senior Surgeon and performs the duty thereof from day to day, but, as a fact, a fourth surgeon to the hospital was appointed on the day when we wrote, in the person of Dr. William Steele Haughton, Demonstrator in the School of Physic and Assistant Surgeon to Sir Patrick Dun's Hospital, son of the late Dr. Samuel Haughton, F.T.C.D. Dr. Haughton has had a very distinguished career in the University of Dublin. We hear that there were seven candidates for the position.

### The Sex Problem at Southport.

From the report of the Medical Officer of Health for Southport we gather that this town is afflicted—or shall we say favoured?—with an extraordinary preponderance of females. In a population of rather less than fifty thousand the excess of females over males is upwards of nine thousand. The proportion of males to females in the rural district is only 100 to 103·3, while in the residential quarter of the town the proportion rises to 100 to 196·7, the average of the remaining wards being about 100 to 150. Here is an admirable problem which awaits solution at the hands of some enterprising physiologist who may find therein the data necessary to prove that other factors besides nutrition exert an influence on the differentiation of sex.

### The Doctorate in Pharmacy.

It is satisfactory to note that the French Universities which have thought to make a rich harvest by selling doctorates to chemists are at loggerheads among themselves. The University of Lille has entered into competition for a share of the spoil, but the scientists and medical faculty of the University are violently contesting the transaction. Why do not the chemists and druggists, like the spectacle vendors, set up an university for themselves from which they can buy the privilege of calling themselves "doctor," and provide themselves with an illuminated Graduation testimonium and a gorgeous hood and gown?

### No Payment for Abortion Advertisements.

So far as the City of London Court can decide the point it is ruled that a newspaper cannot recover the charge for inserting these pernicious advertisements. The *Weekly Dispatch* sued an advertising agency for £4 10s. for publishing such announcements, and the agency pleaded that, as the advertisements were *contra bonos mores* the amount could not be recovered. Mr. Registrar Wild, who heard the case, agreed to this, and refused to give a decree, but also refused to give the agency its costs.

Arrangements are in progress for holding, in Brussels, an International Congress of Medical Officers of Life Assurance Companies early in September next. Many important subjects will be discussed among which will probably be hereditary disease, dipsomania, and other "habits," and the practicability of a uniform medical code for use in life assurance. Thus does specialism progress in medicine.

The Italian Government has intimated its intention of taking into its own hands the manufacture of quinine, from which certain factories in Genoa and Milan are making large profits.

## Scotland.

[FROM OUR OWN CORRESPONDENT.]

Glasgow University.—The following are the names of the candidates for the vacant Chair of Pathology:—Dr. J. Lindsay Steven, formerly pathologist, Glasgow Royal Infirmary; Dr. Robt. McNeil Buchanan, professor Medical Jurisprudence, Anderson's College, Glasgow; Dr. A. Sheridan Delepine, professor of Pathology, Owens College, Manchester; Dr. Charles Workman, pathologist to Glasgow Royal Infirmary, professor of Pathology, St. Mungo's College; Dr. J. Lorran Smith, lecturer on Pathology, Queen's College, Belfast; Dr. Horace Manders, 33, Gloucester Terrace, Hyde Park, London; Dr. Robert Muir, University College, Dundee; Dr. William Russell, 3, Walker Street, Edinburgh. Dr. Sutherland, who has been all along senior assistant to the late professor, is naturally a candidate, and as previously remarked, if the appointment rested with the students Dr. Sutherland would have an easy walk-over. The successful candidate will be expected to enter on his duties on April 25th. Salary £1 100.

Glasgow University Summer Session.—It is announced in the University calendar that the Senate have decided to begin the summer session on April 25th At first it was intended that the Faculty of Arts should not begin before the commencement of May, but as at present arranged, the four Faculties—viz., arts, science, law and medicine—will begin at the same date.

Victoria Infirmary.—In consequence of the large legacies which have been recently left to the infirmary, the directors have decided and are shortly to extend the Nurses' Home, as they have a large piece of vacant ground on the site on which it is proposed to utilise in the enlargement of the home for the nurses.

At It Again.—There is a great deal of talk going on in the city in reference to a recommendation of the House Committee of the new Glasgow Parish Council to erect a hospital at a cost of £200,000. It is understood that the proposal will be fully discussed by the Council at its monthly meeting, which takes place on the 13th inst. At present there are two very large hospitals, viz, Barnhill and the Town's Hospital, and it is not intended that the new hospital should take the place of either of the above. The former of these will, as it is familiarly known, be retained for purely poor-house purposes. "Barnhill Poor-House," the town hospital, is a very large establishment, giving accommodation to at least 1,200 inmates at all times. The scheme at present under consideration includes a small district hospital in the centre of the city. The cry is, "Still they Come." We have previously drawn attention to the number of irons which are in the charitable fires of Glasgow philanthropists, and the likelihood of some, at least, becoming cold, and now seriously ask the question, Where is the money to come from? If the reconstruction of the Royal Infirmary requires £100,000 and two years have now elapsed, and still there is the small sum of £20,000 still wanting, with the committee at variance, if not loggerheads, with each other, and with no immediate start being made, how, then, is this new establishment likely to succeed and be in full swing unless it is intended to tax the population of the city in such a way as to squeeze the necessary sum out of them, or unless the merchant princes of the second city of the empire unite in the spirit of charity and subscribe the sum for the purpose of doing good to their less favoured fellow men and women? This matter will be taken to *avizandum*.

## Correspondence.

We do not hold ourselves responsible for the opinions of our correspondents.

### THE CHLOROFORM "BOGEY."

*To the Editor of the* Medical Press and Circular.

Sir,—That there should exist so much misconception as to the conditions affecting the action of chloroform vapour is not surprising when we remember that its employment in surgery is usually to an extent sufficient to produce complete insensibility to the pain of some operation.

As to whether it can be gradually administered during sleep, thus producing a deeper sleep, I have lately had painful personal experience. That I actually did inhale chloroform during my sleep I know by the symptoms I experienced on awakening, and that those symptoms are characteristic of that particular drug I also know from having had personal experience of them after a surgical operation.

I consider myself justified, therefore, in believing the evidence of my senses, especially so since this evidence is strengthened by a corresponding train of symptoms in the person of both the other occupants of my bedroom.

Your remarks upon the *bona fides* of my statement, and your imputation of an attempt on my part to advertise, are most unjust, and are derogatory both to my character as a medical man and to the profession at large.

I would point out to you that chloroform—which you describe as "a heavy vapour"— is *volatile*, and that a handkerchief saturated with it and left exposed to the air of a room becomes dry in a few minutes, the air becoming charged with its vapour; that a person sleeping in this room would, provided these conditions were maintained, inhale with the air an amount of chloroform sufficient to render his sleep *profound*, and that in my case I have no means of knowing the actual quantity that was employed since the handkerchief may have been withdrawn and resaturated several times. I claim that, however impossible it may be to chloroform a subject against his knowledge when awake, yet this may certainly be done while he is asleep.

To your query? "How much chloroform would be required to saturate a handkerchief" (which you answer, "Barely enough to induce unconsciousness in the hands of a skilled anæsthetist") I would reply that two ounces will saturate an ordinary-sized handkerchief, and that half this quantity will certainly render any one insensible that inhales it at close quarters.

I, like doubtless many other practitioners, have repeatedly anæsthetised patients for surgical operation with *one* ounce of chloroform. This I am prepared to do again, and I think, in conclusion, that it would be more fair on your part to convince yourself by actual experiment of the truth of these observations before attempting to disparage the *bona fides* of my statement.

Your insinuation that the burglary did not take place will, I trust, be disproved by the ultimate recovery of some of the stolen property.

I am, Sir, yours truly,
Naunton Meadows.

100, Bow Common, E.

[We have not questioned the *bona fides* of our correspondent; we have merely contended that he must have been mistaken in his conclusion regarding the chloroform and the handkerchief.—Ed.]

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## MEDICAL AID ASSOCIATIONS.

*To the Editor of* The Medical Press and Circular.

Sir,—I venture to think that if we are anxious to uphold the dignity of the medical profession, we should by every means in our power endeavour to put an end to proceedings which are calculated to bring us into the category of a trade. We all know that competition is very keen, and we all know that advertising is rife even amongst the higher branches of our profession, but I do assert without fear of contradiction that no amount of competition should lead us to countenance acts which savour at all of "touting" for clients. It is of no use shutting our eyes to the fact that in our large towns there exists a system of canvassing for patients either through the agency of Commercial Insurance Companies or through the direct agents of medical men themselves.

By what means this objectionable and unprofessional system is to be put an end to is a question perhaps more for the General Medical Council than for individual members of the profession. At the same time it is very desirable that the extent and scope of the evil should be made known through the columns of the Medical Press and Circular, and it is with a view of eliciting information that I have made these few remarks.

May I say that if the profession generally are desirous of raising the tone and of curing a disease which is rapidly becoming epidemic, the members of it should lose no opportunity of making representations to the General Medical Council?

I am, Sir, yours truly,
A General Practitioner.

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## MEDICAL FEES FOR MEDICAL MEN.

*To the Editor of* The Medical Press and Circular.

Sir,—Very recently my wife has been seriously ill from chest affection. I was also myself not well at the time.

My medical friend in attendance, fearing complications in my wife's case, expressed a wish to see a certain Dublin consultant, Dr. ———. He left Broadstone by the early train, and was able to be back in Dublin early in the evening of the same day. "He charged me thirty guineas for the visit." Such a monstrous fee astonished me. I was prepared to pay all expenses, and to give him something decent beside.

I am anxious to know what would be a fair fee under the circumstances.

I am, Sir, yours truly,
Joseph O'Kelly, M.D.

[We cannot, of course, be expected to arbitrate as to the value which any practitioner may place on his services, nor as to the "mitigation of damages" which he would agree to in the case of a professional brother in the humble position of a Dispensary Medical Officer, but we do not hesitate to say that a charge of £31 10s. for one day's work under such circumstances would not be justified by either the custom of the profession in Ireland, or consistent with the *esprit de corps* supposed to prevail. In such a case we imagine that many practitioners would go for the expenses out of pocket and a nominal fee, but there may be others who do not recognise any distinction between a doctor and anyone else as regards liability.—Ed.]

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# Literature.

## WINDYHAUGH. (a)

The authoress of this story won her spurs, in literature we believe, by a medical novel, "Mona Maclean, Medical Student," she being herself a member of the profession. That work has gone through thirteen editions, truly an all-sufficient incentive to the most ambitious literary aspirant for further efforts in this direction. Whether "Windyhaugh" be destined to such an achievement time alone can decide. The initial volume was breezy and full of sustained action from cover to cover. It, moreover, traversed a comparatively untrodden field, which none but a writer conversant with the by paths of medicine could have incorporated. The present novel, however, has nothing of a medical nature about it, if we except the description of a morphomaniac, the heroine's father to wit, his passions, and his inevitable end. It is the story of a motherless girl to whom we are introduced at the age of seven, perched on the top of a cask of sugar in a grocer's shop, arguing with the proprietor in somewhat precocious fashion on the subject of religion. This child is under the care of her grandmother at a quaint old homestead called "Windyhaugh," which we take to be somewhere near, if not actually in, Scotland, from the names of the characters introduced, and the austerity of certain religious notions. The child's father, Mr. Galbraith, is a mystery throughout the piece, the one thing certain abont him being that he is an inveterate gambler at Monte Carlo, and like the majority of that ilk, is very flush at times with the mammon of unrighteousness and spends as recklessly as he receives; whilst at others he is penniless, runs up bills he is unable to meet, and borrows of such friends as are foolish enough to yield to his importunities.

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(a) "Windyhaugh." A Novel. By Graham Travers (Margaret G. Todd, M.D.). Edinburgh and London: Blackwood and Sons. Pp. 446. Price 6s.

Wilhelmina's grandmother inculcates her own very narrow views of religion and of the world generally into the child's mind at this early period of her life, and throughout the remainder of it these struggle alternately with the broader views of womanhood, the sobering influence of time, and her own higher nature, in which the reader becomes immensely interested. In her case the course of love runs very smoothly, but on the day of her marriage she discovers a letter in returning from church which induces her to leave her husband straightaway, and for the next four years she battles alone with the world, educates herself in the classics and higher forms of mental culture; meets her husband occasionally, when the old spark of love has almost died out, and, finally, as is the case in most novels, they both find themselves madly in love with one another, and "live together everlastingly happy." How all this is brought about we must leave the reader to trace. There are some fine pieces of character writing in the book, and if the story does not prove so attractive as ' Mona Maclean, Medical Student," it at least possesses merits above the common order of novels.

## Medical News.

### More Female Health Inspectors.

Four women health inspectors have been selected by the Birmingham Health Committee out of some ninety applicants. The new officers commence their duties on April 10th, and their inspection will be confined mainly to the poor districts in and about the centre of the city.

### Puerperal Fever.

The Medical Officer of Health for Bristol has caused to be sent to all medical practitioners the following note:—"A Committee of the Royal College of Physicians of London has recently endorsed the view that the expression 'Puerperal Fever' should be taken to include 'Septicæmia, Pyæmia, Septic Peritonitis, Septic Metritis, and other acute Septic Inflammations in the Pelvis, occurring as the direct result of childbirth." The Council of the Obstetrical Society of London suggests the following inclusive definition of the term "Puerperal Fever." That is:—" Septicæmia and Pyæmia, including Peritonitis, and all cases of acute Pelvic Inflammation occurring in connection with childbirth."

### The School of Anatomy.

At a meeting of the St. Saviour's (Southwark) Guardians, last week, it was resolved to inquire of the authorities of the School of Anatomy how the bodies sent to them by the guardians were ultimately disposed of, and whether their use was strictly confined to medical and surgical research. Mr. Upfield, who moved the resolution, said he had it on very good authority that portions of human bodies were used in a disgusting manner by many medical students It was their duty as a board to see that the bodies they sent were reverently treated and given a decent and a Christian burial when they had served their legitimate purpose. The Rev. G. W. Keesey said he had spent some time in dissecting-rooms, and was satisfied that bodies were not always treated as reverently as they should be. The Rev. J. W. Horsley said he had dissected every kind of body, from a worm to that of a human being, but he did not agree with the Rev. Mr. Keesey's account of what took place in the dissecting-room. In reply to a member, the Rev. G. W. Keesey said that medical students took portions of bodies home with them. He was not satisfied that the present precautions were adequate.

### Mortality in Foreign Cities.

The following are the latest official returns, and represent the last weekly death-rate per 1,000 of the several populations:—Bombay 150, Madras 37, Paris 26, Brussels 27, Amsterdam 16, Rotterdam 21, The Hague 19, Copenhagen 23, Stockholm 20, Christiania 14, St. Petersburg 26, Moscow 28, Berlin 18, Hamburg 18, Dresden 20, Breslau 24, Munich 25, Vienna 22, Prague 32, Buda Pesth 28, Trieste 30, Rome 24, Turin (10 days) 20, Venice 30, New York (including Brooklyn) 19, Philadelphia 23.

### Vital Statistics.

The deaths registered last week in thirty-six great towns of United Kingdom corresponded to an annual rate of 23·1 per 1,000 of their aggregate population, which is estimated at 12,786,832 persons in the middle of this year.

Birkenhead 23, Birmingham 22, Blackburn 25, Bolton 22, Bradford 21, Brighton 21, Bristol 18, Burnley 24, Cardiff 13, Croydon 19, Derby 22, Dublin 31, Edinburgh 20, Glasgow 23, Gateshead 19, Halifax 22, Huddersfield 16, Hull 19, Leeds 25, Leicester 19, Liverpool 26, London 23, Manchester 33, Newcastle-on-Tyne 19, Norwich 20, Nottingham 20, Oldham 32, Plymouth 27, Portsmouth 20, Preston 19, Salford 28, Sheffield 23, Sunderland 21, Swansea 23, West Ham 17, Wolverhampton 29. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 1·7 in Manchester, and 2·3 in West Ham; from scarlet fever, 2·0 in Derby from whooping-cough, 1·4 in Cardiff, 1·8 in Birkenhead, and 2·1 in Plymouth; and from "fever," 1·8 in Wolverhampton. In none of the large towns did the death-rate from diarrhœa reach 1·0 per 1,000. The 84 deaths from diphtheria included 37 in London, 8 in Sheffield, 7 in Leeds, 6 in Leicester, and 3 in Portsmouth. No death from small-pox was registered in any part of the United Kingdom.

A very appreciative sketch of the late Professor Kanthack appears in the current number of the *Eagle*, the magazine supported by members of St. John's College, Cambridge.

## PASS LISTS.

### Victoria University, Manchester.

The following candidates passed the respective examinations during the March sittings of the Court;—

### Anatomy and Physiology—Second Examination.

John Acomb, Yorkshire; F. H. S. Ashworth, Owens; Herbert Rates, University: J. L. Beddoes, University; H. M. Birkett, Yorkshire; J. W. H. Brown, Yorkshire; Fred Bullough, Owens; W. H. Canter, Yorkshire; J. B. Cook, Owens; J. F. Corson, Owens; J. M. Cort, Owens; E. N. Cunliffe, Owens; Tom Eastham, Owens; J. E. Floyd, Owens; J. A. C. Forsyth, Yorkshire; H. E. Fox, Owens; G. W. Gelderd, University; D. G. Gellatly, Owens; V. J. Glover, University; P. H. Green, Owens; J. W. Greenwood, Owens; Frederick Griffith, University; W. S. Holmes, Owens; W. L. Maccormac, Yorkshire; Charles Mackey, Owens: C. T. Matthews, Yorkshire; J. S. W. Nuttall, University; T. F. Pugh, University; Arthur Richmond, Owens; Edwin Saville, Yorkshire; F. R. Sawdon, Owens; G. H. Shaw, Owens; Robert Smailes, Yorkshire: H. G. Tansley, Owens; H. C. Waterhouse, Owens; Alwyn Wharton, Owens; B. M. Wilson, Owens; F. P. Wilson, University; J. G. Woolham, Owens.

### Materia Medica and Pharmacy.

C. W. S. Boggs, Yorkshire; S. B. Brentnall, Owens; J. C. Caley, Yorkshire; A. C. Clarke, Owens; A. M. Deane, Yorkshire; J. A. C. Forsyth, Yorkshire; P. T. Harding, Owens; J. L. Hawkes, University; F. W. Hayes, Yorkshire; G. R. Heath, Owens; Marshall Hooper, Owens; S. B. Mehta, Owens; J B. O'Donoghue, Yorkshire; W. P. Potts, Yorkshire; S. W. Swindells, Owens; M. G. L. Walker, Yorkshire; F. W. B. Young, Yorkshire.

### University Scholarship.

H. G. Tansley, Owens.

### Faculty of Medicine: Final Examination.

Part I.—A. G. S. Broughton, Yorkshire; T. L. Fennell, Owens; R. F. Ferris, Owens; A. E. Finney, Owens; E. F. Hill, Owens: A. E. Horsfall, Yorkshire; C. E. Horsfall, Yorkshire; S. K. Hutton, Owens; F. W. Johnson, Yorkshire; L. R. Lempriere, Owens; B. C. Middleton, Owens; W. H. Morrison, Yorkshire; R. V. A. Mosley, Yorkshire; R. S. Nichol, Owens; W. P. Noall, Owens; W. H. Russell, Owens; G. M. Sharpe, Yorkshire.

Part II.—J. W. Aldred, Owens; T. T. Bark, University; John Craig, Owens; J. T. Grierson, University; T. W. Hart, Owens; J. E. Healey, Owens; W. S. Henderson, University; J. E. W. M'Fall, University; Thomas O'Neill, Owens; J. A. Reed, Yorkshire; Graham Renshaw, Owens; W. H. Richardson, Owens; O. H. Woodcock, Owens.

The following were awarded honours:—Second Class: John Craig, Owens; W. H. Richardson, Owens; O. H. Woodcock, Owens.

# Notices to Correspondents, Short Letters, &c.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reprints.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before the type is broken up.

### THE LISTERIAN RITUAL.

*To the Editor of the* Medical Press and Circular.

Sir,—It is amazing that Dr. Bantock's critics cannot see his simple and irrefutable answer argument. The Listerian ritual cannot be in any way advantageous to surgical operations if he can do as well without it as others can do with it. To claim sulphureous acid as a part of the ritual is as reasonable on the part of Mr. Bowreman Jessett as if he claimed the sun and the moon.

I am, &c.,
Lawson Tait.

195 Newhall Street, Birmingham, March 28th, 1899.

J. J. Smith (Ripon).—You are quite right in supposing that the pollution of streams goes on practically unchecked in many parts of the United Kingdom. The "adoptive" Part III. of the Public Health Amendment Act, 1890, as concerns rural authorities (in London it is compulsory) directs as to pollution of streams by solid refuse: "It is forbidden to throw or place in any watercourse within any district in which this part of the Act is adopted, any cinders, ashes, bricks, stones, rubbish, dust, filth, or other matter which is likely to cause annoyance." This is fairly comprehensive, but the difficulty is to get rural authorities to listen to the wooing of the permissive siren. Let our correspondent try his hand in his own district.

### CANDOUR.

Patient (who has just had his eye operated upon): "Doctor, it seems to me ten guineas is a high price to charge for that job. It didn't take you ten seconds." Eminent Oculist: "My dear friend, in learning to perform that operation in ten seconds I have spoiled more than two bushels of such eyes as yours"

The Word "Bronchitis," according to Dr. Samuel Gee, was invented in 1814 by Dr. Charles Badham, F.R.C.P.L. It superseded the old phrase, "pulmonary catarrh."—*C. and D.*

Quærens.—If you examine a shred of mucus from the urine, and find gonococci, the patient is suffering from chronic gonorrhœa, and is infective. He is therefore unfit to marry, and if he be a man of good principle he would not wish to contract any union under such ill-starred auspices. The remote results of gonorrhœa are disastrous in the extreme, and it is better that the question of gonococci should be faced in the consulting room than in the operating theatre or the Divorce Court.

Rusticus (West Country).—To treat a patient suffering from appendicitis in the state you describe by purgatives, enemata, and sinapisms, amounts virtually to manslaughter With reasonable law against unqualified medical practice, an offence of the kind would meet with speedy retribution. You did your duty in declining further treatment without operation. It would be well to send a full statement of the facts to Dr. Bateman, the secretary of the Medical Defence Union.

Dr. Ferrars.—For an answer to your query as to erysipelas you may be referred to a formula recently published in the *Medical Brief.* A drachm of sulphate of iron is triturated finely with a pound of native pulverised chalk, and made into a soft paste with lard. This ointment is spread a quarter of an inch thick on calico, and applied to the erysipelatous surface. It is claimed that the application will cure any erysipelas within twenty-four hours, but we have no personal experience of its use.

# Meetings of the Societies and Lectures.

### Wednesday, April 5th.

Obstetrical Society of London.—8. p.m. Specimens will be shown by Dr. A. Routh, Dr. Lea, Dr. McKerron, and others. Papers: Dr. W. S. A. Griffith and Dr. T. W. Eden: Notes of a Case of Puerperal Eclampsia, with a description of a Five Weeks' Ovum removed in a Subsequent Pregnancy.—Dr. Lewers: A Case of Persistent Mento-posterior Position of the Face in which the Child was delivered alive by the Axis-traction Forceps.

### Thursday, April 6th.

Harveian Society of London (Stafford Rooms, Titchborne Street, Edgware Road).—8.30 p.m. Clinical Evening.

### Friday, April 7th.

West Kent Medico-Chirurgical Society (Royal Kent Dispensary, Greenwich Road, S.E.)—8.45 p.m. Discussion on Tuberculosis, with special reference to Treatment (opened by Dr. G. Heron). Short Papers: Dr. M. Dockrell (President): Tuberculosis of the Skin.—Mr. E. Clarke: Tuberculosis of the Eye —Mr. M. Collier: Tuberculosis of the Nose and Throat.

West London Medico-Chirurgical Society (West London Hospital, Hammersmith, W.).—8.30 p.m. Dr. S. T. Pruen: The Open-air Treatment of Tuberculosis.—Mr. H. J. Paterson: The Use of Gas in General Surgery.

Laryngological Society of London (20 Hanover Square, W.). - 5 p.m. Cases and specimens will be shown by Dr. St. Clair Thompson, Dr. Potter, Dr. Donelan, Dr. Lack, Dr. Kelson, Mr. Parker, Mr. De Santi, Mr. Cheatle, and others.

# Vacancies.

Birmingham and Midland Ear and Throat Hospital, Edmund Street, Birmingham.—House Surgeon for six months. Salary at the rate of £42 per annum, with board, lodging, and washing.

Birkenhead Borough Hospital.—Junior House Surgeon. Salary £75 per annum, with board and lodging, but no alcoholic liquors.

County Asylum, Chester.—Junior Assistant Medical Officer, unmarried. Salary commencing at £120 per annum, with board (no liquors), lodging, and washing. Also Medical Officer to act principally as Pathologist. Salary £150 per annum, with board (no liquors), lodging, and washing.

County Asylum, Shrewsbury.—Junior Assistant Resident Medical Officer for four years Salary commencing at £120 per annum (and £8 in lieu of beer, &c.), with board, lodging, and washing. Applications to the Medical Superintendent of the Asylum.

East Suffolk and Ipswich Hospital, Thoro'fare, Ipswich.—Second House Surgeon for one year. Salary £60 per annum, with board, lodging, and washing.

London County Asylum, Claybury, Woodford Bridge, Essex.—Junior Assistant Medical Officer (male). Salary £150 per annum, with board, furnished apartments, and washing. Applications to the Clerk of the Asylums Committee, 6, Waterloo Place, S.W.

North Riding Asylum, Clifton, York.—Junior Assistant Medical Officer. Salary £100, rising to £150, with board, lodging, washing, and attendance.

Queen Charlotte's Lying-in Hospital, Marylebone Road, London.—Resident Medical Officer for four months. Salary at the rate of £60 per annum, with board and residence.

Scarborough Hospital and Dispensary.- Senior and Junior Resident House Surgeons. The Senior for twelve months at a salary of £80 per annum, with board and lodging, and the Junior for six months at a salary at the rate of £50 per annum, with board and lodging.

# Appointments.

Beale, Peyton, T. B., F.R.C S.Eng., Surgeon to in-patients of the Great Northern Central Hospital, Holloway.

Burgess, A. H., M.B., Ch.B.Vict., M.Sc., M.R.C.S., Senior Assistant Resident Medical Officer to the Crumpsall Workhouse of the Township of Manchester.

Cargill, L. Vernon, F.R.C.S.Eng., Assitant Ophthalmic Surgeon to King's College Hospital, London.

Jephcott, C., M.A., M.B., B.C.Camb., M.R.C.S., L.R.C.P.Lond., House Physician to Guy's Hospital, London.

Kay, J. G., M.B. C.M.Edin., Medical Officer to the Trellech Sanitary District of the Monmouth Union.

Kelynack, T. N., M.D.Vict., M.R.C.P.Lond., Pathological Registrar to the Manchester Royal Infirmary.

Malins, Herbert, B.A.Oxon, M.B.C.M.Edin., Second Assistant Medical Officer to the St. Marylebone Infirmary, North Kensington.

Mathias, R., M.B.Camb., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Pentyrch Sanitary District by the Cardiff Board of Guardians.

Moorhead, R. L., M B., C.M.Edin., Medical Officer to the First Sanitary District and the Workhouse of the Bridge Union.

Reynolds, Francis Mortimer, M.B., C.M.Edin., Medical Officer to the Newton Poppleford District, Exeter.

Rigby, Hugh Mallinson, M.B., B.S.Lond., M.R.C.S.Eng., L.R.C.P.Lond., Surgical Registrar to the London Hospital, Whitechapel.

Robinson, B., L.R.C.P.Lond., M.R.C S., Medical Officer to the Rocester Sanitary District of the Uttoxeter Union.

Sloggett, Harry Paynter, L.R.C.P.Irel., M.R.C.S., Surgeon on the Unattached List of the Victorian Naval Brigade, Department of Defence, Victoria, Australia.

Tothill, F. C., M.B., C.M.Edin., Medical Officer of Health to the Staines Urban District.

# Births.

Collins.—March 28th, at the Red House, Sawbridgeworth, the wife of Ethelbert Collins, L.R.C.P.Lond., M.R.C S., of a daughter.

Cook.—March 29th, at 22, Newport Road, Cardiff, the wife of Herbert G. Cook, M.D , F R.C.S., of a daughter (stillborn).

Walker.—On March 27th, at Dawson Place, Pembridge Square, the wife of Basil Woodd Walker, M.D., of a daughter.

# Marriages.

Abbot-Anderson—Shaw.—March 29th, at St. John's Church, Nottinghill, W., M. Abbot-Anderson, M.B., B.S., of 37 Wimpole Street, London, W., to Maude, widow of the late Jas. Robert Shaw of Leeds.

Cardale - Dib-den.—March 28th, at the Catholic Apostolic Church, Chelsea, Henry Jasper Cardale, M.B., C.M., eldest son of Vice Admiral Cardale, of Stoke, to Bruce, third daughter of J. S. Dib-den of Toller, Dorset.

Kember—Hunt.—March 28th, at the Cathedral, Shanghai, Arthur T. Kember, F.R C.S.E., eldest son of the Rev. T. Kember of Palamcotta, to Alice, second daughter of Richard Hunt of Hampstead.

# Deaths.

Cooke.—On March 22nd, at his residence, Glen Lea, Southampton, George Richards Cooke, M.R.C.S., L.S.A., aged 61 years.

Wallich,—March 30th, Surgeon-Major G. C. Wallich, M.D., H.M.I.A., retired list, aged 83 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXVIII. WEDNESDAY, APRIL 12, 1899. No. 15

## Original Communications.

# SOME CASES OF PERFORATING GASTRIC ULCER.

By THOMAS MYLES, M.D., F.R.C.S.I.,
Vice-President Royal College of Surgeons, Ireland; Surgeon to the Richmond Hospital.

IN no branch of abdominal surgery has the departure from old traditions been more pronounced, and in none have the successes been more brilliant than in that to which I shall refer to-night.

So many points of interest spring before one's mind in connection with this subject that there is a difficulty in making a selection, without omitting what may be vitally important. I will first refer briefly to the cases that have come under my notice, and then discuss necessarily in a very cursory manner a few of the more important points that are still controversial. Some months ago I was asked by my friends, Sir Francis Cruise and Dr. Moran, to see with them a gentleman with the following history.

Early on that day, when at his office, he had been seized with violent abdominal pain and vomiting. My friend, Dr. Moran, saw him, and on examination found him suffering from an umbilical hernia—tense, hard and tender. This hernia Dr. Moran reduced, and the patient expressed himself as feeling somewhat relieved. He was then put in a cab and driven home.

Some little time later on the same day the vomiting recommenced, and the patient complained of unendurable pain above the umbilicus in the middle line of abdomen.

Sir Francis Cruise who had previously treated him for gouty affections, was called into consultation, and during his examination the patient began to vomit black tarry matter, evidently blood acted on by the gastric juice. At this stage it was resolved surgical advice should be had, and I was sent for as detailed above.

I saw the patient at 8 p.m , he was a thin, spare, man of ascitic type, æt. 70, with an expression of great suffering in his features.

His legs were drawn up, his abdomen slightly distended, was rigid as a board, his breathing shallow and hurried, the slightest touch in the abdomen caused great suffering, and on percussion the area of liver dulness was replaced by one of resonance.

At the umbilicus was still felt a decided fulness, as if the hernia had perhaps partially recurred. He had all the aspect of a man rapidly sinking in a state of collapse, and it was evident that if any surgical measures were to be undertaken, there was no time for delay. I may add here that though, of course, we all diagnosed perforation of the stomach, we were rather inclined to attribute it to sloughing of portion of the stomach wall previously involved in the hernia, rather than to a perforating ulcer of the ordinary type.

The patient's relatives seeing his collapsed condition, and being told frankly that the operation held out no great hopes of saving him, were unwilling to subject him to what seemed useless and additional suffering, and I confess with this feeling I largely sympathised. On laying the case fairly and squarely before the patient, to our great surprise, he at once elected to be operated on, saying with both wisdom and resolution that he would rather die at once on the table than prolong his present agony till the inevitable end came.

As the accommodation in his present quarters was totally inadequate for such a grave operation, it was decided to remove him to the Richmond Hospital close by and operate there. This was done, and all preparations being duly completed, ether was administered by our then house surgeon, Dr. Louis Robinson. Dr. Harvey, assistant surgeon to the hospital, assisted me at the operation. which was witnessed by Sir Francis Cruise and Dr. Moran, and the resident staff.

An incision was made in the middle line so as to expose the umbilical hernia. exploration of this showed that the hernia was reduced, but the sac was very thick, and contained some fatty masses in its outer surface which gave me the impression that the hernia had partially recurred. or had been incompletely reduced. Coils of intestine now flaked with lymph came into view, and a little later fluid, evidently from within the bowel somewhere, trickled down from above. The wound was therefore enlarged upwards, and a very slight search brought the perforation into view. It was in the anterior stomach wall some two inches from pylorus, and was about ¼ inch long extending vertically from above down. There was no evidence of any constriction around it to indicate that it had been involved in a hernia, so this hypothesis had to be abandoned. Further examination showed a good deal of thickness and hardness about the pylorus, and I at once suspected the possibility of malignant disease. A probe was passed into the opening and thence through the pylorus. It undoubtedly gave me the impression that the case was complicated by a pyloric stricture, and I at once proposed to establish a gastro-jejunal anastomosis. Sir Francis Cruise, however, in answer to my inquiry as to the patient's strength being sufficient to stand this additional procedure, informed me that if the operation was not promptly completed the patient would die on the table. I resolved, therefore, to close the wound in the stomach, and postponed any further measures until the patient had rallied. The edges of the little wound were therefore carefully resected, and closed with a double row of silk sutures, the first continuous, the second interrupted. As the patient was now practically pulseless and very cold thorough cleansing of the peritoneum was impossible, and it was resolved to douche the abdominal cavity with a hot saline solution. This was done while the sutures were being passed in the abdominal wall, and had a very stimulating effect, the patient at once rallying. A small gauze drain was carried down to the line of sutures in stomach as it was felt that the rapidity with which the operation details had been carried out, prevented us placing absolute confidence in the completeness and permanance of the suturing. The patient having been carried back to bed, vigorous methods were adopted to rouse his dormant energies. His limbs were completely enveloped in cotton wool, hot blankets were wrapped around him, hypodermics of strychnine and atropine, and rectal injections were administered, the end of the bed raised about a foot above the level of the head, to encourage the central blood supply, and hot saline solutions with a transfusion outfit were kept handy, to be available in case of emergency.

For several hours he hovered between life and death, but gradually his latent energy began to manifest itself, the pulse at the wrist again became perceptible, the sufferer became warmer, and he gradually recovered consciousness. From that moment until the fourteenth day, he never looked back. Nursed with the most assiduous care under the directions of Miss McDonnell, our Lady Superintendent, he recovered with a rapidity that I have never seen equalled by one of his age before. On the fourteenth day, when I visited him, a serious change had taken place. He was cold and blanched, pulse very rapid and fluttering, breathing hurried, complained of great thirst, and said he felt himself dying. Inquiry elicited the fact that during the act of defæcation copious hæmorrhage had taken place from the bowels, and two pans filled with fluid blood bore testimony to the statement. While speaking to him he complained of again wanting to stool, and then and there he passed another panful of blood. Needless to say, this was a terrible blow to us, just as we had piloted him, as we thought, through all his dangers, was his barque foundering within sight of land? A hurried consultation with my friends, Sir Francis Cruise and Dr. Moran, was held, and though it was obvious that to administer an anæsthetic and thoroughly explore the rectum was out of the question, we thought it might be possible without undue shock to find the bleeding spot and control it.

A large soap and water enema was given at once, the rectum well emptied, and then just inside the anal margin a ring of swollen, deeply congested piles were seen. A little cocaine solution was swabbed over them, and then a tampon of cotton wool soaked in Friar's balsam was inserted and kept in place with a pad and bandage.

This had the desired effect, no more bleeding occurred, and though convalescence was seriously retarded by this untoward complication the patient some six weeks after the operation was driven in a pneumatic-tyred carriage to Kingstown, where the fresh air and sea breezes soon restored him to his pristine vigour. He is now, I am glad to say, back again at his business as a director of one of the largest commercial enterprises in the City. I have given the details of this case at some length, partly because it was far the most interesting of all those I have met, but also because it was the most recent, and, therefore, the impressions derived from it were the strongest. The total number of cases I have operated on up to the present, in which the diagnosis of perforating gastric ulcer was made before and verified at the operation, is four.

Of these, three occurred in females and one in a male. Of the three in women two died, one some twelve hours after the operation, and the other exhausted by prolonged suppuration and leakage through a gastric fistula.

A few brief notes of these I will lay before the meeting.

Mary A, æt. 19, a servant in the Young Women's Christian Association, Harcourt Street, was attacked suddenly with violent abdominal pain, vomiting, and collapse. No hæmorrhage; called to see her, I at once diagnosed perforation, and had her removed to the Richmond Hospital. She was seen by my colleagues in consultation, and an operation urged upon her—this she declined. Two days later she was much better, and felt convinced she had been wiser than her medical advisers. She was seen from time to time by my colleagues and complained only of a feeling of fulness in the epigastric area, and some tenderness on pressure. She was living on a fluid diet, and had no vomiting. Some six weeks after her admission to hospital she suddenly developed acute pain in the abdomen, a swelling formed in the left side of epigastrium, dull on percussion, with œdema of skin over it. It was obvious an abscess was forming. At the urgent solicitation of her friends she consented to the abscess being opened, but no further operation was to be attempted. As a matter of fact nothing else could be done. A large abscess was evacuated, but the thick layer of lymph which covered everything made it impossible to recognise any of the viscera, or to find the opening of the stomach.

The cavity was douched out and drained, and for a time we hoped she would recover, but she gradually sank and died of exhaustion.

Had this girl consented to the operation proposed within a few hours of the onset of her illness, in all probability her life would have been saved.

The other two cases may be dealt with briefly. One was a woman, æt. about 30, in whom perforation had taken place some days before admission to hospital. She was emaciated to an extreme degree, and a large collection of fluid could be easily recognised in the abdomen. In cutting into this quantities of half digested potatoes and the liquid contents of the stomach were discovered, but she never rallied, and died very soon after the operation.

The fourth case was more interesting. Patient, a married lady, æt. 32, was seized with violent pains in the abdomen, vomiting and collapse; no bleeding. When I saw her the collapse was so pronounced that operation was out of the question. Heat was applied to the epigastrium, rectal injections of alcohol, and a small hypodermic of morphia given later. Twenty-four hours later pain had subsided, but there was one spot very tender, exactly in the middle line. Operation proposed and declined, patient alleging, with a certain amount of justification for her belief, that she felt certain she would die on the table. Five days later a small abscess had formed. This was explored with a hypodermic syringe, and the diagnosis being thus verified, local anæsthesia was produced with the ether spray, and the abscess opened with a tenotome. About an ounce or so of thick pus evacuated and a small drainage tube inserted. Though I naturally gave a very unfavourable prognosis, the patient recovered rapidly, and is alive and well to-day.

So far for the cases in which the diagnosis of perforation was made and verified by operation.

But in common with all surgeons of any experience, I have diagnosed perforation of the stomach which did not exist In one case in which I was mistaken, a remarkably accurate diagnosis had been made by a much younger man, Dr. Grundy, at one time house surgeon at the Mater Hospital. He sent a patient into the Richmond Hospital in whom he had diagnosed perforation of the bile duct, but which I confess I believed to be a perforation of the stomach. Laparotomy was performed. A biliary abscess was opened and drained, but it was found impossible to discover the seat of perforation. The patient gradually sank and died of exhaustion. The autopsy was made by my friend Dr. Woods, who discovered a perforation of the cystic duct.

In another case in which perforation of the stomach was diagnosed, I found that organ apparently perfectly healthy, and nothing but a localised collection of peritoneal fluid.

My friend Dr. Chance some time ago operated on a similar case, in which also nothing abnormal could be discovered.

Quite recently, Dr. Conway Dwyer exhibited a another scientific gathering a patient on whom he had operated for perforation of the stomach, but exploration showed that the lesion was an acute strangulation of a coil of the jejunum, which he resected with the most brilliant success. I mention these cases because in these, as in all other abdominal cases, the liability to error in diagnosis is ever present. It is because of this inherent weakness in the power of diagnosis that one is compelled to question the accuracy of the statement so often made at the last meeting of the British Medical Association that recovery frequently takes place spontaneously after perforation.

I confess myself unable to accept such a result as probable, or even possible, except in a very minute proportion of cases.

Should a perforation occur, of the pinhole type, in an absolutely empty stomach, no extravasation of the contents need take place, and the little opening may soon be shut off by exudation.

The experience of physicians, pathologists, and operators is entirely opposed to the belief in the frequency of such a fortunate combination of circumstances. In this connection, Hume's theory of miracles seems to be applicable.

Is it not more probable that the diagnosis was erroneous than that phenomena opposed to all pathological experience have occurred? Forgive me if I appear to labour this point, but it is vital and essential.

If spontaneous recovery is at all within the limits of probability, operation might very well be at least delayed. I venture to say, however, that very few men, even of those with the most profound belief in the efficacy of drugs and the powers of human resistance, would take the responsibility on themselves of recommending a patient in a case of supposed perforation not to submit to operation, but to trust to the *vis medicatrix naturæ*. Surgical experience, now fairly extensive in this subject, has shown that the earlier the operation is undertaken, other factors being appropriate, the better the chance of success.

If the abdomen is opened before exudation of lymph has taken place, the opening is generally easily found. If twenty-four hours have elapsed in an average patient, the matting together of all the organs, and their envelopment in a thick layer of lymph, renders it practically impossible. In such a case death from exhaustion is almost, though not absolutely, inevitable.

Again, in approaching a case of perforation the surgeon must remember that the operation may be very easy or very difficult. If the opening is in front and the operation is promptly undertaken, the work will not be difficult. If the opening is behind, or the operation delayed, it may tax all the surgeon's resources and end in failure and disappointment. Two points in the technique I would like to refer to. 1st. The use of the douche, and 2ndly, the use of a drain. It is urged against the use of the douche that it may convey infecting particles to areas as yet uninfected, and thus prove the cause of a general septic peritonitis. *Per contra*, it is urged that no amount of mopping can ever completely cleanse the peritoneum, and Mr. Treves, quite recently, has drawn attention to the fatal injury that may be done to its smooth, glossy and absorbent surface by violence applied to it under a mistaken idea of its function and limitations.

I must confess I am rather against the mopping plan, and favour the thorough douching. If the nozzle of the douche is carried low down into the pelvis first and later into the flanks the stream of warm water rushing out through the wound under pressure will carry practically everything with it. It may be necessary here and there to assist this process, by wiping away all adherent particles, but it is only the stomach contents that need to be wiped away, the lymph exudation may well be left alone unless there is reason to believe that it is already a centre of decomposition and infection.

Lastly, I believe these cases ought to be drained until the temperature is normal, and until the seat of perforation is shut off from the general cavity of the peritoneum. The tissues around the seat of ulceration are generally unhealthy, even the most expert operator may have his doubts as to the durability of his suturing under such circumstances.

I fear I can hardly claim to have laid anything new before you, but the subject though not novel is not without interest; it deals with a fairly common condition, and therefore appeals to physicians and surgeons alike.

When we remember that even 20 years ago such operations as those I have outlined to you if suggested by an operator would have been regarded as the dream of a lunatic, one cannot help feeling both proud and hopeful of our art.

The modern operation of laparotomy, simple as it seems to-day, has only reached its present position through the combined labours, trials, experiments, and disappointments of the greatest minds of our age. Though it is not given to all of us to be originators of great ideas we can, all alike at least, help in the good work by repeating and verifying the work done by the pioneers of science, and so contribute even an imperceptible mite to that beneficent knowledge which our profession, to its credit be it said, has ever held to be the common heritage of humanity.

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# Paris Clinical Lectures.

## PYO-PNEUMOTHORAX FROM NECESSITY.

### By Prof. GALLIARD.

Look attentively at the chest of this patient; the peculiar character it presents is one which you will not perhaps see again. It is the first time I have met with it myself, though I have been on the look out for such a chest for several years. You will observe on the left of the sternum and over the three first intercostal spaces a hemispherical swelling about an inch in diameter at the base, which increases in size at every effort of the patient.

This tumour is indolent, soft, and compressible to the touch. On applying the ear a kind of splashing sound is heard, derived doubtless from the collision of gas and liquids. The tumour, further, is pulsatile, the beating being synchronous with the pulse. It is also reducible, as can be observed when compressed with the hand, giving the sensation of hernia of the lung. Consequently at this point there exists a cavity, for the time being circumscribed, which communicates with the thoracic cavity by a narrow orifice and contains a mixture of liquid and gas. This liquid is necessarily purulent. You can easily ascertain after reducing the size of the tumour that the narrow orifice is seated in the second intercostal space near the sternum. Change the position of the patient. Instead of examining her in the dorsal decubitus, place her in the sitting position, and you will remark that the tumour is more resisting, and gives the sensation of simple crepitation. Put her on her face and hands—the crepitation disappears, fluctuation alone is felt. The explanation of the phenomena is easy. In the first case the liquid gravitated out of the tumour, the gases alone occupying the tumour, while the reverse obtained in the second position. Thus examined, the diagnosis becomes easy. I will not lose time in discussing the hypothesis of a hernia of the lung, for the case is one of gaseous abscess.

What was the origin of this cold abscess? Was the point of departure a tuberculous vomica of the lung? An unwary observer would naturally answer in the affirmative, for he would be influenced by the recent publications of Barie, Louligoux, and R. Meslay. But I hasten to state that the signs of pulmonary excavation behind the gaseous abscess are wanting in this case. The hypothesis of a gangrenous cavity should not be entertained either, as there is no fœtid expectoration. We are thus, by way of elimination, brought to locate in the pleura itself the origin of the abscess; it is a case of *pyo-pneumothorax from necessity*.

The case is a rare one, I admit, and I would not have brought myself to form this diagnosis if the arguments had not been furnished by the signs you have witnessed yourselves and by the clinical evolution of which I shall now give you the essential details.

The case is that of a woman, æt. 45, who, while walking on the footpath at the beginning of last December, was knocked down by a milk cart and severely hurt by the feet of the horse and by the wheel of the vehicle. She was picked up more dead than alive, and brought direct to the hospital St. Antoine, where my colleague found several wounds on the head, a fracture of the left clavicle, several fractures of the ribs and subcutaneous emphysema of the thoracic wall, indicating laceration of the pulmonary tissue. The prognosis was bad. However, under appropriate treatment, the frail organism surmounted more or less these troubles, respiration became easier, the traumatic emphysema subsided to a certain extent, and matters were improving. But a few days afterwards, the temperature went up, the respiratory troubles became aggravated, and the following day my colleague showed me the patient, declaring that the pleuro-pulmonary complications belonged to the domain of medicine. According to him the subcutaneous emphysema was accompanied by a partial pneumothorax on the left side. The coincidence of subcutaneous emphysema and pneumothorax is not an everyday occurrence, because the conditions which favour the passage of air into the cellular tissue of the wall are, as you know, those which are opposed to penetration in the pleural cavity. For subcutaneous emphysema, it is necessary that the lung should be fixed to the wall by the fractured ribs, whereas, for pneumothorax, an open wound of the pulmonary parenchyma, a lung free from adhesions, moreover, a retracted lung, are necessary. However, the coincidence is possible, especially when several ribs have been fractured. A minute examination of the patient permitted me to affirm one thing, namely, that the pneumothorax if it existed was not situated at the base of the lung. Under the clavicle, on the other hand, I found that the vesicular murmur was abolished, so that I was inclined to admit the existence of a partial pneumothorax as suggested by my colleague. In any case the patient was handed over to my care and a few days afterwards traumatic pleuro-pneumonia manifested itself, and on December 29th I tapped the side, withdrawing only twelve ounces of sero-sanguineous liquid; the pleurisy was evidently encysted. The following days the temperature oscillated, while the dyspnœa was considerable and the general condition bad, without doubt. The liquid was increasing in quantity and rapidly becoming purulent. Examination of the base of the lung revealed nothing beyond the presence of empyema, no metallic sound nor signs of Hippocratic succussion, yet the heart was displaced towards the right side and showed signs of dry pericarditis. Why this displacement with such a small amount of liquid in the left base? It was because the empyema did not constitute the only lesion; there was a pneumothorax beneath the clavicle, which was demonstrated by increased resonance of that region, by a complete absence of the vesicular murmur, by an amphoric souffle perceived in the third intercostal space, and by the presence of an intermittent metallic tinkling. Was I not right to insist on the encysted nature of the pleurisy? Thus only can be explained the singular phenomenon of the cohabitation of pneumothorax and empyema under the same roof, in the same house, in two distinct stories of the left pleura. It was not necessary to be a great prophet to foresee that by reason of the close contact of the empyema, the pneumothorax would not be slow to transform itself into pyo-pneumothorax. I was waiting for the succussion sound, but probably the cavity was too small and the liquid not abundant enough to produce it. But in its place here is the gaseous abscess which fully demonstrates the suppurative process.

The prognosis being very grave we must not wait for the spontaneous rupture of the abscess; to-morrow morning we will incise freely the second intercostal space and treat the empyema in the usual manner.

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## The Goulstonian Lectures

ON THE

## PATHOLOGY OF THE THYROID GLAND.

*Abstract of Lecture II, delivered before the Royal College of Physicians of London.*

By GEORGE R. MURRAY, M.A., M.D.Camb., F.R.C.P.,

Heath Professor of Comparative Pathology in the University of Durham; Physician to the Royal Infirmary, Newcastle-upon-Tyne.

REFERRING to the result of loss of thyroid secretion in the young, the lecturer quoted evidence to show that in young animals and children, in addition to other symptoms, there was arrest of development. If the arrest of development or destructive disease of the thyroid occurred early in life, symptoms of primary cretinism, which are the same in the sporadic as in the endemic form, soon began to appear.

In myxœdema in the adult as in cretinism different degrees of severity were found. As the success of treatment depended so much upon an early start, he urged the importance of carefully considering the possibility of cretinism in all cases where some arrest of development was noticed early in life. The older the child at the time of the onset the less marked the want of development, and the more nearly the disease resembles the adult type.

When the supply of the secretion was renewed, metabolism was once more completed in a normal manner, and in cretins was so markedly reawakened that general growth again progressed even after it had been arrested for ten or twenty years. Schiff and Von Eiselsberg had shown that a portion of thyroid gland successfully transplanted into the subcutaneous tissues of a dog or cat could maintain a sufficient supply of secretion to avert the acute symptoms of athyroidism, and Mr. Victor Horsley made a great step in advance when he suggested that a similar procedure should be adopted in man. The procedure had been followed in certain cases by marked improvement, but unfortunately the grafted gland appeared not to be able to maintain an independent existence for long, and the symptoms returned. The excellence of the temporary results obtained, however, had led Dr. Murray to suggest that a simpler method of maintaining the necessary supply of thyroid secretion would be the continued internal administration of the secretion itself. With this view he had prepared a glycerine extract, and such an extract was now official in the *British Pharmacopœia*. At first he had administered the extract by hypodermic injection, but it was shown independently by Howitz, E. L. Fox, and Mackenzie that it was quite efficient when given by the mouth. The administration of thyroid extracts in animals deprived of their thyroid glands rendered it possible to distinguish between the symptoms due to loss of the thyroid. It seemed probable that the acute nervous symptoms in the monkey, such as the fibrillary twitchings, the spastic rigidity, and perhaps also the tremors and convulsions were largely due to loss of the parathyroid, while the subcutaneous swelling, dryness of skin, loss of hair, subnormal temperature, and changes in the blood were due to loss of the thyroid secretion. That conclusion received further support from the close resemblance of the latter symptoms to those of primary myxœdema in man, which they knew to be the result of disease of the thyroid gland, there being no evidence as yet to show that the parathyroids were affected in this disease. If that be the correct explanation, it was not surprising that these particular symptoms were not influenced by the thyroid extract.

In primary and secondary myxœdema in man were seen the results of loss of thyroid secretion pure and simple, and consequently they were able to remove the symptoms entirely by giving a sufficient supply of the secretion. The treatment was divided into two stages. During the first stage the tissues were gradually brought back to a normal condition. That might, according to the severity of the symptoms, require from one to three months. As soon as the symptoms had entirely disappeared, the first stage was completed. The condition of the atrophied thyroid gland was not influenced by the treatment, so that if the artificial supply of secretion were discontinued all the symptoms of myxœdema would gradually return, as he had found by actual experience. The second stage of the treatment of necessity thus lasts as long as the patient lives. It is therefore necessary to make the permanent daily dose as nearly as possible equivalent to the normal amount of secretion. If the dose fell below that slight symptoms of myxœdema would reappear, while if excessive a condition of thyroidism would be produced.

In out-of-the-way places, and where expense was a consideration, the actual gland itself containing the secretion might be administered. One-eighth to one quarter of a lobe of the sheep's gland was a suitable daily dose, one quarter being equivalent to about 10 minims of liquor thyroidei. It should be minced and taken in glycerine or some similar vehicle, or lightly cooked on the outside by frying or boiling. As a rule, however, it was better to employ one of the preparations of the thyroid gland. The liquor thyroidei was the most convenient preparation for general use, and in his experience the most efficient and uniform in strength. Not more than a sufficient supply for a fortnight should be obtained at one time, and the patient should measure out the dose and mix with a dessertspoonful of water at the time of taking. The dry thyroid of the *Pharmacopœia* might be given as a powder, or made up into a pill or tablet. Dampness rendered the dried preparation liable to decompose and unfit for use.

In advanced cases the first stage of the treatment must be carried out with great caution, especially in presence of symptoms of degeneration of the cardiac muscle. Under these circumstances the patient should be confined to bed at first, and only small doses of three to five minims of liquor thyroidei given each night. This dose, if well borne, might be gradually increased up to ten minims. If not confined to bed these patients are apt to make use of their returning vigour too soon, before the heart has time to recover, and to adapt itself to the altered conditions brought about by the treatment. Now, however, most of these patients were seen in the early stages before any cardiac symptoms developed. Such patients were able to go about, but unusual exertion should be avoided during the first stage of the treatment. Undue acceleration of the pulse to 90 or 100, or rapid loss of weight were indications for reducing the dose.

Symptoms of gastro-intestinal catarrh were sometimes seen when a raw gland was used, but seldom after a suitable preparation. When they arose the treatment should be stopped until they had passed away, and when the treatment was recommended smaller doses should be given. When there was well-marked anæmia it was as well to give iron as well as thyroid extract, and for this purpose five grains of dried sulphate of iron in a pill two or three times daily would answer the purpose.

The second stage of treatment began after all the symptoms of myxœdema had disappeared. During this stage, which lasted whilst the patient lived, he must continue to take a daily dose equivalent to the daily output of the gland before it became diseased. An occasional intermission of a week or so had little or no effect, but if it lasted three or four weeks the temperature fell one or two degrees, and the myxœdematous swelling of the face began again to develop.

When the treatment of a well-marked case of myxœdema was carried out on the lines just indicated, very definite and interesting results were soon obtained. One of the earliest signs of improvement was the return of the temperature to the normal level. This was illustrated by the chart shown, by which it would be seen that the temperature before treatment ranged from 95 degs. to 96 degs. F., whereas during the second, third, and fourth weeks of treatment it varied between 96 degs. and 98 degs. As the temperature rises to normal the former sensitiveness to cold was lost, and the frequency of the pulse was increased. The most striking changes were those which took place in the skin with its appendages and in the subcutaneous tissues. The myxœdematous swelling gradually disappeared from all parts of the body, so that the face and hands once more assumed their natural appearance, and the free movement of the limbs, which had been considerably hampered by the swelling, was regained. The reduction of the swelling was accompanied by a loss of weight, which might amount to as much as two or even four stones. Not infrequently there was some desquamation which might occur in fine scales or in large flakes from the palms of the hands and soles of the feet, as observed by Byron. Bramwell. The hair follicles resumed their proper function, so that even where there had been complete baldness a good growth of hair was developed in the course of six or twelve months.

In addition to these very obvious signs of improvement, the feeling of lassitude passed away and normal muscular strength and activity were regained. Mental processes became more active, the memory improved, and hallucinations disappeared. In some cases in which actual insanity had occurred it also had been cured. If albuminuria without actual renal disease had been present it disappeared, while the amount of urine was increased. The observations of Ord and White showed that the total amount of nitrogen eliminated was increased, and that the increase was almost entirely due to the increase of urea in the urine. At first the amount of urea excreted might not only equal but actually exceed the normal average quantity. The number of red corpuscles in the blood was increased. In patients who had not reached the menopause menstruation returned, and took place regularly, even where there had been amenorrhœa for several years. In fact, the myxœdema was entirely cured, though the fibrosis of the thyroid gland remained unaffected.

### Treatment of Cretinism.

The lecturer insisted on the importance of carefully considering the possibility of the presence of disease or lack of development of the thyroid gland in every case of arrest or delay of development in children. In all such cases it was important to look for slight signs of cretinism. The importance of early diagnosis in such cases lay in the fact that the earlier the treatment was commenced the better prospect there was of normal development of the central nervous system. Experience had already shown that in cretinism of some years' duration rapid as the improvement in the physical condition may be, the intellectual development was much slower, so that when treatment was commenced late it was doubtful if the latter would ever advance nearly as far as when treatment was started early. If any doubt existed as to the diagnosis, it was a good plan to carry out the treatment for one or even two months. If no distinct improvement took place the want of development was not due to cretinism, for in other forms of arrested growth the treatment had comparatively little effect, though it is worthy of trial. The treatment of early cretinism should be carried out on the same lines as the treatment of myxœdema in the adult,

In the treatment of cretinism which had lasted for some years they had a much more difficult task to perform, but very good results could be obtained. Even where the disease had already lasted ten or twelve years, provided the patient was not more than eighteen or twenty years old, a remarkable amount of growth could still take place. In those cases three to five minims of thyroid extract might be given at the commencement, and increased according to the progress observed. Even in cases in which the symptoms had lasted for twenty or twenty-five years some growth and marked improvement in all the symptoms took place, In cases of long duration attacks of syncope were not uncommon. In such the earlier part of the treatment was more safely accomplished by keeping the patient in bed, and giving small doses of one or two minims only at first.

When the necessary stimulus to the normal metabolism of growth was thus supplied to a cretin in the early stages of the disease the symptoms soon disappeared. The swelling gradually diminished in all parts of the body; the tongue, lips, and nose diminished in size, so that the appearance became natural; the skin became soft and moist and the temperature rose to normal. Growth, which at this early stage would only have been partially arrested, started afresh. If the treatment was continuously carried on in such a case from the earliest time at which the disease was recognisable, there seemed no reason to doubt that ultimately the child would grow up into a fully developed, healthy adult, who, however, would, of course, at any time develop symptoms of myxœdema if his supply of the extract was discontinued.

The intellectual development was always much slower than the bodily growth and general improvement in all other respects. The shorter the duration of symptoms had been at the commencement of the treatment the more rapid the improvement in the mental condition, and Dr. Murray thought it was only in cases in which the treatment was started early that they could expect normal intellectual development to take place. In cases of some duration it was important that a special education should be carried on at the same time as the treatment in order that the patient might be able to make the most of his renewed cerebral activity.

## CASES OF
## ABDOMINAL HYSTERECTOMY FOR FIBRO-MYOMATA UTERI. (a)

By CHARLES RYALL, F.R.C.S.,
Surgeon to the Cancer Hospital, Brompton; Surgeon to Out-Patients, London Lock Hospital.

Case I.—M. R., æt. 54, consulted me on September 27th, 1898, and gave the following history:—

For thirteen years she had noticed a tumour in the abdomen, but it has only troubled her during the past two years, during which time it has been gradually enlarging, but more rapidly so during the last few months. There has been much pain in the abdomen and lumbar and sacral regions, which is aggravated by walking too much, so that the patient is unable to get about and attend to her household duties. There has been a great loss of flesh. The bowels are constantly constipated, and micturition is both frequent and painful. Catamenia began at age of 13. Regular, no excessive loss. Always severe dysmenorrhœa. Menopause at age of 45. Children two; youngest 32 years old. No miscarriages.

On examination a hard nodular and irregular mass about the size of a cocoa-nut can be felt in the hypogastrium. Dull on percussion and extremely mobile.

*Per Vaginam.*—The cervix is pushed over to the right side, and a freely movable nodular mass can be felt in the left and posterior fornices, and is found to be part of the abdominal tumour, and is incorporated with the uterus.

*Operation*, October 5th, 1898.—Abdominal hysterectomy by the subperitoneal method was performed, which also included removal of the left ovary, and the abdominal wound was sutured in three layers. The patient went on very well on the first and second day following operation, and a little fæces and some flatus were passed after administering 3 grains of calomel and an enema. A little flatus was also passed on the morning of the third day, but about noon on the same day the patient was seized with sudden acute pain in the left iliac fossa, followed by a little sickness. On examination there was a great deal of tenderness limited to the left iliac fossa, and the colon was greatly distended, and in a few hours the distension spread to the small intestines. Repeated 5 grain doses of calomel were given. and every attempt was made to open the bowels by enemata and the long rectal tube, but neither fæces nor flatus was passed. The abdomen was reopened six hours after the onset of the symptoms, and it was then found that the sigmoid loop was kinked and bound by recent adhesions to the remains of the left broad ligament. The bowel was easily freed, but on pulling it up it was noticed that there was a good deal of tension on the ligature embracing the upper part of the left broad ligament, and owing to the proximity of this ligature to the meso-sigmoid, it was thought that it might possibly cause a continuance of the symptoms. As the patient was in a very feeble condition, and as there was a great deal of liquid fæces in the colon, the sigmoid was sutured to the abdominal wound and drained by means of a Paul's tube. The tube was removed on the fifth day, after which the bowels acted naturally, and the fistula gradually contracted and eventually closed in a month's time.

There is no doubt that the kinking and adhesion caused the obstruction, but a ligature close to the meso-sigmoid, and thus interfering with the blood supply or nervous innervation of the part, may cause similar symptoms.

Case II.—*Abdominal Hysterectomy for Fibro-Myoma Uteri, followed by Rupture of the Abdominal Wound.*

F. H., æt. 32, unmarried, consulted me on November 28th, 1898. Menstruation began at the age of 13, and ever since then she has suffered great pain at the periods. The pain now commences after the first day of the flow, and is usually at its worst on the third and fourth day, and is so severe in character that it frequently makes her cry out. Moreover, she is quite incapacitated from work at the time. The duration of the period is five to six days, during which there is a great loss, with occasional passing of clots. For the last six months the symptoms have become worse, and she has also suffered from severe sacral pain in the inter-menstrual period. Medicinal treatment and rest have given her very little relief.

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(a) Notes of cases read before the British Gynæcological Society (March 23rd, 1899) and specimens shown. See "Transactions of Societies," April 5th, page 350.

*Family History.*—Her sister has also consulted me, and is suffering from fibro-myomata uteri, causing similar symptoms.

On examination, a hard, smooth, solid tumour can be felt in the abdomen, and rising for about two inches above the pubis. Per vaginam, this tumour was found to completely fill the pelvis, where it was fixed, and was bulging down the vaginal fornices.

*Operation*, December 9th, 1898.—Abdominal hysterectomy by the sub-peritoneal method was performed, both ovaries being left behind. The operation was both difficult and tedious, owing to being unable to lift the tumour out of the pelvis or to get the hand below the tumour so as to reach the cervix and secure the uterine vessels. After securing the upper part of the broad ligament on each side, the peritoneum was incised over the tumour and peeled off, and then enucleation of the tumour was performed, after which it was lifted out of the pelvis, the uterine vessels secured, and the mass severed. The peritoneum was sewn over the stump with catgut. The parietal peritoneum was closed with a continuous catgut suture, the musculo-aponeurotic layer with interrupted silk sutures, every care being taken to bring the fascia into careful apposition, and finally the skin was brought together with a continuous silk suture.

The patient bore the operation well and made good progress after operation until the fifth day. The bowels had acted several times, but there was occasional retching.

On the afternoon of the fifth day I was called suddenly to see the patient, and found her practically moribund. She was unconscious, the face was a dusky grey colour, the breathing was rapid and shallow, and the pulse 137 and almost imperceptible. The onset of these symptoms was sudden, but I was at a loss to understand the cause of this collapse. Hypodermic injections of ether and strychnia were given immediately, followed by intravenous injection of five pints of normal saline solution. The effect was immediate and most satisfactory, for the patient suddenly woke to consciousness, and the pulse and respirations improved. She then told me that she had some retching, when she was seized with pain in the epigastrium, after which she could remember no more. This made me think that possibly there might have been some intra-peritoneal extravasation, and that the shock caused the sudden collapse, but on examining the abdomen the edges of the wound seemed in apposition, there was slight tenderness, but I could find no reason to re-open the abdomen. Three hours after this she collapsed again, and intravenous injection of saline fluid had only a very temporary effect. The abdomen was again examined, and it was then found that the edges of the skin in one portion of the wound were gaping, through which came a quantity of serous fluid on pressing the abdomen. I therefore removed the cutaneous suture and found that the two deeper layers of sutures had completely given way, the sutures having torn through the tissues. The wound was now reclosed with sutures, including the whole thickness of the abdominal wound, but the patient gradually sank and died in a few hours. The necropsy revealed nothing of note, except that there appeared to have been no attempt at union in the abdominal wound.

The case is of interest showing as it does that, even after taking every precaution, accidents may happen. The sudden cause of the collapse was at first a mystery to me, but now one knows that it was due to the shock of the rupture of the deeper layers of the wound, and thus simulated the perforation of a gastric ulcer. The superficial suture for a time kept the skin in apposition, and thus prevented me from immediately detecting the nature of the accident.

Case III.—*Case of Abdominal Hysterectomy for Myoma Uteri causing severe Hæmorrhage.*

M. S., æt. 35, married, no children, has suffered from menorrhagia during the last four years, and the loss is so severe that the patient became almost completely blanched, and frequently faints. There is also a slight irregular loss between the periods; slight dysmenorrhœa. Catamenia began at age of 13, and were regular up to four years ago.

On admission the patient was thin and feeble, and suffering from severe anæmia.

On examination a soft smooth swelling could be felt in the hypogastrium, and reaching to within two inches of the umbilicus. Per vaginam the os was patulous, and a soft round swelling could be felt within, and implicating the right side of the uterus could be felt a tumour which was continuous with that felt in the abdomen. The whole mass was quite movable.

*Operation in the Cancer Hospital*, Jan. 25th, 1899.—The uterus was first explored per vaginam, and a myoma about the size of a cocoa-nut could be found bulging into the uterine cavity, and standing out prominently on the peritoneal surface of the uterus.

Abdominal hysterectomy by the intra-peritoneal method was then performed, and it presented no difficulties. The patient bore the operation well, and made a rapid recovery.

# Transactions of Societies.

## OBSTETRICAL SOCIETY OF LONDON.

Meeting held Wednesday, April 5th, 1899.

Mr. Alban Doran, President in the Chair.

### MENSTRUATION IN A MONKEY.

**Dr. Addinsell** showed a section through the uterus, cervix and vagina of a monkey calling attention to the enormous size of the cervix. It was removed from a "Bonnet" monkey, and it formed one of a series of abdominal hysterectomies performed on monkeys during menstruation, the object being to decide the question of the shedding and denudation of epithelium during menstruation. He pointed out that in monkeys the menstrual discharge did not usually contain blood, but was glairy mucus. He mentioned that in Barnum's Show there was a monkey, a chimpanzee, 14 years of age, which had begun to menstruate at 12. Since that time menstruation had taken place with great regularity every 28 or 30 days. He said this was the first instance of a well authenticated case of an animal high up in the scale, other than woman, in which menstruation had been observed to take place with regularity.

### ANTERO-POSTERIOR POSITIONS OF THE HEAD AS A CAUSE OF DIFFICULT LABOUR.

**Dr. R. G. McKerron** read a paper on difficult labour as the result of the antero-posterior position of the head, probably the most uncommon of malpresentations. He related two cases to illustrate his contention. *Case* 1.—Mrs. B., æt. 41, the mother of ten full-term children, all save two delivered by the aid of forceps. Labour set in on the evening of November 30th, and when seen at midnight on December 1st, the os was fairly dilated, but the head was above the brim, with the occiput anteriorly. The posterior fontanelle could be felt 1¼ inch from the symphysis, the sagittal suture running almost directly backwards. Traction with forceps proved fruitless, and the blades tended to slip. On further examination the anterior fontanelle could be felt just above the promontory to the right of the middle. He cautiously rotated the occiput backwards so as to bring the long diameter of the head into the oblique of the pelvis whereupon labour was promptly terminated with moderate traction. The mother made a good recovery, but the child, which was well formed, died three days later. Measurements of the pelvis gave as follows:—interspinous 8·75 inches; intercristal 10·25 inches; external conjugate 7·1 inches. *Case* 2.—J. C., æt. 38, one child delivered with forceps, was admitted at 10 p.m. on December 15th, labour having just started. The cervix was drawn up, and the os admitted one finger. The pains were strong until

3 a.m., when they suddenly ceased but returned the following afternoon. On external examination the child was found dorso-anterior with the head free above the brim. The posterior fontanelle could be felt in front of the centre of the os an inch or more from the symphysis, and the sagittal suture was found to run backwards in the conjugate of the brim. The diagonal conjugate was made out to be barely 4½ inches. Guided by the previous case he forthwith proceeded to rotate the head backwards and labour was promptly terminated by the aid of the forceps. The child weighed 8½ pounds, there was no great caput succedaneum and no marked elongation of the occipito-mental diameter. The child died on the third day, and post-mortem the subdural space was found filled with blood and the ventricles contained sero-sanguineous fluid. After labour the hand was passed up to the pelvic brim which was found to be rounded in outline, and the conjugate was estimated at just over 3½ inches. The external measurements were: interspinous 9 inches, intercristal 10·6 inches, external conjugate 7·5 inches. He observed that these positions were often overlooked, probably because without anæsthesia their recognition was difficult owing to the high position of the head. The diagnosis rests on the antero-posterior position of the sagittal suture. In such cases the head, prematurely arrested, fails to accommodate itself to the brim and to the lower segment so that dilatation is slow. If diagnosed before rupture of the membranes an attempt should be made to correct the condition by external manipulation; after rupture the head should be inclined laterally as advised by Ramsbotham. Manual alteration of the head above the brim is useless unless the body can at the same time be rotated by abdominal manipulation, otherwise the head reverts to its old position. When the os is sufficiently dilated the forceps should at once be applied, and the position rectified in the manner described above. In these two cases craniotomy would have been the only alternative, but earlier recourse to the forceps to effect rotation would probably have saved the lives of the children.

### A CASE OF PUERPERAL ECLAMPSIA WITH A DESCRIPTION OF A FIVE WEEKS' OVUM REMOVED IN A SUBSEQUENT PREGNANCY.

Dr. W. S. A. **GRIFFITH** related the case of a married lady, æt. 32, who suffered from eclampsia at about the seventh or eighth month of her third pregnancy. Labour was induced by Dr. Griffith, with the intra-uterine bougie, and she recovered. About eighteen months afterwards she again became pregnant, and severe symptoms ensued as early as the fifth week. Dr. Archibald Garrod reported that there was evidence in the urine of chronic nephritis, and the uterus was therefore dilated by the rapid method, and the ovum removed. The symptoms thereupon rapidly disappeared, but a trace of albumen persisted in the urine for some time. The ovum removed was in naked-eye appearances healthy. It measured 3 by 2·75 cm., and the fœtus measured 11 mm. in length. The cephalic end could be made out, but the limbs were barely perceptible. The outer wall of the ovum was thickly beset with villi over seven-eighths of its total area, the remaining eighth consisting of a white membrane of very delicate consistence. The detachment of the villi from the maternal structures was complete in every part, no trace being seen of serotina or reflexa. Hardened and examined under the microscope the superficial plasmodial layer of the chorionic epithelium showed marked and widespread changes, clearly of pathological origin. In parts the layer was practically destroyed by vacuolation, the larger vacuoles having been formed by the fusion of adjacent smaller vacuoles, it being easy to follow the process of coalescence. The number of nuclei was below the normal, and their distribution was irregular, they being gathered together in clusters in the least affected parts. The same changes were seen not only in the villi, but also in the plasmodial buds and processes. Where vacuolation was marked the deep or cellular layer of the chorionic epithelium had disappeared. The blood vessels in the chorionic stroma were normal in number and distribution, and were packed with blood corpuscles. The fœtal blood had undergone slight changes, the corpuscles having lost their sharp outline, and many being in a state of disintegration. Almost all the cells were nucleated. The connective tissue stroma supporting the vessels and the deep or cellular layer of the epithelium were much altered in all parts. The meshes were greatly widened, the reticulum in many villi broken up and irregular, and the nuclei greatly reduced in number, and even absent altogether. Such as remained were shrivelled and distorted but not vacuolated. The cells of the deep epithelial layer had disappeared *pari passu* with these changes in the stroma. Specimens hardened in osmic acid showed a large deposit of fat in the protoplasm of the plasmodic layer, most marked in the villi which showed least vacuolation. Whether this excess of fat is pathological is open to question. In the intervillous spaces there was a good deal of fresh unaltered blood (maternal) and a small deposit of fibrin upon some of the villi. In the serotina the decidual cells were comparatively healthy, but in the sera and reflexa they show marked changes. They had no cell envelope, and the cell bodies were practically destroyed. Extensive fatty degeneration was present in all the altered decidual cells. In this case it is certain that the ovum was *in situ* up to the moment of its removal, though it cannot be affirmed that the fœtus was living at the time of interference. It seems probable that the changes described in the fœtal and maternal structures occurred during the life of the fœtus, and in all probability rapidly led to its death. With regard to the etiology, it is possible that the ovum was grafted upon an unhealthy endometrium, and the chronic nephritis from which the mother suffered may possibly be the ultimate pathological factor, but this conclusion cannot safely be deduced from a single case.

The **PRESIDENT** raised the question as to the relative pathological responsibility of the mother and the fœtus respectively. He himself inclined to the view that eclampsia was always the fault of the mother, but he recalled the theory that eclampsia was a toxæmia set up by the fœtus which subsides when the offending fœtus was removed.

Dr. A. **ROUTH** asked the author why he had not adopted a more expeditious method of determining pregnancy, suggesting that it would have been better to have ruptured the membranes. He asked whether the albumen in the mother's urine comprised globulin. He thought the appearances were in favour of a fœtal or placental biological change.

Dr. **GRIFFITH**, in reply, said the case was of interest as belonging to a small group of cases of albuminuria with chronic kidney disease. It was a case in which the changes in the decidua were so marked that they formed a fresh *point de départ* for degenerative changes, but what relation they bore to the whole subject he was unable to state.

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## ROYAL ACADEMY OF MEDICINE IN IRELAND

### SECTION OF SURGERY.

MEETING HELD FRIDAY, MARCH 3RD, 1899.

The President, MR. R. L. SWAN, in the Chair.

### DISEASES OF THE FOOT.

**MR. W. I. DE COURCY WHEELER** related five cases of complete excision of the os calcis, followed by the most satisfactory results; one case of excision of the os calcis and astragalus, with portions of the tibia and fibula; thirteen cases of medio-tarsal operation, or Chopart's operation, all showing as favourable results as the patient (exhibited at the Society) on whom he performed this operation twenty years ago; also three cases of complete excision of the astragalus for disease, besides others for compound dislocation. There was a brief record of thirty-nine cases after Symes' operation, also results after Tripier's operation, which he was of opinion had as many advantages over the subastragaloid operation as Chopart's had, but had not the advantages claimed over the medio-tarsal operation, except with those who believe that in Chopart's operation the astragalus is thrown forwards against the scar, which is quite preventible in a properly executed medio-tarsal operation, and does not occur when the plantar flap is made sufficiently long. After a record of the excisions of various bones of the foot, and six resections of the first metatarso-phalangeal articulation, the paper concluded by a description of metatarsalgia Madura foot and two cases of podal coma, so graphically described by Professor Miller. One case completely recovered, the second had a recurrence of the disease. There was no history of any constitutional or predisposing cause why the patient's foot—a male about thirty-two years of age—should be attacked by this painful disease, except in Miller's words, his "system was weak and miserable." His parents were both alive, and remarkably healthy.

Mr. Croly said that he was not in favour of excision of the os calcis, because in a patient with tuberculous os calcis the disease was rarely confined to that spot. If touched at all, he approved of its entire removal, the bone being removed in such a way that the incision should not be under the heel, but rather behind it. Excision of the os calcis was a good operation in case of accident. He considered Chopart's operation very good, because if the disease was confined to all the bones in front of the medio-tarsal line, a sound astragalus and os calcis were left. Podal coma required amputation of the foot. Nélaton's perforating ulcer of the foot was a rare affection, and was connected with certain forms of neuritis, and sometimes in connection with diabetic condition of urine.

Mr. T. Myles related a very remarkable case of tuberculosis of the foot after injury. A small abscess formed, which was opened, and probing showed some bare bone apparently over the cuboid. The bone was dissected out, and the girl apparently got well. Bits of bone had, nevertheless, to be scraped away from time to time. Two months ago a consultation was held, when it was decided to amputate the foot, but from that moment, to his astonishment, the young lady recovered rapidly, and is now perfectly well and going about.

The President considered that any tuberculous disease of the metatarsal bone at least should not be submitted to any operation except upon the bone itself, and many cases of tuberculous disease were confined to the metatarsal bones. The literature of the subject seemed to show that tuberculous disease of the os calcis is in reality the tuberculous disease of the foot which can be most frequently attacked with success. He related a case of tuberculous disease of the ankle-joint which, after a time, got practically well. Subsequently the patient developed tuberculous disease of the elbow, and a little later a tuberculous abscess in the iliac fossa.

Dr. Henry Fitzgibbon said that in cases of disease of the bones of the foot he approved of minor surgical methods before resorting to amputation. He related a case of a young girl whose middle cuneiform bone he removed for tuberculous disease. Recovery took place.

Mr. Chance said the case related by Mr. Myles was very exceptional. He thought that too much attention was given to the mapping out of the bones, as tuberculous disease travels pretty much by the tendons and other structures. While he agreed that certain bones which are affected in small part of their bulk should be entirely removed, he thought that excision of such bones rarely gave room for free removal of the soft structures.

Sir F. Cruise had seen the partial operations done successfully fifty years ago, so that the subject was not at all new. He observed that in a fairly healthy patient complete removal gave a good result, but that if the patient's constitution was decidedly tuberculous, even amputation did not save him.

Mr. Wheeler, in reply, said that excision of the os calcis was favourable, because the synovial sac is limited, thus preventing rapid extension. The sooner the bone is removed the better, and he did not approve of the gouge in removal, because it was difficult to say whether one was in healthy or unhealthy tissue, and still more, in strumous patients the use of the gouge might set up inflammatory action which would produce more carious disease. The podal coma he had seen was the same as that described by Miller.

### PERFORATING GASTRIC ULCER.

Mr. T. Myles related a number of cases of perforating gastric ulcers on which he had operated, which we publish in extenso in another column.

Among the cases narrated was that of a gentleman, æt. 72, who, after the reduction of an umbilical hernia, developed symptoms of perforation. When he was called in the patient was sinking rapidly, with great pain and tenderness, persistent vomiting of black tarry matter, evidently altered blood, complete absence of liver dulness, tympany, &c. Operation seemed hopeless, but was undertaken in consequence of the agony the patient was suffering. The perforation was easily found, sutured, and abdomen freely douched with hot saline Patient made a complete recovery. Mr. Myles contrasted the ease with which an anterior perforation was found and handled, with what happened in posterior perforation.

Sir F. Cruise insisted on the maxim *nil desperandum*. The patient who had been under his care was almost pulseless at the commencement of the administration of the chloroform; the pulse became much better when the chloroform was changed to ether.

Mr. Wheeler congratulated Mr. Myles on the excellent result, which showed that early operation offers better chances of recovery than delayed operation. He preferred swabbing out the abdomen to douching. He had seen saline solution revive a patient on whom he operated for tuberculous peritonitis. It depended on the position of the perforation of the stomach whether the operation could be rapidly done or even done at all.

Mr. Chance mentioned the case of a young woman with gastric ulcer who suddenly became collapsed with symptoms of perforation. Laparotomy was at once performed, but thorough examination of the stomach revealed nothing. The abdomen was closed, and recovery followed. In another case, that of a woman, he opened the abdominal cavity, and found in an abscess a small cavity, a good deal of flocculent material, and a considerable quantity of undigested food. He drained the abscess, and recovery followed. The mortality of stomach operations seemed very high according to statistics, because the operation was so often done for malignant disease.

Mr. Myles replied, and the Section then adjourned.

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## WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

An ordinary meeting of this Society was held on April 7th in the Society's Rooms at the West London Hospital,

The President, Dr. S. D. Clippingdale, in the Chair.

Dr. S. T. Pruen, of Cheltenham, read a paper on

### RECENT ADVANCES IN THE TREATMENT OF TUBERCULOSIS.

Dr. Pruen commenced his paper by giving the statistics of tuberculosis. Of every eight deaths one was from tuberculosis; of every ten deaths one was from phthisis. He then discussed the transmissibility from man to the lower animals and *vice versa*, and gave instances to show that tuberculous infection could pass not only between man and animals but also between man and birds, or even fishes; and showed what a great reduction of the mortality among infants could be brought about by the sterilisation of their food. Turning next to pulmonary tuberculosis in adults, he described his visits to the women's sanatoria in England and on the Continent, and especially described the cure at Nordrach, in the Black Forest, where great attention was paid, not only to the question of a proper supply of air night and day, but to over-feeding, to regulated exercise, to proper rest, and to isolation from the cares and pleasures of the outside world. Dr. Pruen then showed a book written in 1840 by an Englishman named Bodington, of Sutton-Coldfield, near Birmingham, who carried out in practice a cure for phthisis very like that at Nordrach. This cure was very successful, and one of the patients, who, when she came under his care was in the third stage of phthisis, he described as being quite cured three years later, and who, Dr. Pruen added, was still quite well, although it is now sixty-three years since she underwent the cure. This cure, although it was successful, was known by Bodington's medical compeers as the "beefsteak and porter cure," and so much ridicule was thrown upon it that the profession, as a whole, were afraid to take it up, with the result that Germany had now the credit of discovering it, although an Englishman was really first in the field.

The paper was discussed by Dr. Gardner (Bournemouth), Dr. F. R. Walters, and the President.

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## BRADFORD MEDICO-CHIRURGICAL SOCIETY.

### Meeting held March 21st.

President, Dr. Berry, in the Chair.

Dr. Crowley gave a demonstration of microscopical specimens.

Mr. Hall showed a number of photographs and casts of surgical cases, and gave brief descriptions in each case.

Dr. Lodge read notes on a case of "High Myopia," in which a satisfactory result had been obtained by removal of the lens. The patient was shown.

Mr. Horrocks read notes on a case of

SIMPLE STRICTURE OF THE RECTUM,

which had been satisfactorily treated by a simple operative measure. He remarked that the kind of stricture he had in mind was one within easy reach of the anus and varied in depth from a simple narrow band running round the gut, to an annular stricture an inch in depth. After discussing various theories as to the origin of this affection, Mr. Horrocks remarked that it was more common in women than in men, and that it frequently became very narrow before patients presented themselves for treatment. Their condition in consequence was one of great discomfort, and in the case brought before the society the patient became insane. Treatment by the passage of bougies is very painful, and does not hold out the prospect of cure. Forcible dilatation is unscientific and dangerous in that the bowel may be torn up to the peritoneal reflection and that cavity become infected. The patient was a woman, æt. 55, who had suffered from rectal trouble for twenty years. Had had bougies passed fifteen years before with some temporary relief. Her condition gradually become worse, and her mind was constantly occupied with the rectal trouble. On examination, there was a stricture an inch within the anus which barely admitted the index finger. The stricture was about a quarter of an inch in depth, and the mucous membrane was fixed at the narrowed spot, but above was loose and healthy. No scars were seen on the pudendum or around the anus. On June 10th, 1898, put under E.C. mixture. The anus was thoroughly stretched, and the stricture brought into view. A vertical incision was made one and a half inches long through the posterior part of the stricture; with the fingers the sticture was stretched till this vertical cut became transverse. The mucuous membrane was then held in position, and stitched with chromic gut sutures. After the operation the narrowed part readily admitted three fingers. The patient did well after the operation, and the bowels were relieved freely and regularly, but she could not be persuaded that the stricture did not still exist. Subsequently she became an inmate of Mearston Asylum.

Mr. Horrocks remarked that the operation was suggested by the procedure of pyloroplasty for malignant stricture, which is exactly similar in principle. He also remarked that it was necessary for the success of the operation that the mucous membrane above the stricture should be healthy, or at any rate that it should be possible to free it from the subjacent tissues. He said that in a second case which he had treated by this method, it had been necessary to thus free the mucous membrane before the vertical incision could be converted into a transverse one.

# France.

[FROM OUR OWN CORRESPONDENT.]

Paris, April 8th, 1899.

### Early Diagnosis of Consumption.

The importance of detecting phthisis in its incipient stage is universally admitted, for at this period the malady is frequently susceptible of being cured, and in the progress of the lesions can be checked in many cases by well-applied hygiene and therapeutics.

Among the recent discoveries facilitating the diagnosis at the earliest stage is that mentioned by Chuguet, who found that the temperature presented a difference of from seven to eight-tenths of a degree between the morning and the evening, or between the horizontal and the vertical position. The tuberculin test was supposed to be conclusive, but it was not exempt from danger, while injections of artificial serum, although giving analogous results, required to be employed with prudence.

The method that would seem to be the most practical was the internal administration of iodide of potassium. Given in daily doses for two or three days of fifteen grains, it provoked in subjects suffering from latent tuberculosis sonorous râles in the suspected regions of the lungs.

Dr. Murat has recently drawn attention to another sign which he considers of particular importance. It consists in an abnormal sensation experienced by the patients. When they speak loudly their voice causes the tuberculous lung to vibrate. When the conversation becomes animated with loud outbursts the same sensation is felt, and he observed one case where the patient sought to attenuate this annoying resonance of the infiltrated region by pressing the arm to the corresponding side. The sign should be sought for with care, as not being painful the attention of the patient is not naturally drawn to it. But if the attendant questions the patient and makes him cough or "ahem" he will recognise that the vibrations of the voice circulate in the left lung, for instance, while no kind of sensation is felt in the healthy side. This sign is produced by a thickening of the parenchyma of the infiltrated lung. Dr. Murat says that the symptom was well marked in one of his tuberculous patients at a time when the most minute auscultation failed to distinguish any morbid trace.

### Symptom of Tumour of the Cerebellum.

Dr. Schmidt, in a recent memoir, reports two cases of tumour of the cerebellum in which the diagnosis, fully confirmed by autopsy, had been established by the presence of vomiting when thepatients lay on a certain side of the body. The first case was that of a woman of 24, who in her childhood presented symptoms of rickets, both her parents being tuberculous. She had already had two children, but when she arrived at the third month of another pregnancy she commenced to suffer from intense headache, localised particularly in the occipital region. Five months subsequently vomiting set in, which nothing could control. The woman became indifferent to everything passing around her; her memory failed her, and she fell into a state of complete prostration. Artificial delivery was practised, believing that her life was in danger, but this intervention did not produce any permanent result. In a short time opisthotonos, paresia of the facial nerves on the left side, divergent strabismus with lateral nystagmus set in, and the patient succumbed from œdema of the lungs. Several of the above symptoms might have indicated the serous meningitis described by Quincke, but two signs pointed towards the existence of a tumour in the cerebellum, which were: abolition of the patellar reflex, and the vomiting which was constantly produced as soon as the patient lay on the right side. The post-mortem confirmed the diagnosis. The second case was also that of a young woman who had arrived at the fourth month of her first pregnancy. At this point she was seized with vomiting, which continued during the whole period of her pregnancy, and persisted even after delivery. The vomiting was accompanied with violent headache, contractions of the muscles of the neck, vertigo, noises in the ears, and unsteadiness of gait. All the symptoms persisted more or less for fifteen months. Finally she took to her bed and lay constantly on the right side, for as soon as she turned on the left side she was seized with vomiting, vertigo, and noises in the ear. After a few weeks the patient succumbed, and at the autopsy a tumour was found in the right hemisphere of the cerebellum compressing the aqueduct of Sylvius.

## Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, April 7th, 1899.

### DANGER OF INFECTION IN TUBERCULOSIS.

IN the discussion on this subject at the Medical Society, that followed the reading of Dr. Cornet's paper, Hr. Fürbringer gave details as to the prophylactic measures as employed at the City Hospital, Friedrichshain. The measures proposed by Cornet were rigidly carried out Since the beginning of 1887 placards were hung up in all the phthisis pavilions with the very curt direction—"Spitting glasses are provided for expectoration, and spitting on to the floor or into the pocket-handkerchief is strictly forbidden." These directions were rigidly followed up, and with good results. In the February sitting of the Society of 1890, the speaker had been able to assert that up to then no case of transference of infection had occurred. That proved nothing, and did not weaken the objection that patients might have left the house with latent phthisis. The speaker then went on to report on their experience with their staff of nurses and attendants. In 108 nursing sisters, three had tuberculosis during their term of service. One was previously healthy, one had hereditary predisposition, and one was infected before she came. From 1884 to 1890, 708 Victoria sisters were employed, of whom 94 only remained from five to fifteen years. Nearly all had nursed phthisis cases, but not exclusively or always. Since April, 1887, in round numbers 9,000 cases of pulmonary consumption had been treated in the various pavilions. The daily average was at least 80, and the length of stay thirty days. Under these conditions thirteen sisters had tuberculosis. One was previously healthy, six were tuberculous before coming to the hospital, and six had hereditary predisposition. Possibly one or more had later on become victims to infection. In these figures lay an enormous contrast to those of earlier periods, when the percentage of the infected reached 50 (v. Ziemssen) and even 63 (Cornet) The conditions were similar in the case of the physicians and attendants although they did not come into such close contact with the patients. He did not deny that a number of other favourable factors came into play in connection with the great change. Naturally the sisters did not allow patients to spit in their faces, and when a patient coughed out they turned away, but in the speaker's opinion, the favourable figures were obtained by avoiding infection "in the dry," without regard to moist infection. From this he drew the conclusion that isolation of phthisical cases was unnecessary. Haupt was right as to hereditary taint, it formed a co-operating cause. Moist infection was, at any rate, rare; transference by the dry route was the regular one, that by the moist exceptional.

### THE FEEDING OF INFANTS.

Dr. Emil Schlesinger, a kinderarzt in Breslau (*Therap. Monatsch*, 3/99), reports that undiluted cow's milk is the most rational, simple, and economical substitute for human milk, although pseudo-scientists and pseudo-scientific manufacturers of so-called children's foods are doing their level best to relegate it to the past. The subject is an important one, if from an economic view alone, and the doctor would have done well to give us facts on which reliable opinions could be founded.

### THE SURGICAL CONGRESS.

The twenty-eighth Congress of the German Surgical Association was opened here yesterday. Besides Professors Gussenbauer, of Vienna; Kocher, of Bern; Kroenlein, of Zurich; and Barker, of London, there were present a large number of German surgeons, including Herren Trendelenburg, of Leipzic; Braman, of Halle; Hoffa, of Wurzburg; and Bergmann, of Berlin, as well as representatives of the Army Medical Staff, and a number of officers of high rank. Speeches were delivered by Professor Koenig, of Berlin, and Messrs. Kocher, Bergmann, and Barker. I shall keep your readers duly informed of the proceedings of this Congress, which is creating a good deal of interest here.

At the meeting of March 1st, Hr. Ratkowsky showed a patient (a medical man) with

### RECURRING APPENDICITIS,

the case being peculiar, inasmuch as the viscera were transposed. As a student the patient had an attack of circumscribed peritonitis of the left side, that lasted for six weeks, a year later, he suffered in a similar way in which the medical attendant diagnosed stenosis of the sigmoid flexure as a residuum. The diagnosis was confirmed, inasmuch as the patient during the subsequent years had swelling and vomiting with the slightest constipation. A similar attack occurred recently, and examination now revealed recurring appendicitis, and at the same time transposition of the viscera. This had hitherto escaped previous examiners, as the heart sounds could be heard feebly on the left side, and the examiner had been satisfied with this.

## Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, April 7th, 1899.

### PAROXYSMAL HÆMOGLOBINURIA.

AT the "Gesellschaft der Aerzte" Neumann showed a patient, æt. 28, who was received into hospital four years ago on account of syphilis which has manifested itself on the mucous membrane and skin several times since that time. About a year ago, for the first time, he passed urine of a dark brown colour after a sharp febrile attack. In December last he came to the hospital as these febrile atttacks began to recur about every three days with the same result in respect of the urine. On February 27th he was admitted into Neumann's ward with a temperature of 40·6 degs. C. or 105·8 degs. F. The urine had the usual dark colour, and contained a large quantity of hæmoglobin, and its derivatives, but no red blood corpuscles. Subsequent observations confirmed the history of a remitting disease usually recurring within from twelve to fourteen hours after a rigor, followed by a rise of temperature; then appeared pain in the joints with an ash-grey colour of the skin. About three or four hours after these symptoms the patient expressed himself as feeling quite well, and the urine resumed its normal character.

The correct diagnosis of the proximate cause gave rise to a diversity of opinion, as paroxysmal hæmo-globinuria may be produced by so many different agents. As a wide variation of temperature between heat and cold, drugs such as chlorate of potassium, diseases such as malaria, chronic syphilis, &c. Ehrlich, Schumacher, and others have demonstrated that anti-syphilitic treatment is a common cause of paroxysmal hæmo-globinuria, and this may have been the cause in the foregoing example.

### Treatment of Lupus.

Lang showed a patient to the Society on whom he had first operated for lupus, and had subsequently performed a plastic operation to remedy the results of the first operation.

The patient, æt. 34, had been operated on some time previously, when the cartilages and alæ of the nose were entirely removed. To supply these defects large flaps had to be taken from the volar part of the right hand, while the volar part was in turn supplied from the side of the thorax. He related the history of seven other cases, in which he had similarly operated with equally good results, but he could not vouch for their subsequent history. Two had recently disappeared; two others had a recurrence of the disease, and two still appeared quite healthy, though now operated on 3½ years and 20 months respectively. Lang has tried every form of treatment for this intractable disease, and concludes his disappointing efforts with the consolation that operative surgery and cosmetic repair is the most rational and successful method he has yet tried.

### Jacksonian Epilepsy.

Wernlechner exhibited a young man, æt. 28, on whom he had operated twenty-one days previously for epileptic fits.

About three years ago he received a blow from the shaft of a cart on the left temple which rendered him unconscious for some time. After recovery it was found that the left leg and arm were paralysed. A few months after the accident epileptic fits commenced, and have since continued up till the middle of February, when he was brought to Wagner's Clinic during one of these attacks.

While under observation it was found that the attacks commenced with twitchings in the left facial region, extending to the upper and lower extremities; next attacking, first, the right lower extremity, and then the upper; finally, unconsciousness supervened with general convulsions.

The lower end of the central convolution was diagnosed to be the seat of the lesion. He was transferred to Wernlechner's wards on April 2nd for operation.

On opening the cranium at the point specified a large cyst about the size of a walnut, of a bluish colour, filled with clear fluid, was met with. After draining and cleaning out the space the wound was closed, and the scalp brought together. A few slight attacks occurred since the operation, but they soon ceased altogether. "Facial innervation" is now perfect.

It is presumed that this cyst was the result of a hæmorrhage from the *contre-coup*, which led to cerebral spasm, and finally determined a disposition to epilepsy.

### Vaginal Heat Douche.

Hirtl showed an apparatus for supplying heat to the vagina, its principle being a practical form of utilising the heat given off by fluid substances passing into crystallisation. A compress is steeped in liquid acetate of soda and this is placed in the vagina, where it will maintain a temperature of 58 degs. Cent. or 146·4 degs. Fahr. for five hours, this being the crystallising point of sodium acetate.

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# The Operating Theatres.

## MIDDLESEX HOSPITAL.

Excision of the Tongue for Epithelioma.—Mr. John Murray operated on a man, æt. 51, who had been admitted for epithelioma of the tongue. The patient suffered from syphilis at the age of 16, and was then treated for six months. Seven years before the present time he noticed his tongue was painful and that there were little white patches on the left side. This condition remained unchanged till about a year ago when the tongue became more painful. A month before admission he noticed a groove on the left side of the tongue, and a week later a swelling appeared on the left side of his neck. On examination the whole of the left side of the tongue and part of the right was covered with white thickened epithelium. On the left side at the junction of the middle with the posterior third there was a large irregular ulcer with hard indurated base and everted edges. The floor of the mouth was not involved and the tongue was only slightly fixed. Several enlarged glands could be felt lying along the anterior border of the sterno-mastoid, and just below the angle of the jaw. A preliminary laryngotomy was performed to facilitate the administration of the anæsthetic, and to prevent any trickling of blood into the larynx. An incision was then made commencing just below the symphysis menti, carried down on the left side to the great cornu of the hyoid bone, and then upwards along the anterior border of the sterno-mastoid just below the lobule of the left ear; the skin, fascia, and platysma were divided, and the flap thus formed was raised and turned up over the face. Several enlarged glands lying over the carotid vessels were removed. The external carotid artery was then exposed and ligatured between the origins of the superior thyroid and lingual arteries. The submaxillary and sublingual salivary glands were next removed. A suture was then passed through the tip of the tongue, the organ drawn forwards, and a sponge, with a silk thread attached, passed into the back of the pharynx, a

Fergusson's gag having been placed in the mouth. The tongue was drawn forwards, and the mucous membrane of the floor of the mouth divided with scissors on each side quite close to the lower jaw. The tongue was now split, and the right half was removed with the scissors through the mouth, the lingual artery on that side being secured after division. The tissues were then separated from the lower jaw on the left side, and the left side of the tongue drawn out through the wound in the neck after the anterior pillar of the fauces had been divided, and the remainder of the tongue cut away with the scissors just in front of the epiglottis. A few small vessels only required ligature. Two sutures were introduced, uniting the stump of the tongue to the cut mucous membrane of the floor of the mouth. The skin flap was then replaced, united by points of interrupted suture, and a large drainage tube inserted at the centre of the wound, passing into the mouth. Dressings were applied, and the surface of the stump of the tongue and floor of the mouth were brushed over with Whitehead's varnish. Mr. Murray remarked that the case was evidently one of epithelioma of the tongue supervening on a chronic superficial glossitis, probably the result of syphilis. He pointed out that in such a case, where glands were involved, an operation such as the one he had just done afforded the patient the best chance, as it enabled the surgeon to clear out thoroughly all the glands likely to be affected, and also to remove the tongue more completely. The preliminary laryngotomy, he considered, facilitated the operation very materially. In the first place it allows the anæsthetic to be more easily administered, obviating the likelihood of the patient coming round and struggling during the operation; secondly, with the sponge in the pharynx, all anxiety with regard to blood trickling down into the larynx is avoided, and the surgeon is, theretore, enabled to perform the operation more deliberately. With regard to the ligature of the external carotid, he said it was more simple than ligature of the lingual and facial separately, and whilst it prevented hæmorrhage more efficiently it did not in any way add to the risk of the operation. He also dwelt on the importance of being able to perform such an operation in a bloodless manner, as it enabled the operator to see clearly the limits of the growth, and thus to avoid cutting too near diseased tissue; this he considered a most important point. With regard to the lingual artery on the opposite side, in the absence of any cancerous disease affecting the right side of the tongue, and there being no evidence of any enlarged glands of the neck in that side, he did not think ligature of the lingual artery in the neck a necessary procedure, as the vessel could be easily secured after division of the tongue. The whole tongue was removed, he said, not only on account of the extensive growth, but also because of the chronic superficial glossitis which affected the right side. He thought that splitting the tongue and removing the right half through the mouth was easier than removal of the whole though the wound in the neck as recommended by Kocher, and it also enables the surgeon to draw the affected side further out of the wound, and thus get more completely behind the disease. In this case the tongue was removed so far back, he said, that the mucous membrane in front of the epiglottis could only be very imperfectly approximated to the mucous membrane attached to the lower jaw, but that the sutures so introduced would diminish considerably the extent of surface left to granulate, and also prevent any tendency to falling back of the stump of the tongue. The laryngotomy tube would be left in for 24 hours, and the subsequent treatment would consist in irrigating the mouth frequently with Condy's fluid, swabbing its floor with boric acid solution and painting it with Whitehead's varnish. The patient would be fed by nutrient enemata for the first 24 hours, and after that he would feed himself by means of a rubber tube attached to the nozzle of a feeding-cup.

It is satisfactory to record, five days after operation, that there has been no rise of temperature, that the external wound has healed, excepting at the site of the drainage tube, and that the patient got up for a few hours on the fifth day.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 12, 1899.

## MEDICAL EXPERTS IN CRIMINAL CASES.

There are two very different methods of utilising expert medical evidence in criminal cases, one, the French plan of referring the matter to an expert whose duty it is to advise the Court on the points submitted to him—a plan which, in practice but too often converts the expert into a prosecutor—and the other, which obtains in this country, where experts occupy no official position, but come forward at the behest of the prosecution or of the defence and state their views, leaving it to the jury, guided by the judge, to decide which evidence is most deserving of credence. Each plan has its advantages and its drawbacks. The French plan, theoretically at any rate, appears best calculated to secure an impartial opinion by a person of recognised eminence, but in practice the medico-legal expert but too often follows the lead of the brow-beating *juge d'instruction* and strains every nerve to secure a conviction, with the result, in certain notorious instances, of misleading the jury by expressing as certainties what ultimately proved to be little more than conjectures. Such a scandal has this become that public opinion in France is rapidly veering in the direction of abolishing the official expert in favour of a plan which would prove less harsh towards the accused, who, under the existing *régime*, is placed in a very disadvantageous position, seeing that he is not represented at the autopsy and is not afforded any facility for rebutting the conclusions arrived at by the official experts. It is only when the expert displays hesitation that the technical evidence the accused may be able to call can have any weight. Our own plan, on the other hand, is admittedly by no means free from objection. To expect an untrained jury to decide between conflicting views of a highly technical nature is obviously absurd, and even the judge is not much better off. Both judge and jury in arriving at a decision must be to a great extent guided by the professional status of this or that expert witness, so that it reduces itself to a question which side can secure the services of the most eminent expert. This makes it largely a question of means, and as the prosecution is naturally best provided in this respect the accused person is here again at a disadvantage when called upon to rebut conclusions unfavourable to him. This feeling has led to the expression of a desire to see appointed a medical assessor who should assist the judge just as other experts do in matters affecting nautical questions. However disguised this proposal may be, however, it really involves the substitution of the plan which has failed to give satisfaction in France, and it must be looked upon with suspicion accordingly. There is a third plan which might possibly be found to unite the advantage of both systems with a minimum of their respective drawbacks, viz., the appointment by the Court of an expert for the defence and an expert for the prosecution who would carry out the investigation together, and would agree as to the conclusions to be drawn from the results of their mutually conducted inquiry. In the event of a disagreement a third expert, also appointed by the Court, would be requested to adjudicate upon the points of difference. In this way the jury would not be confused by contradictory reports and inferences, but would merely have to register certain conclusions unanimously arrived at, and which would, in any event, represent the views of the majority of the Court of experts. In the first place, there would necessarily be complete agreement as to the data, since actual observation does not lend itself to any great divergence of opinion. The conclusions which these data warrant would have been discussed, and the personal equation would be eliminated. We should then be spared the spectacle of one authority stating in open court that ergot, for instance, is an abortifacient, while another, possibly not less eminent, absolutely denies that ergot will bring about abortion in the early stages of pregnancy. Under the system we have described, this point would have to be threshed out, not on the strength of other fallible authorities, but by actual experiment, failing which the weight of opinion would be against the witness who advanced such a view without being able to allege facts which must convince his dissenting colleague. The extreme indulgence which characterises the administration of English criminal law as towards the accused robs the present system of much of its harshness; but it is, in our opinion, fully as desirable to secure the conviction of the guilty as to facilitate the escape of the innocent. The present system which involves an endeavour to confuse the minds of the jury by pitting conflicting views against the conclusions of the expert for the prosecution undoubtedly in many instances enables the guilty to escape in virtue of the principle that the prisoner is entitled to the benefit of the artificially created doubt.

## THE LORD CHANCELLOR'S NEW ACT.

THE Bill lately introduced by the Lord Chancellor has emerged from its first reading in the House of Lords, and will almost certainly pass through its further stages rapidly enough before being submitted to the Commons. Its intention is to prohibit the profession of a physician, surgeon, dentist, or midwife being carried on by a company. The operative clause, to which we called attention a fortnight ago, runs thus:—"It shall be unlawful for a company under the Companies Act, 1862 to 1898, to carry on the profession or business of a physician, surgeon, dentist, or midwife, and if any company contravenes this enactment it shall be liable on summary conviction to a fine not exceeding £5 for every day during which the contravention happens." Clearly the principle involved in this clause, if carried out into legislative form, must have an important bearing on the medical profession. Unfortunately the field of action is limited to companies, and it is not always an easy matter to say what is or is not a company. The first instance that will occur to everyone is that of the advertising dentist companies which carry on business on a large scale. When a company simply employ a qualified practitioner to attend to servants or passengers, and where no pecuniary profit is made by the employers out of his services, the new Act could obviously not be meant to apply. There is another large class of cases, however, where a company makes a direct profit upon the work of the salaried medical officer, and there the Act would probably interfere. In that event, a severe blow would be at once aimed at the many proprietary medicine companies that employ a qualified practitioner to interview and advise their customers. As things go, if such a man be deprived of his qualification he can still go on working for the company, but the Lord Chancellor appears to have shifted the attention of the Legislature from the wretched tools of the patent medicine directors to the fountain head. But the majority of our readers, on hearing of the Bill, will at once ask themselves how far the Medical Aid

Societies will be affected. The question is a burning one in the medical world, and its solution must sooner or later inevitably be forced upon the community. If relief should come unexpectedly from the Lords so much the better, but it seems likely, judging from past experiences, that the friendly societies will contrive to fall without the operation of the Act. But, on the other hand, if it be wrong for a company to carry on the business of a surgeon for gain, it can hardly be right for another association formed to confer distinct advantages upon its members to make profit out of a medical man. Imagine for a moment the proposal being made that the friendly societies should be allowed to employ the services of a duly qualified solicitor for the benefit of their members, what would the Legislature say to such a scheme? Yet the difference between the professions of medicine and of law in relation to the friendly societies is very much that 'twixt tweedledum and tweedledee. Whatever the ultimate fate of the Chancellor's Bill may be, whatever the changes that may take place in its passage through the Lower House, we may at least be thankful that the attention of all branches of the legislature has been pointedly drawn to the many rank abuses affecting the honourable calling of medicine. In some respects the new Act may be said to eke out and to remedy defects in the existing medical Acts. On the face of it there seems to be little doubt that a properly framed Medical Act would do away with any necessity to forbid a company from practising medicine in any of its branches. There is one point to which public attention may perhaps be drawn. Not long ago there was a discussion in the House of Commons as to the desirability of members holding posts as directors in companies, the interests of which would be likely to be discussed by Parliament from time to time. It will be a matter of considerable importance to ascertain how many members of both houses are concerned more or less directly in patent medicine companies. To many the mere suggestion of such a possibility may seem sacrilegious, but against that emotion we may state the fact that a well-known member of the House of Commons, who was for a long time a prominent figure in London administration, not many years ago held a seat on the directorate of a notorious quack medicine. His voting on the subject of the regulation of medical training by companies will naturally be followed with interest by those acquainted with the facts of the case. At the same time, it would be more reassuring for the future of medical legislation if such interested members could meantime be excluded from voting when such measures are submitted to the Legislature.

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## LEGISLATION AGAINST TUBERCULOSIS.

In view of the movement now on foot regarding tuberculosis, the time seems to have come for considering whether or not it would be expedient to bring forward some legislative measure with a view to the prevention of the dissemination of the disease In this connection doubt may be expressed concerning the present methods of protecting the public from the disease being sufficiently comprehensive to attain the object in view without the assistance of direct legislative interference. In other words, under present circumstances any measures undertaken for the prevention of tuberculosis are only carried out voluntarily; they do not belong to that category of compulsory injunctions provided for by law, and all, therefore, that public health authorities can do in the matter is simply to warn the public that tuberculosis is an infective disease, against which it is essential to adopt certain precautions. No doubt, in time, the good sense of the people will lead themto adopt the advice proffered, thus dispensing with the need for compulsion. In time, too, the knowledge of tuberculosis as an infective disease will probably become generally disseminated, and by this means less difficulty will be experienced in making persons understand the necessity of observing the precautions brought under their notice. Meanwhile, however, certain impatient sanitarian enthusiasts are busily advocating a Tuberculosis Bill dealing with all the points concerning the prevention of the disease upon which authorities are agreed. There cannot be two opinions concerning the urgency of taking measures to prevent the dissemination of the disease; but we are hardly, as yet, in a position to affirm that, if such measures are to be successful, they must necessarily be compulsory. A matter of such importance, it may be urged, should not be left to the free will of the community, and it must be conceded that if the latter policy had been adopted in regard to small-pox, and vaccination had not been made compulsory, it is impossible to doubt that the freedom which this country has enjoyed for many years past from small-pox would never have been attained. So far as legislation against tuberculosis is concerned, there are, of course, many points which would have to claim attention. In the first place, the opinion seems to be gaining ground that, as an infectious disease, it ought to be made notifiable. Again, as an infectious disease, legislation would have to provide for the free disinfection of dwellings occupied by persons who have succumbed to the disease. Recognition, too, would be necessary of the evil of expectorating in public streets, conveyances, or places, and prohibition of the habit, if possible, enforced. Lastly, we are asked to consider the necessity for public sanatoria throughout the country for the treatment and care of tuberculous patients, for this complementary measure would, of course, come within the purview of the Bill. Just in the same way as lunatics are provided for in public asylums, so, according to the advanced school of sanitation, accommodation would have to be forthcoming for tuberculous persons, and thus the system of the prevention of the disease would be under legislative control, to the benefit, we are assured, of the community generally The above suggestions upon the subject, however, are a mere outline of the direction in which, it is suggested that legislation would be useful. One main point in these remarks has been to draw attention to a matter which now seems to call for earnest consideration. Much valuable time might be gained in the crusade against tuberculosis were compulsory measures to be introduced in the near future for arresting its dissemination, while, on the other hand, to temporise with such an evil as that under discussion, by failing to recognise the urgency of dealing with it vigorously, would be to display a singular want of wisdom.

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# Notes on Current Topics.

## A Hint to Nervous Candidates.

Few probably are the candidates who at one period or another of their student career have not experienced the classic indisposition engendered by the imminence of a *mauvais quart d'heure* to be passed before unsympathetic examiners. The bladder becomes irritable, and in this condition the bowels may participate. In addition to these distressing phenomena there is often a feeling of extreme abdominal malaise and tumultuous throbbing of the heart, which may even be associated with faintness; this group of symptoms we are invited to attribute to relaxation of the abdominal muscles consequent upon the diversion of nervous energy to other parts of the economy. This relaxation of the normally tense abdominal walls, we are told, favours the accumulation in the large abdominal veins by gravitation of an undue proportion of the circulating blood provoking local plethora and coincident cerebral anæmia, while the heart beats loudly and forcibly in a mad attempt to maintain the circulation with an inadequate supply of the fluid. As to the existence of cerebral anæmia no doubt can exist, evidenced as it is by a tendency to incoherence of ideas and an inability to concentrate the mind on any given subject, in addition to more or less impairment of memory, occasionally amounting to temporary abolition of that important function. This hypothesis has much to recommend it, even in the absence of a post-mortem examination on the body of a student who has succumbed to an unusually violent attack. The proper treatment is evidently to reinforce the abdominal muscles, and for this purpose nothing answers better than a tightly drawn belt. On reflection many of our readers may be able to recall an instinctive desire to "gird up the loins" by drawing the trousers strap tighter just before undergoing the ordeal. Anyhow, the procedure is one worth trying by nervous candidates. It will not, it is true, confer a knowledge of the subject which has not been acquired, but it may enable the cerebral circulation to be carried on with something like physiological lines, and thus enable the candidate to make the best use of such knowledge as he has obtained.

Last week there were 3,599 patients under treatment in the district hospitals of the Metropolitan Asylums Board, being a decrease upon the preceding week of 62 in the scarlet fever, 47 in the diphtheria, 2 in the typhus fever, and 23 in the enteric fever admissions.

## A Medical Club in Paris.

Medical clubs in England, that is to say, clubs provided solely for medical men, have been repeatedly organised in the past, but have always proved dismal failures. The last one of the kind, we believe, which was started hung on to life for a time, but it died of inanition, and its end was rendered somewhat notorious by the suicide upon its premises of one of the members. However, apparently in ignorance of the unclubable characteristics of medical men towards each other—quite natural, we imagine, under the circumstances—efforts are being made to found a "Club Medical" in Paris. The idea is by no means a new one, but its realisation at the present time is due to the approaching Universal Exhibition in Paris, and to the fact that besides other attractions for medical men, the meeting of the International Medical Congress will be held in Paris at the same time as the Exhibition. It is also pointed out that last year Dr Lassar founded the "Club de Médecins" in Berlin, which now numbers four hundred members, this being regarded as an additional reason for following the example in Paris. The *Gazette Médicale de Paris* discusses the whole project in a recent issue, and has much to say in its favour. On paper the scheme has a most attractive appearance, but whether it can succeed in practice is open to considerable doubt. Medical men have abundant opportunities of meeting each other without resorting to the surroundings of a medical club, where their *bete noire* "shop" would always obtrude itself into discussions.

## Southwark Guardians on Dissecting.

Guardians as a general rule display more sentiment as regards a dead than a living pauper. In this curious attitude they remind one of the Chinese, who treat human life as a worthless trifle, but to whom a corpse is hallowed and sanctified, an object of tender care and costly solicitude. This spirit seems to have possessed the Metropolitan Board of Guardians of St. Saviour's, Southwark, if we may judge from a recent discussion which took place in that august assembly. The occasion was a motion brought forward by a member to the following effect: "That the steward of the infirmary be instructed to cease sending the bodies of deceased inmates to the School of Anatomy for the present; that inquiries be made of the authorities of the School of Anatomy as to how the bodies sent to them by the guardians are ultimately disposed of, and whether their use is strictly confined to medical and surgical research." The gentleman who advanced this proposal professed that he had no wish to stand in the way of science, although, so far as can be gathered from the report, he failed to point out how practical anatomy was to be learnt without bodies. His alleged motive was to prevent the remains of unfortunate persons from being dealt with in the disgusting manner they were at present by many medical students. It would be interesting to hear further details of the dissecting-room stories upon which his ridiculous action has been founded. In all such places with which we have been acquainted the practice has invariably been to remove all remains in a coffin for burial; but, at the same time, it may be remarked, in passing, the better plan would undoubtedly be to use cremation. The first portion of this wiseacre motion was ultimately withdrawn, and the second carried unanimously. The deans of medical schools will be glad to learn that there is no immediate prospect of the stoppage of the supply of subjects for their dissecting-rooms.

### Clearing a Crypt of its Bishops.

The long-delayed Home Office Order has been issued forthwith to clear the crypt of St. George the Martyr, Southwark. This peremptory document has caused no little commotion among the powers that be in the locality of South London, chiefly, so far as can be gathered, because the cost of removing the two thousand coffins, more or less, will involve a substantial addition to the rates. Burials have been going on continuously in this crypt for some centuries, and among the bodies are supposed to be those of Bishops Bonner and Gardiner, the Duke of Suffolk, Cocker the Arithmetician, and many distinguished debtors, if the phrase be permissible, from the adjoining Marshalsea prison. The proposal to re-bury the remains of the above-mentioned persons in the churchyard has raised a storm of opposition from the Radical element of the Vestry, who claim with strident voice that no distinction should be made in the case of the "blue-blooded" Bishops. For our own part, without going into the question of the desirability of maintaining social distinctions under such circumstances, we should be inclined to think that the best way of disposing of the remains on grounds both of efficiency and of economy would be by means of cremation. Some time ago the view was advanced that the church, which had received large burial fees for the disposal of bodies in this undesirable manner, should be called upon to bear a portion at least of the cost of removal, an argument that appears to have hitherto remained unanswered. It is to be hoped that the good sense of the Vestry will lead to a satisfactory solution of this costly problem, which, it may confidently be asserted, will not be allowed to arise again in the more enlightened sanitary times in which we are at present placed.

### Tattooing.

An inquest was recently held in London on the body of a man who had died of blood-poisoning three days after being tattooed by an expert in that department of pictorial art, but the evidence did not appear to prove any connection between the operation and his untimely decease. Judging from certain statements that have since appeared in the Press, it would seem that tattooing is becoming, or has already become, a fad in certain sections of "society." One expert declares that he has tattooed no less than 400 medical men in London alone, but the practice seems to be popular also in military circles. What possible object the subjects can have in view in getting themselves decorated in this fashion it is difficult to conceive, and it must not be forgotten that the practice when performed in the usual way is not unassociated with risk in consequence of the use of unclean implements and neglect of antiseptic precautions. There are plenty of instances on record in which blood-poisoning, syphilis, and other communicable diseases have been conveyed in this way, even if we admit that in the particular instance referred to the blood-poisoning was *post hoc* and not *propter hoc*.

### Proposed Extension of the Compulsory Notification System.

A Bill intended to make the adoption of the Compulsory Notification system by sanitary authorities which have not voluntarily adopted it is going through the House of Commons and is likely to pass this session. The only serious opposition to it will come from those authorities which see no commensurate return for the somewhat heavy cost which the working of the Act incurs, and for the amount of squabbling which it imports into the district. Neither of these reasons need trouble such authorities much. If the system is forced upon them they must adopt it in name, but can ignore it in practice if they choose, as a majority of sanitary authorities have done. Whether they have to pay much or to endure much wrangling depends chiefly upon the Superintendent Medical Officer of Health, who, if he be an enthusiast, may plunge his community into outlay and all sorts of altercations, and, if he be not, may pass the system by with a distant nod. It is satisfactory to note that the experience of the notification system for years past has taken most of the edge off the zeal of the ultra-sanitarians. We hear little now of the carting off of patients, willee-nillee, to isolation hospitals. If they get there at all it is, as it ought to be, by persuasion and gentle pressure, and not, as some suggest, by policemen and handcuffs.

### Friendly Societies and the Profession.

At the annual conference of the Friendly Societies Medical Alliance the recent agitation within the profession against the abuse of medical aid came up for discussion, and some alarm was expressed at the prospect of action by the General Medical Council in the direction of treating medical men associated with such associations as guilty of "infamous conduct in a professional respect." There is, we imagine, little probability of such an extreme measure, but other means will certainly be found of bringing pressure to bear on aspirant medical officers unless the societies in question consent to introduce certain much needed reforms. One of these is certainly a wage limit, and in this respect we regret to see that, according to the President, "they would always strenuously resist any claim put forward by the medical profession to impose any wage or other limit to membership of such societies." If this attitude be persisted in it will mean war to the knife, and we have little apprehension as to the ultimate victory of reason and common sense, backed by co-operation on the part of members of the same profession.

### A Side Wind at the Royal College of Physicians, London.

AN esteemed correspondent, a prominent Fellow of the Royal College of Physicians, London, writes to us taking exception to the comments which appeared last week regarding the election of the President of the College. As the questions raised in his letter are of no little importance, we deem it right to publish the following quotation thereof. He says: "In the election of the President of our college the other day, there was no idea of St. Mary's and St. Bartholomew's. If Sir W. Broadbent had not lent himself to mixing up Royalty and the public in the question of the open-air treatment of tuberculosis in a manner many of us think unseemly and unprofessional, not to say worse, he would have been chosen. We have had too much of the Prince of Wales and hospitals, and no good effect has resulted. A certain class of people in this great city will follow the Prince, but they are not the class to whom we look for much help in true charity or true progress. The example of the Prince has not been a good one in many ways, and to make use of His Royal Highness to boom some such scheme as 'open-air treatment' for the benefit of a clique is not regarded by many of the Fellows of the College as creditable to our profession." We do not give publicity to these expressions of opinion solely because they represent the feeling of our correspondent, but because we are given to understand that they are shared by a considerable number of his colleagues at the college. As such, therefore, they undoubtedly claim attention. As we have more than once said in these columns, it is a matter of sincere regret that the Prince of Wales should allow himself to be so exploited in the present day in connection with hospital and other schemes, the expediency of which fails to appeal to the community, but this only shows the genuine good nature of which His Royal Highness is the possessor.

### Dirty Railway Carriages.

UNDER the new Public Health Act for Scotland powers are conferred upon local authorities to secure cleanliness in "public conveyances plying within their districts," and we are glad to see that these powers are about to be put in force to compel the railway companies to improve the sanitary condition of their rolling-stock for passengers. The sanitary inspector to the Perth County Council, for example, has especially called the attention of his council to this matter, and points out that in certain cases he found the carriages in a very filthy state, the cushions being thickly charged with dry dust, and the floors in an offensive condition. He also animadverts upon the common practice of guards and others in charge of passenger trains closing the doors and windows of carriages waiting for departure at stations. No doubt this practice may be dictated by the desire to preserve the railway property, but it is by no means conducive to the health of the travelling public. In the interests of the latter, free ventilation should be allowed through the carriages when not in use. There is no disputing the fact that the question of keeping railway carriages clean is a very important one, especially in view of the long-distance journeys provided by the trunk lines. To pass many such hours, for example, in a tuberculous-laden atmosphere of a railway compartment would be likely to be highly prejudicial to a delicate passenger. It is, however, obviously the duty of the various companies to see that their passenger rolling-stock is kept in a clean and sanitary condition, even if that should involve, as has been suggested, the substitution of the present carpeted floors and cloth-cushioned seats of the compartments for floors lined with linoleum, and strong leather cushions.

### "Anomalies of English Medical Education."

UNDER this heading a curious deal of discussion has of late taken place in the columns of our American contemporaries, and some remarkable opinions have been expressed upon the subject. We can quite believe that on the other side of the Atlantic the various portals by which English medical students can obtain their qualifications provide a puzzling problem to those who attempt to solve it. But this scarcely affords an excuse for the editor of a journal who falls astray in his efforts to explain the intricacies of the system to his readers. The editor of the *Journal of the American Medical Association*, for example, in replying to a correspondent, shows that he has not informed himself in regard to the F.R.C S. and F.R.C.P. He gives it as his opinion that the "degrees (*sic*) are to a certain extent honorary, although not entirely so." In the first place these distinctions are not *degrees*, but diplomas, and to describe them in any sense as honorary is misleading. The former is made most exclusive by reason of the stringency of the examinations by which its portal is guarded, and is essential to all surgeons aspiring for hospital appointments, and the latter is perhaps more jealously guarded still, and is only conferred upon those who has proved their worth after serving a long apprenticeship as members of their college. But all the information upon this and kindred subjects is concisely set forth in the Students' Number of the MEDICAL PRESS AND CIRCULAR which appears every September, to which we may refer our American contemporaries.

### Cigarettes Banned in Arkansas.

THE American tendency towards prohibition law is proverbial, and is, not without some show of reason, attributed by some authorities to the inherited instincts of the parent stock of Puritans. Some of the latest departures have been of a remarkable nature, and seem calculated to try to the uttermost the patience of a long-suffering populace. In Maine, so it has been reported, the legislature have issued a sumptuary edict against the wearing of stays by women, a regulation that carries on its face the stamp of righteousness, but is nevertheless calculated to stir up a revolution in any society of self-respecting women. The Government that could frame such a law must indeed be conscious of a strength even passing that of the average empire, which would infallibly collapse like an eggshell under so great a strain, In the State of Arkansas another law has been enacted abolishing the selling or giving away of cigarettes, under a penalty of not less than £100, and not more than £1,000. This step has been taken on the ground that cigarette smoking is deleterious to health, and to a certain extent that assumption is undoubtedly true. Excessive smoking in any form is harmful, but less injury is done by indulgence in pipes than in cigars, while cigarettes stand easily at the head of the black list. Fortunately, for the most part, as men grow older and less organically strong, by a natural process they diminish or discontinue their indulgence in the weed nicotiana, and so is brought about by easy physiological adjustment what the good folk of Arkansas seek to establish by the strong hand of the law. Fancy how free Englishmen would receive such a statute; it is likely that within twenty-four hours of the passage of a Bill of the kind the country would be aflame from one end to the other.

### Physicians and Charity.

THE will of Sir William Jenner was proved last week, the gross estate amounting to £385,083 18s. 5d. Under the will the Royal College of Physicians, London, will benefit ultimately to the extent of £10,000, and thus their ex-President is likely ever afterwards to be held in kindly remembrance by the Fellows of the College. It is, however, somewhat strange that Sir William Jenner, out of the abundance of his wealth, should have left nothing to the hospital with which he was so closely connected for so many years of his life. University College Hospital has ever been in dire straits financially, in order to carry on its work, and a bequest from its celebrated consulting physician would no doubt have been most thankfully received. *A propos* of this subject we are reminded of the absence of bequests to their respective hospitals in the wills of Sir William Gull and Sir Andrew Clark, each of whom left a gross estate of upwards of half a million. But neither Guy's nor the London Hospital profited financially by the death of these distinguished physicians, although it is, perhaps, only true to say that the foundations of their immense fortunes were laid as the result of their connection with these institutions.

### Is Registration an Essential Precedent of Medical Practice?

IT will be recollected that, in the autumn of last year, Mr. Victor Horsley, one of the Direct Representatives for England in the General Medical Council, propounded a theory that, under the terms of the Medical Acts, no one could lawfully practice without registration as well as qualification. Mr. Horsley's discovery would have been an invaluable "find" if it had turned out to be genuine, and he gave excellent reasons for believing that it was so. In such case every quack in the Kingdom could be prosecuted for practising without qualification, and with much more prospect of success than he can now be prosecuted for representing himself to be registered. It now appears, however, that Mr. Horsley's interpretation of the Acts cannot be substantiated, for the Council of the British Medical Association has obtained the formal opinion of Mr. Haldane, Q.C., and Mr. Oliver Hodges, B.L., who have agreed that the law cannot be so read. Probably Mr. Horsley will not concur in this view, but, for the present, we may take the question as settled.

### The Role of the Pericardium.

IT is a curious fact that treatises on physiology say little or nothing with regard to the function of the pericardium, though, as a general rule, the authors of such writings do not display any unbecoming hesitation in explaining and commenting upon the intentions of the Creator in respect of tissues and organs. It remained for Mr. Barnard to show that the function of this much-studied but ill-understood serous sac is really to prevent undue dilatation of the heart under the strain of a sudden inrush of blood. It is actually part of the circulatory apparatus in controlling which it plays a very useful *role*. When we consider the various forces at work in carrying on the circulation, in which the cardiac *vis a tergo* is perhaps only of secondary importance, it is evident that under the accelerating influence of great muscular exertion, *plus* exaggerated respiration, the quantity of blood which reaches the right heart must be vastly increased, and Mr. Barnard has shown by actual experiment that if the pericardium be slit up the strain promptly produces a distension of the thin cardiac walls which bulge through the pericardial aperture. This throws much light on the pathology of pericarditis. When the membrane, usually tough and very resistant, is softened by the inflammatory process, it is apt to yield to the pressure from within, created by ill-timed muscular exertion, allowing the walls of the heart to dilate beyond the normal, itself undergoing a process of stretching which is probably never recovered from. When it becomes adherent, on the other hand, it hinders normal expansion, and the circulation of blood through the heart is *pro tanto* impeded. A dilated heart therefore almost necessarily infers a stretched pericardium, though the fact that a dilated heart can to some extent be recovered from under appropriate treatment appears to negative this assumption. In any case we are indebted to Mr. Barnard for a valuable addition to our knowledge of the physiology of the pericardium, which will certainly prove of service in elucidating many moot points in the pathology this region.

THE American papers record as an instance of "sympathetic contagion" the death of a girl at St. Louis of cerebro-spinal meningitis, attributed to her having read a highly-coloured description of the symptoms in a local paper. It would be difficult to reconcile this hypothesis with the established fact of the microbial origin of this disease, but of this the writers recked not.

### Is Breast Milk Sterile?

**Medical** writers are apt to assume that the mammary secretion, as it comes from the breast, is a perfectly sterile fluid. Their error is founded on the teachings of a bygone pathology, for it is clear that milk can be contaminated by micro-organisms, both before and during its secretion, or what many would now prefer to term its excretion. The blood-stream may be at fault, and he would be a bold man who would assert that specific pathological microbes may not infect therefrom the substance of the mammary gland and its excretion as they might that of any other excretory organ of the body. Then there is the ever-open door of entry from the outside by way of skin or gland ducts. All this is apart from any visible gross lesion about the nipple, which we exclude and concede reasonably to the upholders of the sterile theory. On the whole, it seems likely that the milk from a healthy mother and a normal breast will be to all intents and purposes, and in the majority of instances, sterile, but that proposition obviously leaves a wide margin of possibilities in a contrary direction. The point is one of great practical importance, both as regards the milk of human beings and of cows. Turn to the case of tuberculosis. Who is to say that the milk of a mother affected with that disease will at no time be contaminated with specific organisms? In not a few cows it is difficult even for a scientific expert to recognise the disease, but it does not follow that an infected beast is not giving off bacilli in the milk which is destined to be used as food for the higher animal. The position indicated is bovine tuberculosis, apart from new growths or ulceration of the udder, which anyone can recognise. The whole question is one of extreme importance in preventive medicine, and it is to be hoped that some competent authority will investigate the matter in its various physiological and pathological bearings.

### Glorious Inconsistency.

**The** mining doctors in the Newcastle district have combined to ask a more reasonable scale of remuneration than that which has been their lot for the last half century. While in some instances the demand has been cheerfully acquiesced in, in others the associations of miners are busy advertising for medical men willing to work on the old scale. As Dr. E. Jepson points out in the columns of the *Newcastle Daily Chronicle*, by resorting to this plan the miners are acting contrary to the principles of trades-unionism and are endeavouring to manufacture medical "blacklegs." Consistency, however, is not the most noteworthy attribute of the labouring population, and doubtless they are prepared to claim a monopoly of the organisation of labour. We cannot disguise the reluctance we feel at the introduction into medical practice of methods which, moreover, have not proved an unqualified success in the hands of the very persons who now resent their application to the amelioration of the conditions of medical labour. *Qui veut la fin veut les moyens*, but it ought to be possible to discover other means than direct compulsion of inducing these worthy people to accede to demands which strike one as singularly moderate and reasonable.

### The Agitation against Vaccination.

**We** are requested by the hon. secretary of the Jenner Society (Dr. Bond, of Gloucester) to ask such of our readers as are practising in localities in which the agitation against vaccination is acute, either in the form of newspaper correspondence or of public lectures or debates, to be good enough to communicate with him. When newspapers containing reports are sent the article to which it is desired to call attention should be marked.

A **private** Subscription Dance, in aid of a fund to enlarge the out-patient department of the West London Hospital, will take place at the Empress Rooms, Royal Palace Hotel, Kensington, on May 17th, 1899.

**The** death is announced of Dr. William Squire at the age of seventy-three. Dr. Squire's name is well known in connection with the introduction of the salicylates in the treatment of rheumatic fever, and in various departments of preventive medicine.

A **grand** bazaar in aid of the Great Northern Central Hospital, London, is to be opened in the Portman Rooms next month by H.R.H. the Duchess of Albany. Mrs. Kendal and Mrs. Beerbohm Tree have promised to give recitations, and well-known artists will provide dramatic entertainments.

## PERSONAL.

**The** Earl of Kimberley, K.G., has been appointed by the Queen Chancellor of the University of London, in the place of the late Lord Herschell.

**Sir James Bell**, Bart., was last week elected, by a large majority, to the assessorship in the University of Glasgow, vacant by the death of Dr. King.

**Professor Schafer**, F.R.S., of University College, London, is, we understand, a candidate for the Professorship of Physiology in the University of Edinburgh, vacant by the death of Professor Rutherford.

**Dr. W. Allan Jamieson**, who has been appointed to the newly instituted chair on skin diseases in Edinburgh University is a renowned archer, being the holder of the second largest number of trophies among living members of the Royal Archer Company, who form Her Majesty's body guard in Scotland.

**Our** congratulations are offered to Professor Robt. Muir on his selection out of eight candidates for the chair of pathology in the University of Glasgow, voided by the lamented death of Professor Coats. Honours appear to fall quickly in the path of the new professor; but a few months ago he was elected to the chair of pathology at Dundee, which post he has now to vacate for the still more important one at Glasgow.

Dr. Roux, Medical Director of the Pasteur Institute in Paris, states that he knows nothing of Dr. Bra, of that city, and does not believe in his alleged discovery of the cancer microbe. Meanwhile Dr. Bra is striving to calm the daily press, begging them to restrict their descriptions of his experiments to their proper proportions.

We regret to learn that as Dr. Ringwood, of Kells, was recently returning home at night from visiting a patient, he met with a very serious accident. His horse fell and flung him out of a high dogcart on to a quantity of broken stones. In addition to fracture of his right arm, Dr. Ringwood received very severe abdominal bruises, which gave rise to a sharp attack of local peritonitis and cystitis. However, under the care of Dr. Minchin, Kells, he is now progressing as favourably as can be expected.

We understand that the private asylum heretofore conducted by Dr. Patton, at Finglass, near Dublin, has passed into the hands of Dr. W. R. Dawson, Dr. Patton having attained the age at which rest becomes necessary. The establishment has always been, if we may use the phrase, very popular, in consequence of its excellent working by Dr. Patton, and as Dr. Dawson has served four and a half years as assistant, having previously studied at Morningside Asylum, Edinburgh, it may be anticipated that the prestige of the institution will be maintained. Dr. Dawson has held the Stewart Scholarship in mental diseases of the Royal University, and has been a Travelling prizeman in the University of Dublin.

## THE UNIVERSITIES DEGREES BILL.

It will be recollected that this Bill, which is now before the House, aims at compelling all persons who hold foreign University degrees to append to their name graduation titles, the place of origin, *e.g.*, M.D. Brux. for the Brussels degree. General Laurie has placed against this Bill a notice of motion that it shall not pass as long as "graduates of universities in the United Kingdom are exempted from such requirement." We sympathise with both the promoters and the opponent of the measure. The purpose of the Bill is excellent, because it seeks to prevent the holders of sham degrees sailing under false colours in Great Britain, but we do not see why graduates of British universities should hesitate to attach to their names a similar indication of the source of origin. And we think that the principle of General Laurie's motion deserves approval.

## THE IRISH COUNCIL ELECTIONS.

The election of County and District Councils under the new Local Government Bill took place last week, and here and there a doctor got a seat. Among them was Dr. Usher, recently retired from the Dundrum Dispensary, and he was elected to the Rathdown District Council. It was, of course, not to be expected that the medical profession would make any decent show on the hustings on this occasion, inasmuch as any medical officers receiving pay were debarred from offering themselves to the electors by what we believe to be a perfectly illegal sealed order of the Local Government Board, respecting which we may have something to say at a future time.

## NEW FIELDS FOR TAXATION.

The French Government rejected, last week, a proposed tax of 1d. a bottle on mineral waters, but accepted the suggestion that match boxes, which, in France are a State monopoly, should be farmed out for advertising purposes. The reason given by the Minister for refusing the mineral water tax was that soda water is a medicine, but we suspect that the traders in effervescents are politically stronger than those in matches.

## TUBERCULOUS MEAT AND MILK.

We notice with satisfaction that the Royal Agricultural Society has recognised the exigencies of the anti-consumption crusade. It has issued a leaflet to farmers and dairymen inculcating the necessity for special precaution against the sale of tuberculous milk or meat. This is the first step in the education of the public who are materially interested in the question, and we have no doubt that it will produce good results.

The National Association for the Prevention of Consumption and other forms of Tuberculosis has been registered as a limited company, the maximum number of members being 1,100, and the liability five guineas. The registered offices are at 20 Hanover Square, London, W.

## Scotland.

[From our own Correspondent.]

**New Professors in Scotland.**—The Edinburgh School of Medicine has good reason to be satisfied with the honours which have lately been bestowed on her alumni and former members of her teaching staff. Two years ago the Extramural School provided Professor Stockman for Glasgow University's Materia Medica Chair; St. Andrew's took Mr. Musgrove for Anatomy; Dundee elected Professor R. Muir for Pathology, only to be deprived of his services because of his selection last week by Glasgow University; while Mr. J. A. Thomson, Lecturer upon Natural History and Biology in the same School, was last week appointed successor to the late Professor Alleyne Nicholson at Aberdeen. If we look back a few years further, we find the names of a number of Edinburgh Graduates or Licentiates engaged in the instillation of medical knowledge into students' brains. For example, at least seven of the Professors of the Glasgow University Medical Staff were at one time undergraduates in Edinburgh.

**Glasgow University Chair of Pathology.**—At a meeting of the curators of the Chair of Pathology, held on the 6th inst., for the purpose of electing a successor to the late Professor Coats, Dr. Robert Muir, Professor of Pathology, University College, Dundee, was unanimously elected from among the eight candidates. The curators present were Principal Story, Professor McKendrick, Dr. H. C. Cameron, Dr. C. McVail, Dr. Ker, and Messrs. J. H. Dickson and James Boyd. Dr. Muir's testimonials were of such excellence that the curators were, so to say, compelled to appoint him. Certainly, it may not be quite a surprise to the Glasgow candidates and students, yet it is a source of lamentation that an Edinburgh graduate should have been elected to this coveted post.

THE RESIDENT QUARTERS IN THE ROYAL EDINBURGH INFIRMARY.—The board has listened to the prayers of the staff concerning their proposed alterations in the residency of this hospital, and agreed to a compromise, by which the majority of the residents will still have both a sitting-room and bedroom for their private use, while one or two of the larger existing sitting-rooms will be given to two residents in place of one, as at present. This arrangement is understood to be provisional until such time the managers can see a way to house the resident physicians and surgeons of the future in a more becoming manner. As the resident staff is mostly drawn from the ablest students graduating in the summer preceding their term of office, those who indulge in the common habit of regarding it as consisting of rowdy boys, for whom any sort of accommodation is good enough, and no amount of disciplinary government too much, or too derogatory, have hereby received a deserved rebuff.

THE last six months have produced rather over £28,000 in legacies and donations in favour of the Royal Edinburgh Infirmary. At present Edinburgh students fill the following chairs:—Practice of medicine, anatomy, physiology. zoology, and natural history, materia medica, and pathology. We refer, of course, exclusively to the medical chairs. Dr. Muir will enter on his duties on the 25th at a salary of £1,100 per annum.

NEW COLLEGE FOR WOMEN.—Sheriff Johnston, Q C., has presented his final report to the Second Division of the Court of Session on the petition of the trustees of the late Dr. Henry Muirhead, of Longdales and Bushy-mills, Lanark, to settle a scheme for the founding and maintenance of an institution in Glasgow for the instruction of women in physical and biological science. It is proposed to acquire a property in the immediate neighbourhood of the Victoria Infirmary, with a view to fitting it up as a residential college for the teaching and boarding of female students. The institution is to be known as the Muirhead College

GLASGOW HEALTH DEPARTMENT —The health committee have adopted the following recommendations submitted by the sub-committee charged with the duty of considering the whole question of the administration of the department consequent upon the resignation of Dr. J. B. Russell, viz : 1st, That Dr A. K Chalmers be continued as Medical Officer of Health of the city, and that his salary as such be increased from £500 to £700 per annum as from and after the date of Dr. Russell's demission from office. 2nd, That in the meantime no assistant to the medical officer be appointed. 3rd, That, however, a person having knowledge of bacteriological and chemical research should be appointed to devote his time mainly to laboratory work. 4th. That the appointment of assistants to the Physician-Superintendent of the Hospitals should be made by the Physician-Superintendent, subject to the approval of the Medical Officer of Health. 5th, That in all other respects the administration of the Health Department be continued in accordance with the practice that has hitherto prevailed.

## MEDICAL SOCIETY OF LONDON.

THE meeting on Monday evening last, April 10th, was devoted to the exhibition of living subjects. Among them was an interesting case exhibited by Dr. G. Herman of a woman who in 1894 developed a cancer of the right breast, which was removed, with the axillary glands, by Mr. Lawson. It recurred, and was again operated upon. When Dr. Herman saw her in July, 1898, there was a large cancerous ulcer on the right side, with a tumour measuring three inches across in the left breast, and enlarged glands in the left axilla. Oöphorectomy was performed and thyroid extract given, and by October of that year the ulcer had healed, the tumour in the left breast had disappeared, and the glands in the axilla could no longer be felt. He mentioned cases to show that oöphorectomy alone had not proved very successful, and thyroid extract alone had given no results worth speaking of.

Mr. STANLEY BOYD pointed out that there were nodules near the scar which were suggestive of malignancy, and hesitated to regard the patient as cured. He inclined to the view that such improvement as took place was the result of the oöphorectomy adding that to be of service it must be done before menstruation had ceased. He mentioned certain other cases to show that cancer might undergo spontaneous cure without treatment of any kind.

Mr. G. R. TURNER observed that even if only temporary the results were none the less very remarkable.

Dr. HERMAN, in reply, admitted that the cancer in disappearing might have left traces, but denied that clinically, at any rate, the nodules could be regarded as cancerous. He pointed out that the results of the combined methods were indisputably superior to those of either procedure separately.

Mr. BATTLE showed a second patient, a woman, in whom he had successfully performed gastrostomy by Albert's method for obstruction of the œsophagus.

Mr. G. R. TURNER showed a man with a history of syphilis, a sailor, who had fractured the left humerus, followed by non-union, a subsequent operation to promote union being equally unsuccessful. He had cut down and wired the fragments, giving at the same time anti-syphilitic treatment, but still union did not follow. Another operation proved more successful, and the man resumed his occupation. Later on, however, he had once more fractured the bone, and this time operation proved unsuccessful, and he discussed the possibilities of treatment under these circumstances.

Mr. JAFFREY showed a young man who, after two falls, followed by concussion of the brain, had become unable to answer questions, except with difficulty. When asked a question he put his left hand to his mouth, and was apparently convulsed for some seconds before finding expression, not, however, losing consciousness.

The PRESIDENT, who knew the patient, pointed out that he had been subject to epilepsy before the accidents, and he was inclined to attribute the symptoms to shock, rather than to any injury to the brain.

## Correspondence.

We do not hold ourselves responsible for the opinions of our correspondents.

### THE LISTERIAN RITUAL.

*To the Editor of* THE MEDICAL PRESS AND CIRCULAR.

SIR,—Mr. Lawson Tait, in his letter referring to the Listerian Ritual, as he is pleased to designate it, says: "*To claim sulphurous acid as a part of the ritual is as reasonable on the part of Mr. Bowreman Jessett as if he claimed the sun and the moon.*"

I confess I am unable to follow Mr. Tait's argument; but will he deny that sulphurous acid is a strong antiseptic? Whether the sun and moon have equally powerful antiseptic properties, I cannot say, possibly Mr. Lawson Tait has ascertained, and will explain.

The question I asked Dr. Bantock was based upon a practice I had seen him adopt, viz., syringing out abscesses in the abdominal cavity caused by stitches, which practice he told me he found most useful. I asked him, if he did not believe in Listerism, why he used this powerful antiseptic lotion instead of plain water ?

I am, Sir, yours truly,

FREDERICK B. JESSETT.

23 Brook Street, London, W., April 6th, 1899.

### REMARKS ON THE PRACTICABILITY OF STATE SANATORIA FOR TUBERCULOUS PATIENTS.

*To the Editor of* THE MEDICAL PRESS AND CIRCULAR.

SIR,—If the principles should be established that the chief origin of consumption and its allied diseases is in the contagium of the sputum of phthisical patients, disseminated by the wind and finding a fructifying nidus in the comparatively healthy lung, and that it is the duty of the State to prevent that dissemination at any cost, it is manifest that means must be adopted by the authorities to detect the existence of the infective bacillus in the sputum at the earliest age at which dissemination becomes possible, and to keep strict guard against dissemination by isolating the expectorating patient until he or she shall, by death or otherwise, have ceased to be a centre of infection. We are, for the present, excluding from consideration the local manifestations of tuberculosis such as tabes, meningitis, and joint disease, though it remains to be seen whether sufferers from these forms of tuberculosis do not also need isolation for the safety of their neighbours. Now we are not able to estimate the average pathological life (so to speak) of a consumption patient. He or she may run with headlong speed to the next world, or may drag existence along for half a lifetime, or may even get well altogether, but we do not think that, taking one case with another, five years would be an unreasonably long period upon which to estimate that the State must take peremptory charge of the patient in the proposed sanatorium. Many cases would disappear by death within a few months, and, let us hope, many others would be restored to their families and their breadwinning before the fifth year, but, on the other hand, many hopeless cases, profiting from the benign influence of the sanatorium, would linger on for ten or twenty years in an uncured and infective condition, which would prevent their returning to association with the general public. Now we find that, according to the Registrar-General's returns, the deaths from phthisis throughout the Kingdom (excluding other local tuberculous diseases) number about 60,000 in the year. Assuming that each phthisis case would be a charge on the sanatoria for five years, it is obvious that provision should be made by the taxpayer for 300,000 patients at an initial cost (say 300 sanatoria, each to accommodate 1,000 patients, at the very low estimate of £50,000 each) of £1,500,000 first capital expenditure. Then comes the cost of maintaining these establishments and their inmates, and it is difficult to estimate what this would be, considering that the care and cure of a consumptive involves precautions as to temperature and ventilation and dietary which are not thought of in the case of a lunatic or an ordinary hospital patient. We find that, in one scientifically equipped and economically, though successfully, managed Consumption Sanatorium, each patient costs, for a residence of 119 days, about £14. At Ventnor, the cost is proportionately less, as the greatest period through which a patient is allowed to remain is 98 days, and the average is 53 days. £14 outlay for 119 days means about £43 per head annually, and for maintenance alone. Let us suppose that one-third of the whole consumptive army of 300,000 would be able and willing to pay for their own maintenance, the outlay on the remaining 200,000, the interest and sinking fund on the original capital expenditure being added, would come to very nearly nine millions a year. We have sought to rather undercalculate than to exaggerate the financial burthen involved in a wholesale scheme of compulsory isolation of phthisical patients. What the amount would be if the other 23,000 patients who die annually from other local tuberculous diseases were included, we should be afraid to say. It is enough to say that, in our opinion, to ask at this juncture Great Britain and Ireland for nine to twelve millions a year would suffice to extinguish for ever the project of State sanatoria. The other difficulties of compulsory isolation seem to us to be even more overwhelming than the financial *impasse*. Where is the Government which will dare to propose, as has been proposed in America, that every individual heard to cough shall be compulsorily inspected, and, if found to be infected with tubercle, carried off from his or her family and incarcerated, perhaps for years, perhaps for a lifetime! Such a proposal is a legislative impossibility in our country, and we hold very strongly that to clamour for impossibilities is, in all matters of this life, a fatal mistake. The idea may be realised to a great extent by patient education of public opinion, but, most decidedly, not by striving to force Utopian proposals down the throat of the nation.

I am, Sir, yours truly,
A. H. J.

# Obituary.

## GEORGE CHARLES WALLICH, M.D., F.R.C.S., Ed.,

**Surgeon-Major, retired, Indian Army, F.L.S., F.R.S.Liege, &**

Dr. Wallich, whose death was announced on the 30th ult. at the advanced age of 83, received his medical education in Edinburgh, and there obtained his F.R.C.S. and M.D. with honours. Soon afterwards he entered the Indian Army, and joined his father, Dr. Nathaniel Wallich, in Calcutta, there well known as a distinguished man of science and an ardent botanist, and for many years in charge of the Botanical Gardens, Calcutta. His son inherited the scientific bent of his father, early displaying a deep interest in the pursuits of natural history, and especially with regard to the microscopic forms of life. On attaining the rank of surgeon-major, he retired from the service and returned to England. He subsequently obtained the appointment of naturalist to the expedition despatched in 1860, under the command of Admiral Sir E. L. McClintock, to survey the proposed North Atlantic telegraph route between Great Britain and America. The information thus obtained of the seabed of the Atlantic proved of great value, assisting much towards securing success for all future works and undertakings of the kind. So much new material had been accumulated by Dr. Wallich, and so many important observations made of the geological formation as well as of the fauna of the ocean bottom, that "my Lords of the Admiralty" saw fit in 1862 to sanction their immediate preparation for publication, stopping that, however, at the first volume. Luckily for science, the *Challenger* Expedition met with more generous treatment from the Government of a later date, and its accumulation of scientific facts and valuable material have been fully laid open to the public. The work of deep-sea dredging was much facilitated by the improvement he made in the machine previously in use, and whereby he brought animal life from great depths to the surface without mutilation, while his microscopical knowledge assisted much to finally settle the question as to the precise nature of the slimy viscid mud which was brought to the surface. Huxley, in 1858, attached much importance to this ooze, and looked upon it as entirely novel, believing it to be "*living protoplasm*." Carpenter, who fully studied the same during the laying of the Atlantic Cable ten years later, supported Huxley's view, as also did Professor Hæckel, who even went further and believed it to be "*a plasmic substance of spontaneous generation*." Whereupon Huxley and Carpenter accordingly named it "*Bathybius Hæckelii*." This, of course, Wallich proceeded to show was an entire mistake, that the supposed newly discovered substance was nothing more than chalk-ooze common to the Atlantic bed, liquefied by a pressure at some 5,000 or 6,000 fathoms depth.

The discussion for some time waxed warm, but eventually Huxley admitted his mistake. Carpenter, however, never forgave Wallich, and when at a subsequent period friends thought the Fellowship of the Royal Society ought to be bestowed upon one who had done so much good work, Carpenter, it is said, strongly opposed and voted against his admission. Dr. Wallich had undoubtedly a fair claim to the honour, and his rejection embittered the rest of his days. His microscopical work was solid and of great worth, while his researches in Algal forms of life, the Diatomacæ in particular, were of the highest value. He discovered and described many new forms of diatoms as well as Radiolaria, and was the first observer to demonstrate the nucleus and contractile vesicle in Gromia. It would, in short, require much more space than we have at command even to enumerate his extensive and important discoveries.

## MR. JOSEPH COPE.

The remarkable personality of Mr. Joseph Cope, clerk of the Rathdown Union, near Dublin, induces us to depar from usage to refer to his death on Sunday last at his residence in Rathmines from influenza. We shall no be doing injustice to other clerks of Union if we say tha

Mr. Cope was their best representative. Not only did he serve the Rathdown Union for nearly fifty years, but for most of that period he was implicitly trusted by a long succession of Guardians of all political colours and all personal characteristics. He was a very able man, knew his business thoroughly, and did it honestly and industriously. Our special relation to him is the part which he bore for many years in the struggle for the interests of the Poor-law officers in Parliament and out of it, in which propaganda he was both earnest and successful. He is deeply regretted by his masters on the Board of Guardians and by all who have been brought into association with him either personally or officially.

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## Laboratory Notes.

### THE D.C.L. MALT EXTRACT.

The D.C.L. Malt Extract and D.C.L. Extract of Malt and Cod Liver Oil are prepared by the Distillers Company, Limited, Edinburgh. With both we have made exhaustive tests in the laboratory.

The samples of Malt Extract yielded, on analysis, the following results:—

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| Moisture ... ... ... | 28·2 per cent. |
| Total solid residue ... ... | 71·8 „ |

The total solid residue had the following composition calculated in percentages on the original sample:—

| | |
|---|---|
| Mineral matter ... ... ... | 2·1 per cent. |
| Nitrogenous matter ... ... | 6·6 „ |
| Malt sugar ... ... ... ... | 60·7 „ |
| Dextrin, diastase, &c. (by difference) | 2·4 „ |

The diastatic power was determined by the method given in "Squire's Companion to the British Pharmacopœia," 17th Edition, page 157.

The result of two series of experiments was that 5 cc. of a 5 per cent. solution of the extract converted a solution of purified potato starch containing 0·5 of a gramme of starch in a fraction under nine minutes. That is to say, this malt extract is capable of converting rather more than double its own weight of starch in ten minutes. This is a very satisfactory result. The diastatic power of a malt extract is a matter of great importance, and as its value largely depends on this characteristic, we strongly urge physicians when prescribing malt extract to insist on their patients taking care to use only an extract of proved efficacy.

The amount of cod-liver oil present in the sample of D.C.L. Malt Extract and Cod-liver Oil was found to be 12 per cent. Both samples are free from undue acidity, and their flavour is exceptionally fine.

### STOWER'S LIME JUICE CORDIAL.

We have, on more than one occasion, had occasion to report on this popular product and invariably in favourable terms. The further sample which, after the lapse of some years, we have received, shows on examination and analysis that it has retained to the full the qualities which induced us to commend it in the first instance—viz., the absence of injurious impurities, its stability, and, generally, its dietetic properties. Spring is advancing with rapid strides, and the season is close at hand when the cordial will once again be resorted to as a beverage in association with ice and effervescing water. We can confidently recommend this "cordial" as a sound and trustworthy preparation.

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## Literature.

### THE POCKET PHARMACOPŒIA. (*a*)

This book, the work of an experienced chemist, assisted by a highly qualified physician, is an epitome of the British Pharmacopœia for 1898, with the addition of a few brief notes on the general therapeutic action of the various remedies mentioned therein.

In order to be really a "Pocket Pharmacopœia," it is obviously necessary that this information should be very brief and condensed, and this has been judiciously done by the authors.

The more essential "pharmacy" part of the work is given with much completeness, the solubility of the drugs, with purity tests, being clearly and fully put forward.

Thus this Pharmacopœia is made a trustworthy guide for the busy practitioner, and an excellent book for the candidate preparing for examination.

It occurs to us that the introduction of some of the popular names of certain preparations might be advantageous. For example, *Fowler's solution* under liquor arsenicalis. *Griffith's green mixture* under mixtura ferri composita, and a few more.

In examination, it is not uncommon for a candidate to be asked the composition of the above when named to him by their colloquial and popular names.

The appendices of weights and measures, and the description of certain pharmaceutical processes as designed by the "New Pharmacopœia," add to the value of this very servicable manual.

### YEAR-BOOK OF PHARMACY. (*a*)

This ever-welcome year-book gives the pith of all scientific papers read during the year that have a bearing on medicines and their preparations. The present volume fitly opens with a summary of Dewar's paper on the liquefaction of hydrogen, a result obtained by the combined influence of a temperature of 205 degs. C. and a pressure of 180 atmospheres. The result marks an epoch in the annals of chemistry, disposing as it does of the idea of permanent gases, an idea which dominated chemistry for over one hundred years.

Messrs. Wade and Panting's observations of the different effects of dilute and concentrated sulphuric acid on potassium cyanide are of great interest, both to the theoretical and analytical chemist.

Aconitine, according to Messrs. Dunstan and Cash, owes its toxicity to the presence of an acetyl radicle in the molecule, a highly important fact, for it is by such carefully conducted examinations of the active principles that the therapeutic properties of drugs can only be estimated.

Senecio Jacabœa comes in for notice, and Dr. W. E. Fothergill's paper is summarised; but we regret that no mention is made of Dr. William Murrell's paper on the subject, which appeared in our columns and attracted much attention at the time.

"Notes and Formula" occupy close on fifty pages, and well repay the reading. We need only mention the statement on page 248 that strontium salicylate does not disturb the digestive organs, as the alkaline salicylates too often do The papers read at the Conference are very unequal. Some of them, as Mr. Stanford's on "Thyroglandin" and "Alginoids," Mr. Druce's paper on "Irish Flora," Mr. Howard's on the "Basicity of Quinine," are really valuable. But we cannot say as much for all that appear in this section of the volume. It is no kindness to an author to prolong the existence of a weakly offspring—that cannot command admiration and only gives rise to commiseration.

Taken altogether the Year-Book is one of our most valued and valuable annuals, very helpful to the physician and invaluable to the pharmaceutical chemist.

### INDEX-CATALOGUE. (*b*)

We have received the third volume of the second series of the Index-Catalogue of the Library of the Surgeon-

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(*a*) "The Pocket Pharmacopœia, including the Therapeutical Action of the Drugs, with the Natural Orders and Active Principles of those of Vegetable Origin." By Frederic Hudson-Cox, F.I.C., F.C.S., Member of the Pharmaceutical Society of Great Britain, and John Stokes, M.D., B.S., L.S.Sc.Durham, M.R.C.S. London: Baillierie, Tindall, and Cox, 20-21 King William Street, Strand. 1899. Pp. 206. Price 2s. 6d.

(*a*) "Year-Book of Pharmacy" comprising Abstracts of Papers relating to Pharmacy, Materia Medica, and Chemistry, contributed to British and Foreign journals from July 1st, 1897, to June 30th, 1898, with the Transactions of the British Pharmaceutical Conference at the thirty-fifth Annual Meeting, held at Belfast, August, 1898. London: J. and A. Churchill. 1898.

(*b*) "Index-Catalogue of the Library of the Surgeon-General's Office, United States Army." Authors and Subjects. Second Series, Vol. III. C. Czygan. Washington: Government Printing Office, 1898.

General's office, United States, America. It contains 11,112 author-titles, representing 4,873 volumes, and 10,690 pamphlets. It also contains 10,636 subject-titles of separate books and pamphlets, and 34,314 titles of articles in periodicals.

The Index - Catalogue, of which the first volume appeared in 1880, contains, as far as published, 209,554 author-titles, 192,851 book-titles, and 597,535 titles of articles in periodicals. The new series alone contains 33,190 author-titles, 24,294 book-titles, and 86,423 titles of articles in periodicals.

The word "chloroform" occupies twenty-two closely printed columns in the present volume, two columns less than it did in the second volume of the first series. Anæsthetics occupy twenty-eight and thirty-two columns of the first and second series respectively.

So far as the second series has gone, a volume is given to each letter of the alphabet, an arrangement that facilitates reference.

The present volume is much more than an index of books and papers; it is a most readable volume, giving, in the titles of many of the older volumes which the industry of the librarian and the generosity of the United States Government have secured, a vivid picture of medical science in the fifteenth, sixteenth, and seventeenth centuries, and also of the system of quackery then rampant, and pursuing lines of mendacity which to the quacks of to-day are so familiar.

Under the headings "Cases," "Controversy," "Correspondence," we get a sidelight on the social condition of the past that is highly interesting. It is a strange commentary on life that of the disputants whose names occupy columns, the great majority have passed away; the subject of the controversy forgotten—even their very names have become so unknown as hardly to excite a passing moment's interest to the reader.

We and the whole medical profession are indebted to the Surgeon-General of the United States of America and the enlightened liberality of his Government for this great work the Index-Catalogue.

## LAHMANN'S NATURAL HYGIENE. (*a*)

The author in his preface says:—"Those who have not studied physiology and pathology will not be able to run through the book on a Sunday afternoon, but will have to study it." Whether those who have studied physiology and pathology could not make a better use of their Sunday afternoons is at least open to question.

The author contends the "dysæmia" is the principal origin of all predisposition to disease; the term "dysæmia" is variously defined, perhaps the fullest definition being "used to denote an abnormal proportion of the food-salts in the blood, and especially a deficiency of those salts which are absolutely necessary to maintain us in good health." The author also maintains the limited vitality of the so-called inorganic constituents of the animal organism and their participation in the same metabolism that takes place in the tissues.

To get enough of the proper salts, two courses are recommended; first, vegetarianism, which is "proved" as follows:—Carnivorous animals have atrophied, inactive sweat-glands, whilst man and herbivorous animals possess well-developed sweat-glands. There is no doubt, therefore, that the herbivora must have preceded the carnivora in point of time, the carrion-feeders being the connecting link between them." It is refreshing to find a mind that can sketch out in a few words such a profound theory, and can introduce the *non sequitur* conclusion by "There is no doubt, therefore!" It is sad to think that the author may yet have to realise the caution of the bishop to the curate—"None of us are infallible, not even the youngest."

The author holds, as so many *fin-de-siècle* vegetarians do, that starchy foods should be very little used, green vegetables, green salads, juicy fruits, and the author's food-salts and sugar syrup being substituted; ordinary table salt should be severely left alone.

The results of the author's system are striking. The pains of childbirth are nearly abolished, as the infants of mothers so fed are so small that they easily glide into the world. It may also be expected that the ovariotomist will cease to trouble, and spectacles disappear from the Vaterland, for we read:—"The cause of goître and ovarian cyst is a local "*hydræmia* (*watery condition of osmotic processes*)" just as is the case with short sight. The only difference is that, owing to anatomical conditions the osmotic enlargements of the goître cyst or of the ovarian cyst may increase to any extent, for neither the thyroid gland nor the ovary have any system to allow of the escape of superfluous fluid. The pathology of this is not to be grasped in a Sunday afternoon!

Daily bathing of the body to some does not do any visible harm, but when the skin is constantly rubbed it is deprived of the natural oil which renders it soft, and which is of greater importance in helping it to perform its functions than the cleansing effects of the bath.

The following testimonial is rather amusing and shows how little some grateful natures are thankful for—

"Dear Doctor, I have read your highly praiseworthy work, "Dietetic dysæmia," and have accordingly changed my vegetarian mode of living. The effect has been remarkable. Since the beginning of December, when I commenced the new *regime*, my urine has shown a deposit of gravel every morning (*i.e.*, uric acid, brought into solution owing to the greater abundance of soda in this food), and the same thing occurs to my wife."

A number of photographs of the author's children are introduced to illustrate the advantage of being brought up on their father's system. The only one of interest faces page 204, and if not "faked" is an apotheosis of the mashed strawberry and raspberry (page 207) feeding of infants; it shows a four months old infant standing erect on its father's hand, the fingers of which grasp the feet. The mother does not occur in the picture, so her feelings can only be guessed. The want of an index prevents some other amusing points noticed in glancing over the book from being recaptured and related.

A considerable amount of ignorance of physiology and pathology will assist the enjoyment of this book on Sundays and weekdays.

## BROUARDEL AND GILBERT'S MEDICINE AND THERAPEUTICS. (*a*)

This bulky volume is the fifth of a very imposing and valuable series. It deals with diseases of the salivary glands, pancreas, liver, spleen, kidneys, and genito-urinary tract. From a scientific point of view it is fully up to the standard of its predecessors for each chapter is a monograph written by one or more acknowledged authorities, giving the most recent and complete information on the subject. The chapter on diseases of the liver, by Drs. Gilbert, Fournier, Garnier, and Surmont is a monument of research and careful observation. No point is left untouched in the 450 pages allotted to this one subject. We note with satisfaction that due credit is accorded to foreign investigators whose claims to recognition are too often subordinated to misguided patriotic zeal. Not less remarkable is the chapter on kidney disease by Dr. Chauffard whose researches in this direction have secured him a world-wide reputation. As in the preceding volumes semiology and general pathology have been accorded an amount of attention not usually allotted to them in works of the kind, and this fact gives a special value to the articles. The claims of general pathology to recognition are now generally conceded, for its study enables us to co-ordinate and generalise the multitudinous array of facts and observations which must otherwise lie idle. General pathology indeed may be described as the philosophy of medicine whereby the physican is enabled to group his facts and to deduce therefrom the general laws which underlie all morbid manifestations. To those for whom the French language has no terrors it cannot but be of exceeding interest and benefit to study disease through French spectacles. French writers have for the most

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(*a*) "Natural Hygiene; or, Healthy Blood the Essential Condition of Good Health and How to Attain It. A Treatise for Physicians and their Patients on the Predisposition to and Prevention of Disease." By H. Lahmann, M.D. London: Swan, Sonnenschein and Co., Limited. 1898. Pp. 253.

(*a*) "Traite de Medecine et de Therapeutique." Edited by Professors Brouardel and Gilbert. Vol. V. Pp. 1,000. Price 12 frs. Paris: J. B. Baillière et fils. London: Baillière, Tindall and Cox.

part a singularly lucid way of expressing their ideas, and although the *fond* must obviously be the same, the manner of regarding and discussing the subjects presents marked points of contrast. We realise that it is possible to be comprehensive without being prolix. This series constitutes a medical library replete with information, etiological, clinical, pathological, and epidemiological. Criticism is disarmed by work of this calibre and we can only congratulate the editors and their collaborators on the success of their combined efforts in the production of such a magnificent work of reference.

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## Medical News.

### The Remuneration of Vaccination Officers.

THE Vaccination Officer of one of the rural districts of Daventry Union has just resigned his post on the ground that his total income from this source for the last three months had been only 5s. 7d., out of which he had to pay postages and Superannuation Fund instalments. His total income for the preceding year had not exceeded 30s. The guardians accepted his resignation, and decided to advertise for a successor at the same remuneration. Don't they wish they may get him!

### The London and Counties Medical Protection Society.

THE annual report of this society testifies to much useful work during the past year in the protection of members against false accusations, inspired by ignorance, malice, or simply with blackmailing intent. The cash deficit of the earlier years has been converted into a cash balance of nearly £900, and this, it is to be supposed, though it is not specifically intimated, corresponds to a steady increase in the number of members. While we cannot but regret that there should be more than one such society, it is evident that each of them finds a field of useful activity. It is a matter for surprise that so many practitioners still neglect to avail themselves of the facilities offered by these associations to protect themselves against certain contingencies. As the knowledge of the extreme value of membership becomes more generally recognised, no doubt they will all come into the fold, and when this is the case the organisations will command more respect and carry more weight with the general public.

### The Medical Sickness and Accident Society.

THE usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held on March 24th, at 429, Strand, London, W.C. There were present the chairman, Dr. de Havilland Hall, Dr. J. B. Ball, Mr. J. Brindley James, Mr. F. Swinford Edwards, Dr. J. W. Hunt, Dr. Francis J. Allan, and Dr. W. Knowsley Sibley. The influenza epidemic is in full evidence in the records of the Society, and, indeed, about half the sickness claims which have been received this year have arisen from this cause. They are, however, almost without exception of short duration, and, so far, the influenza record of the Medical Sickness and Accident Society for 1899 compares favourably with that of other years. The Society's business is now being valued, and there is little doubt that when the members meet together in May next there will be found to be at their disposal a substantial amount of surplus. The business is valued on a very stringent basis, and, in addition to this, special reserves are made for those chronic sickness cases in which the members are entitled to draw from fifty to one hundred and fifty guineas a year till aged 65. Nevertheless, out of the £126,000 of reserves now possessed by the Society there will be found a margin, and the members may hope to receive a substantial cash bonus as in 1894. Prospectuses, &c., on application to Mr. F. Addiscott, Secretary Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

### The Corporate and Medical Reform Association.

WE have received from the indefatigable secretaries of this Association a report of the proceedings at a meeting of the Executive Committee, which took place on the 4th inst., at which a number of resolutions were adopted, urging combined and individual protest against the practice of issuing partial diplomas to unqualified persons in special departments of medical practice, notably in midwifery and sight-testing. We have also been favoured with a copy of the memorial on this subject addressed to the General Medical Council, signatures to which are urgently solicited.

### Vital Statistics.

THE deaths registered last week in thirty-six great towns of United Kingdom corresponded to an annual rate of 23·1 per 1,000 of their aggregate population, which is estimated at 11,404,408 persons in the middle of this year.

Birkenhead 24, Birmingham 28, Blackburn 26, Bolton 23, Bradford 21, Brighton 21, Bristol 21, Burnley 24, Cardiff 13, Croydon 17, Derby 19, Dublin 31, Edinburgh 22, Glasgow 22, Gateshead 20, Halifax 26, Huddersfield 20, Hull 20, Leeds 22, Leicester 18, Liverpool 28, London 22, Manchester 31, Newcastle-on-Tyne 22, Norwich 23, Nottingham 22, Oldham 30, Plymouth 23, Portsmouth 21, Preston 21, Salford 22, Sheffield 25, Sunderland 23, Swansea 21, West Ham 17, Wolverhampton 19. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 2·3 in Bolton, and 2·4 in Manchester; from whooping-cough, 1·0 in Bristol, 1·3 in Hull, 1·6 in Plymouth, 2·3 in Birkenhead, and 2·8 in Burnley. In none of the large towns did the death-rate from scarlet fever, from "fever," or from diarrhœa reach 1·0 per 1,000. The 71 deaths from diphtheria included 31 in London, 10 in Swansea, 4 in Sheffield, 3 in Birmingham, and 3 in Liverpool. No death from small-pox was registered in any part of the United Kingdom.

### Mortality in Foreign Cities.

THE following are the latest official returns, and represent the last weekly death rate per 1,000 of the several populations:—Madras 36, Paris 27, Brussels 26, Amsterdam 16, Rotterdam 20, The Hague 17, Copenhagen 18, Stockholm 21, Christiania 18, St. Petersburg 27, Moscow 26, Berlin 21, Hamburg 19, Dresden 17, Breslau 24, Munich 21, Vienna 24, Prague 29, Buda-Pesth 26, Trieste 30, Rome 19, Turin (10 days) 20, Venice 28, New York (including Brooklyn) 19, Philadelphia 21.

### Royal College of Surgeons in Ireland.

THE following is the prize list for the winter session 1898-99. Descriptive Anatomy: Junior—Mr. J. Cockburn, first prize (£3) and medal; and Mr. R. G. Allen, second prize (£1) and certificate. Senior—Mr. A. Charles, first prize (£3) and medal; and Mr. T. A. Dillon, second prize (£1) and certificate. Practical Anatomy: First year—Mr. R. G. Allen, first prize (£3) and medal; and Mr. R. W. Burkitt, second prize (£1) and certificate. Second year—Mr. A. Charles, first prize (£3) and medal; and Mr. C. W. Ewing, second prize (£1) and certificate. Third year—Mr. C. R. Boyce, first prize (£3) and medal; and Mr. J. F. Peart, second prize (£1) and certificate. Practice of Medicine: Mr. J. P. Byrne, first prize (£3) and medal; and Mr. T. J. Tallon, second prize (£1) and certificate. Surgery: Mr. J. S. P. Stewart, first prize (£3) and medal; and Mr. J. P. Byrne and Mr. W. R. Meredith (equal), second prize (£1) and certificate. Midwifery: Mrs. H. L. Hennessy, first prize (£3) and medal; and Mr. J. S. P. Stewart, second prize (£1) and certificate. Physiology: Miss M. J. Shire, first prize (£3) and medal; and Mr. A. Charles, second prize (£1) and certificate. Chemistry: Mr. T. Keogh, first prize (£3) and medal; and Mr. G. G. Tabuteau, second prize (£1) and certificate. Pathology: Mr. J. F. Peart, first prize (£3) and medal; and Mr. H. Grabb, second prize (£1) and certificate. Physics: Mr. W. Ormsby, first prize (£3) and medal; and Mr. A. Ellenbogen, second prize (£1) and certificate.

### University of Glasgow.

THE following have passed the first professional examination for the Degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) in the subjects indicated (B., botany; Z., zoology; P., physics; C., chemistry):—

Robert Adam, Z., C.; J. R. S. Anderson, B., Z., C.; George Beattie, Z., C.; A. G. Bisset, C.; J. S. M. Bogle, Z.; W. T. Bolton, Z., C.; R. G. Bradford, Z.; J. C. Bringan, P.; Thomas Brodie, B.; John Brown, B., Z.; C. H. Browning, Z., C.; Robert Bruce, C.; R. H. Campbell, Z.; T. M. Campbell, M.A., Z.; A. A. Carruthers, B., Z.; R. P. Cartwright, B., C.; Andrew Conral, Z.; T. G. Cope-stake, B., Z., P.; J. C. Crawford, Z., C.; John Cross, B., Z.; W. B. Cunningham, Z., C.; H. C. Davies, B., Z., P., C.; M. I. Dick, P.,C; David Dickie, Z., C.; D. G. Dykes, Z., C.; James Eadie, Z., C.; James Ferguson, B., C.; C. C. Finlator, Z., C.; W. M. Gilmour, Z.; George Gordon, C.; Alexander Greig, Z., C.; John Hanson, M.A., Z., C.; S. H. Harris, B.; William Harvey, Z., C.; J. M. Huey, B., P.; J. G. Hume, B., Z., C.; Alexander Hunter, B., Z.; J. T. Kelly, B., C.; J. M. Kelly, Z., C.; John Kerr, Z., C.; Robert Laurie, B., C.; Alexander Leggatt, P., R. T. Leiper, Z., C.; Richard Makins, B., P.; Peter Millar, Z., C.; W. A. Milne, P.; A. J. Mitchell, Z., P.; D. R. Mitchell, Z., C.; Spencer Mort, Z., C.; J. B. Morton, Z., C.; Gavin Muir, Z.; G. D. Muir, Z.; A. H. Munro, Z.; J. B. M'Cabe, C.: J. D. M'Culloch, Z., C.: J. G. M'Gutcheon, Z.; D. D. F. Macintyre, Z., C.; C. G. Mackay, Z.; J. M. M'Kellar, P., C.; J C. M'Kenzie, C.; A. S. M'Millan, Z.; N. T. M'Murdo, Z.; N. S. Macnaughtan, B., Z.; J., R. M'Vail. C.; J. A. Macvea, Z., P.; A. A. M'Whan, B.; David Penman, B., P.; W. M. Rae, B., P.; George Raeburn, Z., C.; William Rankin, B., Z., P , C.; George Richmond, B., Z., P., C.: P. H. Robertson, Z., C.: W. B. Robertson, B , P., C.: Campbell Ross, Z.; James Russell, P.; R. C. J. Schlomka, B., P.; W. G. Shand, Z., C.; J. M Smith, Z., C.; J. A. Somerville, B., P.; John Stevenson, B., Z.; J. B. Stevenson, Z., C.; W. D. H. Stevenson, Z., C.; N B. Stewart, Z.; A. W. Sutherland, Z., P.: J. W. Sutherland, Z , C ; P. L. Sutherland, Z., C.; J. A. Thom, B.; Joseph Walker, M.A., Z., P.; George Wallace, C.: A. M. Watson, Z.; W. N. W. Watson, Z.; A. B. Watt, C.; R. T. Wells, B., C.; J. F. Weston, B.; James Wilson, Z., C.; Eldred Wright, Z., C.; Hugh Young, Z., P.; John Young (Mount Vernon), Z., C.

Women. Jeanie Auld, P., C.; A. M. Black, P., C.; A. W. Cameron, P., C.; M. C. Cameron, C.; J. G. Duncan, P., C.; J. R. F. Gilmour. C.: Margaret Hardy, P., C.; A. P. Martin, P., C.; E. J. Miller, P., C.; I. D. Mitchell, P.; J. H. M'Ilroy, M.A., Z , C.; A. W. Maclean, C.; E. J. M. Pryce, C.: M. H. Smart, B., P.; J. M. Stewart, P.; E. T. Talbert, B., C.; J. G. Waddell, B.

The following have passed the Second Professional Examination for the Degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) in the subjects indicated (A , anatomy; P., physiology; M., materia medica and therapeutics):—

John Anderson, A.; Thomas Anderson, A., P.; William Archibald, P.; R. W. Auld, A., P.; J. S. Barr, A., P.; Alexander Birch, A.; W. M. Brown, A., P., M.; P. T. Cairns, A.; S. J. Cameron, A., P.; J. J. Y. Campbell, M.; R. D. Campbell, A., P.; E. S. Chapman, A.; G. H. Clark, P.; J. B. W. Cook, A., P.; James Craig, A., M.; Andrew Currie, A. P.; D. B. Davidson, A., P.; James Davidson, M.A., M ; F. L. Dickson, A.: R. N. Dunlop, A , P.; W. W. Farrar, A., P.; George Ferguson, A., P.; D. J. Fletcher, A.; D G. S. Gartshore, A.; James Gemmell, P.; J. R. Gilmour, P.; William Girvan, A., P.; J. D. Gourlay. M.; Archibald Gow, A., P.; John Gracie, M.; A. P. Granger, A., M.; John Gregor, A., P.; G. P. Harlan, A., P. ; L. C. B. Head, A., P.; F J. Henry, A., P.; C. M. Hope, M.; D. W. Hunter, A., P., M.; Matthew Hunter, A., P.; W. J. Isbister, A., P.; Pierce Jones, P.; W. B. Kerr, A., P.; D. D. Kilpatrick, A., P.; Alexander King, P., M.; J. D. Laidlaw, M ; John Lambie, M.; J. F. Lambie, A., P.; Alexander Leitch, M.; F. J. Lochrane, A., P. M., ; David Longwill, M.; Edward Magoveny, A., P., M.; W. A. Masson, A., P.; W. A. Mills, A., M.; W. A. Milne, A., P., M.; A. R. Moir, A., P.; Alan Howie-Muir, A , P.; W. J. M'Feat, M.; W. F. M'Glashan, A., P.; Thomas M'Laren, M.; G. W. M'Millan, P.; James M'Pherson, M.A., M.; Robert Orr, A.; Robert Paterson, M.; John Paton, A., P.; J. N. Prentice, A., P.; Robert Ramsey, A., P.; T. H. Rankin, M.; Andrew Reid, P.; William Robertson, A., P.; T. R. Rodger, A., P ; W. G. Rodger, A., P.; N. C. Rogers, A ; A. T. Ross, A.; C. J. Ross, B.A., A., P., M.; E. H. Ross, M.; A. J. Smith, P.: James Smith, P.; David Spence, M.; Donald Steel, A , P.; Andrew Stewart, A.; John Stewart, M.A., P.; R. R. Swan, P.; R. B. Thom, A.; J. N. Todd, A., P.: J. G. Tomkinson, A., P.; John Turnbull. A., M.; W. D. Walker, M.; G. S. Wallace, A., P.; P. M. Waugh M.; R. G. White, A., P.; M. W. Williams, A.; D. A. Wilson, A.; James Wilson, M.; W. W. W. Wilson, M.; Robert Wylie, A.; W. R. Wylie, A., P., M.

Women.-Martha Adams, A., P., M.; D. A. M. Clark, B.Sc., M.; H. M. Gordon, A.; C. S. Howden, M.; J. T. Miller, M.; Alice Moorhouse, A., P.; M. J. Pirrett, A., P., M.; M. E. Potter, M.; M. M. Ritchie, M.; M. A. T. Ritchings, A.; A. B. Sloan, P., M.; E. M. Sloan, P., M.; E. H. Smith, M.; H. F. Young, A. P.

The following have passed the Third Professional Examination for the Degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) in the subjects indicated (P., pathology; M., medical jurisprudence and public health):—

Matthew Aikman, M.A., P.; George Arthur, P., M.; Gavin Barbour, P., M.; J. O. Barclay, P., M.; T. T. Bathgate, P.; Alexander Binning, P.; H. E. Brown, P., M.; W. H. Brown, P.; J. D. Brownlie, P.; W. A. Burns, P., M.; Thomas Carruthers, M.A., P., M.: E. P. Cathcart, P.; J. T. Clark, P., M.; Robert Clark, P.; C. P. G. Crichton, P., M.; C. C. Cuthbert, M.A., P., M.; A. W. W. Davidson, P., M.; D. C. Douglas, M.; John Downie, P.: Leonard Findlay, P.; Alexander Fraser, M.A., P.; M. W. Fraser, P., M.; Gilbert Garrey, P., M.; Edward Gillespie, P., M.; Hyam Goodman, M.A., P., M.; C. A. Gourlay, M.A., P.; C. H. Gunson, P.; A. W. Harrington, P., M.; J. M. Henry, P.; I. M. Huey, P., M.; N. M. Leys, P., M.; J. D. Lickley, P.: D. M. Livingston, P.; John Lockhart, P., M.; Alexander Logan, P.; D. D. Logan, P., M.; Robert Lunan, P., M.: Jacob Mains, P.; Andrew Mair, P.: R. M. Marshall, P.; Allan Martin, M.A., B.Sc., P.; James Millar, M.A., P., M.; N. M. Miller, P., M.; Peter Moir, P., M ; Daniel Morrison, M.; Alexander Munro, P.; A. G. M'Kendrick, M.; G. S. M'Kinnon, P.; James Mackinnon, P.; A. R. Maclurkin, P., M.; Burgess M'Phee, P., M.; D. M. MacRae, M.A., P., M.; Thomas Neill, P , M,; W. B. I. Pollock, P.: P. M. Reid, P.; J. D Richmond, P., M.; David Russell, P.; James Scott, M.A , M.; E. W. Sharp, P., M.; James Shearer, P., M.; David Ap-Simon, P.; John Strathearn, P., M.; Robert Taylor, P., M.; J. C. Turnbull, P.; George White, P.; Alexander Wilson, M.; T. W. Wilson, P., M.; H. P. Wright, P.; John Young, P.

Women.—Auguste Boyes, P., M.; G. J. Campbell, P., M.; Lila S. Greig, P.; M. F. Liston, P. M.; J. M. F. Marshall, P., M.; K. M. Myhre, P.; C. C. W. Smith, P., M.

The following have passed the Second Professional Examination for the Degrees of Bachelor of Medicine (M.B.) and Master in Surgery (C.M.):—Robert Cumming, B.D.; Geo. W. Milne, A M'Donald Nevin.

The following have passed the Third Professional Examination (Regional Anatomv and Materia Medica) for the Degrees of Bachelor of Medicine (M B.) and Master in Surgery (C.M.):—Thomas Holmes, James Duncan Wilson

Examinations for the Degrees of M.B. and Ch.B., the following candidates passed with distinction in the subjects indicated:—

First examination.—In zoology and in chemistry—Spencer Mort; in botany—Andrew Alexander M'Whan; in zoology—Weir B. Cunningham, James Eadie. Peter Millar, Charles G. Mackay, James A. Macvea, William G. Shand, John M. Smith, William D. H. Stevenson; in physics—Arthur W. Sutherland; in chemistry—John G. Hume, Peter L. Sutherland. Second examination.—In anatomy and in Materia Medica and therapeutics—William M. Brown; in anatomy—Samuel J. Cameron; in physiology—Robert W. Auld, Donald Steel; in Materia Medica and therapeutics—Daisy Annabella M. Clark, B.Sc., Charles M. Hope, David Longwill, Edward Magoveny, William A. Milne, James M'Pherson M.A , Mary Janet Pirret, Agnes B. Sloan, Elizabeth M. Sloan, William D. Walker, Third examination.—In pathology—George Arthur, John D. Brownlie, John T. Clark, Charles C. Cuthbert, M.A., Archibald W. W. Davidson, Leonard Findlay, Alexander Fraser, M.A., Lila Stevenson Greig, James Dunlop Lickely, Mary Forbes Liston, Donald M. Livingston, Andrew Mair, William B. I. Pollock, George White, John Young; in medical jurisprudence and public health—John D. Richmond, Alexander Wilson.

### Examining Board in England by the Royal Colleges of Physicians and Surgeons.

The following candidates passed the Second Examination (anatomy and physiology) of the Board in the subjects indicated on Monday, April 3rd:—

Arnold Gregory, Yorkshire College, Leeds; M. J. Rowlands, D. H. Evans, and Trevor Howell, University College, South Wales; A. H. Norris and Frank Forrest, Owens College, Manchester; John Welsh and Harry Pierpoint, University College, Liverpool; J. G. Higgins and J. L. Stephenson, St. Mungo's College, Glasgow; J. H. Reford and J. A. D. Radcliffe, Queen's College, Belfast; W. C. Bower, Medical College, Madras; A. E. Henton, Edinburgh University and St. Mary's Hosp.; L. W. Huclin, St. Mary's Hosp.; C. C. Drabble, Firth College, Sheffield; J. E. Adams and M. W. E. Widegren, St. Thomas's Hosp.

Anatomy only.—Robert A. Pitter, Yorkshire College, Leeds; and Rowland W. Hill, Owens College, Manchester.

Physiology only.—John M. S. Duncan, London Hosp.; and John P. E. Henery, St. George's Hosp.

The following passed on Tuesday, April 4th:—

Arthur Ashmore, Yorkshire College: John M. Pooley, John L. Martin, and John H. Wells, St. Mary's Hosp.; Thomas W. Scott and Evett G. Allport, Melbourne University; Stanley Child, Cambridge University and Guy's Hosp.; Otto C. H. L. Moll, Durham University and Guy's Hosp.; John Braithwaite, Gerald W. C. Hollist, and Harold Tipping, Guy's Hosp.; Creswell Burrows, Walter M. Strong, and Robert D. Browne, Cambridge University and St. Thomas's Hosp.; Herbert M. Churchill, London Hosp.; Charles R. H. Ball, Cambridge University and St. Bartholomew's Hosp.; Gerald S. Ewen, St. Bartholomew's Hosp.; James E. Turle, University Coll. London; Matthew R. C. MacWatters, King's Coll., London; Lionel F. Lovell-Keays and Gerald C. Cross, Middlesex Hosp.; Harold R. P. Baker, St. George's Hosp.; and Eugene C. Whitehead, Westminster Hosp.

The following passed on Wednesday, April 5th:—

Richard E. H. Leach, Thomas Gibson, Harry W. Sexton, and Tom Jays, St. Thomas's Hosp.; Richard C. Lawry, Percival P. Cole, William W. C. Jones, Norris N. A. Houghton, Santiago L. Pallant, and Charles H. Bubb, Guy's Hosp.; Horace A. Cutler, Cambridge University and Guy's Hosp.; John Corbin, St. Bartholomew's Hosp.; Frank P. Connor, Calcutta and St. Barthlomew's Hosp.; George F Gill, Otago University and St. Bartholomew's Hosp.; Hugh B. W. Smith, London Hosp.; Percy G. Reilly, London Hosp.; Reginald H. B. E. Hughes, George J. Evans, and Francis H. Smith, St. Mary's Hosp.; Thomas M. Neatby, Lawrence C. Hunt, and Stanley P. Mummery, St George's Hosp.; Wilfrid B. Blandy, Eric Bayley, and Faustin M. Boclet, Charing Cross Hosp.; John A. Drake, King's Coll., London; John P. Ellerington and Harold R. FitzNettle, University Coll., London.

### Victoria University.

At the degree ceremony, held March 29th, the following candidates were presented, and received their degrees:—

Bachelor of Medicine and of Surgery.—Second-class honours: John Craig, Wilfrid Henry Richardson, and Oswald Hampson Woodcock, Owens College; John White Aldred, Owens College: Thomas Taylor Bark and John Turner Grierson, University College; Thomas Wheeler Hart and John Edridge Healey, Owens College; William Saville Henderson and John Edward Whitley McFall, University College; Thomas O'Neill, Owens College; John Arthur Reed, Yorkshire College; and Graham Renshaw, Owens College.

# Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

### FORM C OF NEW VACCINATION ACT.

*To the Editor of the* MEDICAL PRESS AND CIRCULAR.

SIR,—I wish to draw the attention of the profession to Form C of the vaccination paper given to parents, &c., at the registration of birth. The Local Government Board refuse private practitioners to fill it up. This is unjust. Surely a private practitioner is as capable of diagnosing "condition of house," and to have a knowledge of disease being rife in the neighbourhood as the Public Vaccinator is. It seems preposterous that if I have a private patient in an unsanitary dwelling I must wait for the Public Vaccinator to grant postponement. If a public official is needed it surely should be the M.O.H. Trusting that your powerful paper will consider this subject worthy of ventilating and taking action in, probably best by bringing out a petition for signature and forwarding same in due course to the Local Government Board.

I am, Sir, yours truly,
R. F. TOMLIN, M.R.C.S., &c.

Wood Green, N.

J. WARD.—Your postcard is illegible.

DR. C. DUMAS.—It is asserted by Dr. Phelps, of New York, that alcohol is a safe and sure specific against the escharotic action of pure carbolic acid. He suggests, moreover, that if, immediately after the administration of the poison, alcohol were given the poisonous effect of the acid would be neutralised. We have not, however, so far met with any confirmation of these statements.

### THE PROFESSION IN BERLIN.

BERLIN and its suburbs are the happy hunting ground of some 2,233 doctors, being 37 in excess of the number for 1897. In 1825 there were only 191. The proportion to the population has risen from 1 per 1,153 inhabitants in 1825, 1 to 1,191 in 1887 to 1 per 754 in 1898. The total number of medical practitioners in the German Empire is put at 25,757, but Prussia alone claims 15,951 of these. Berlin alone maintains more doctors than the whole of Bavaria.

R. P. S.—We regret the delay which has been due to the difficulty of finding room for the articles. We hope, however, to be in a position to fulfil our promise in the near future.

MESSRS. D. AND B.—We have the matter in hand, and the result of our inquiry will be made public without unnecessary delay.

### "CAN THE ETHIOPIAN CHANGE HIS SKIN?"

This Scriptural query is said to be attracting a good deal of attention in Vienna medical circles just now, by reason of its alleged elucidation in that city lately. The case is reported of a negro named Lacho, who was brought from the Soudan by an Austrian traveller, to whom he acted as valet. Seized with a nervous disease, Lacho was treated by a celebrated neuropathist by electricity, with the result that in four months he was cured of the disease, but had quite lost his natural colour. He is now said to be as white as a normal European, and, with his bushy hair and negroid features, to present a very remarkable appearance. We may be pardoned for not placing implicit reliance on the many strange cases reported; meanwhile we have asked our Vienna correspondent to kindly investigate and report should there be anything worth reporting.

# Meetings of the Societies and Lectures.

### WEDNESDAY, APRIL 12TH.

DERMATOLOGICAL SOCIETY OF LONDON (11 Chandos Street, Cavendish Square, W.).—5.15 p.m. Demonstration of Clinical Cases.

HUNTERIAN SOCIETY.—8.30 p.m. Clinical evening. Cases will be shown by Dr. F. J. Smith, Dr. D. Ross, Dr. Herman, and other Fellows.

THE SANITARY INSTITUTE (Parkes Museum, Margaret Street, W.). —8 p.m. Discussion on Practical Hygiene Teaching in Elementary Schools (opened by Miss Alice Ravenhill).

NORTHERN AND MIDLAND DIVISION OF THE MEDICO-PSYCHOLOGICAL ASSOCIATION (County Asylum, Hatton, Warwick).—4 p.m. Spring Meeting. Discussion on the Nursing Staff in Public Asylums (opened by Dr. Macphail). Paper:—Dr. Wilcox: Some Cases of Insanity treated by various Animal Extracts.

### THURSDAY, APRIL 13TH.

ROYAL INSTITUTION OF GREAT BRITAIN.—3 p.m. Prof. Dewar: The Atmosphere.

BRITISH GYNÆCOLOGICAL SOCIETY (20 Hanover Square, W.).— 8.30 p.m. Discussion on the Abdominal Causes of Death after Cœliotomy (introduced by Dr. W. J. Smyly, of Dublin).

### FRIDAY, APRIL 14TH.

EPIDEMIOLOGICAL SOCIETY OF LONDON (11 Chandos Street, Cavendish Square, W.).-8 p.m. Council Meeting. 8.30 p.m. Ordinary Meeting.

CLINICAL SOCIETY OF LONDON (20 Hanover Square, W.).——8.30 p.m. Papers:—Mr. W. G. Spencer: Wound of a large superficial Inguinal Artery in which the Blood was flowing from the Trunk to the Thigh.—Dr. Rolleston and Dr. C. Ogle: Syphilitic Stenosis of the Bronchi.—Mr. C. Lucas: Two Cases of Ununited Fracture of the Humerus caused by the Interposition of the Muscular Spiral Nerve between the Fragments.—Dr. S. West: The Skin Affections in Renal Disease.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—Medical Section.— Papers:—(1) Dr. Coleman: Notes on a Case of Addison's Disease.—(2) Dr. Parsons: Cases of Pyloric Obstruction.— (3) Dr. R. H. Woods: Chronic Pharyngitis.—(4) Dr. MacDowel Cosgrave: A Case of Poisoning by Primula Obconica.—(5) Dr. Lumsden: Notes on a Case of Diabetes Insipidus.—(6) Dr. Littledale: Clinical Investigations on Widal's Reaction as a Diagnostic in Typhoid Fever.—(7) Dr. Finny: Tachycardia, ending fatally by Thrombosis of both Femoral Arteries.—(8) Dr. Conolly Norman: Senile Dementia.—(9) Dr. O'Carroll: The Pulmonary Second Sound.

# Vacancies.

Aston Union.—Resident Assistant Medical Officer at the Workhouse, Gravelly Hill, near Birmingham. Salary £100 per annum, with furnished apartments, rations, washing &c. Apply to the Clerk to the Guardians.

Bath Eastern Dispensary.—Resident Medical Practitioner. Salary £100 a year, with furnished apartments, coal, gas, and attendance. Applications to Col. F. V. Eyre, Hon. Sec. Rockville, Bath.

Darlington Hospital and Dispensary.—House Surgeon, unmarried. Salary £140 per annum, with rooms in the institution, but applicant to board himself.

Knighton Union.—Medical Officer and Public Vaccinator for the Llanbister District. Salary £80 per annum, with the usual extra medical fees. Apply to the Clerk Knighton, Radnorshire.

Rotherham Hospital and Dispensary.—House Surgeon for three years. Salary 100 guineas, with rooms, commons, and washing. Also Assistant House Surgeon. Salary £30 per annum, with rooms and washing.

Roxburgh District Asylum.—Assistant Medical Officer. Salary £100 per annum, with furnished quarters, board, washing and attendance.

Stamford, Rutland, and General Infirmary, Stamford.—House Surgeon, unmarried. Salary £100 per annum, with board, lodging, and washing.

# Appointments.

BARRETT, E., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Maxey Sanitary District of the Peterborough Union.

BROWNLEE, JOHN, M.A., M.D.Glasg., D.P.H.Camb., Medical Officer of Health for the Island of Guernsey.

BOUTFLOWER, ANDREW, M.R.C.S., Honorary Surgeon to the Chetham Hospital, Manchester.

CADMAN, A. W., F R.C.S., Lecturer on Applied Anatomy in King's College, London.

HOARE, MORLEY, L.R.C.P., L.R.C.S., Clinical Assistant to the Birmingham and Midland Hospital for Skin and Urinary Diseases.

HORN, ARTHUR E., B.Sc.Lond., M.R.C.S., L.R.C.P., Assistant Medical Officer to the Chelsea Infirmary.

HOSEGOOD, SAMUEL, M.R.C.S., L.S.A., Medical Officer to the Swinton and Clifton District of the Barton-upon-Irwell Union.

LIVERSIDGE, WILLIAM, M.B.Lond., M.R.C.S., L.R.C.P. Senior House Surgeon at the Blackburn and East Lancashire Infirmary.

MACKIE FREDERICK PERCIVAL, L.R.C.P.Lond., M.R.C.S., Resident Medical Officer to the Ham Green Fever Hospitals and the Bristol City Hospitals.

MCCLEAN JOHN F., M.R.C.S., L.R.C.P., Surgeon Superintendent of the British Hospital, Constantinople.

# Births.

BARKER.—On April 6th, at 87, Warrington Crescent, London, W., the wife of Francis J. Barker, of a daughter.

HAMER.—On April 7th, at 22, Walpole Road, Twickenham, the wife of W. H. Hamer, M.D., of a Son.

HOWSE.—On April 7th, at 59, Brook Street, Grosvenor Square, London, W., the wife of H. G. Howse, M.S., of a son.

KROHN.—On April 4th, at Funchal, Madeira, the wife of R. E. S. Krohn, M D.Lond., of a son.

SKINNER.—On April 7th, at Bank House, Rye, the wife of Ernest W. Skinner, M.D., of a daughter.

# Marriages.

BURNS—BAINS.—On April 8th, at Christ Church, Emerydown, Hants, Theodore G. A. Burns, M.A.Oxon, M.R.C.S., of Dublin, to Rosamund, daughter of E. Talbot Bains, of Emerydown.

CHAMBERS—WOOD.—On April 8th, at St. Mary Abbot's Church, Kensington, Wm. Francis Chambers, L.R.C.P., M.R.C.S., of Folkestone, to Edith, daughter of the late Prof. John Wood, F.R.C.S., F.R.S., of King's College Hospital.

MENZIES—GREEN.—On April 6th, at the Parish Church, Watford, William Francis Menzies, M.D., B.Sc., M.R.C.P., Superintendent of the Staffordshire County Asylum, Cheddleton, to Jessie (Daisy), second daughter of George Green, of Watford.

WISE—HUNTER.—On April 5th, at St. Margaret's Church, Plumstead, Harry Mortimer Wise, M.B., to Flora, younger daughter of G. R. Hunter, of the War Office, and of Plumstead,

# Deaths.

BARNES.—On April 5th, at Perth, West Australia, John S. Barnes, B.A., M.D., aged 31, son of John M. Barnes, of Morningthorpe, Norfolk.

DUNCAN.—On April 5th, at 8, Henrietta Street, Covent Garden, London, James Andrew Duncan, M.B.Lond., in his 80th year.

GIBBINGS.—On April 9th, at his residence, Dalston, London, N.E., Alfred Thos. Gibbings, M.D., aged 50.

HAWKINS.—On March 31st, at 3, Northernhay Place, Exeter, Thomas Hawkins, M.R.C.S., aged 68.

SQUIRE.—On April 2nd, at Danescombe, Ealing Common, William Squire, M.D., F.R.C.P., aged 73 years.

TOMKYNS.—On March 24th, at Green Bank, West Hill, St. Leonards, William Fancourt Tomkyns, M.R.C.S., aged 74.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXVIII. WEDNESDAY, APRIL 19, 1899. No. 16.

# The Goulstonian Lectures
ON THE
# PATHOLOGY OF THE THYROID GLAND.

*Abstract of Lecture III, delivered before the Royal College of Physicians of London.*

By GEORGE R. MURRAY, M.A., M.D.Camb., F.R.C.P.,
**Heath Professor of Comparative Pathology in the University of Durham; Physician to the Royal Infirmary, Newcastle-upon-Tyne.**

OWING to the special anatomical position and physiological properties of the thyroid gland it affords unusual facilities for observing some of the phenomena of compensatory hypertrophy. It is now a well known fact, owing to the work of Horsley, Halsted, and Edmunds, that when a portion of the gland is removed the remainder undergoes compensatory changes, in virtue of which it is enabled to supply enough secretion to prevent the appearance of the symptoms of athyroidism. The portion removed at one time may be one-half or even three-quarters of the whole gland, and Halsted has shown in the dog that sucsessive portions, if removed on three or four separate occasions, may be excised until only one-eighth, or even one-sixteenth, of the original gland is left without symptoms of athyroidism being developed. Although these changes are accompanied by an increase in size, the hypertrophied remainder does not attain the size of the original gland, so that, weight for weight, it has to do more work than the original glandular tissues. Under these circumstances it is not so surprising that the structure of a piece of the gland which has undergone compensatory hypertrophy should differ somewhat from that of the normal gland. When sufficient hypertrophy has developed to supply as much secretion as is necessary, we do not find a simple hyperplasia of the original glandular tissue, but considerable change in the structure throughout. The alveoli, instead of being nearly circular, become irregular in outline. This change is due to the folding of the wall, which projects at different points into the lumen of the alveolus. In advanced hypertrophy the lumen may appear to be star-shaped, or it may be almost obliterated by neighbouring folds of epithelium coming into contact. The appearance in places may thus closely resemble that of a racemose gland. The epithelial cells themselves are also altered. They are considerably increased in size, the ordinary low cubical epithelial cells being converted into tall columnar cells. The result of these two changes is that in equal areas the secretory cells are greatly increased both in numbers and size in the hypertrophied, as compared with the normal, gland. The colloid lying in the gland is diminished in amount, and appears to be more watery in consistence than normal. This change in consistence cannot, however, be accompanied by any deficiency in the active ingredients of the secretion, as it is able to prevent the onset of any symptoms of athyroidism. The appearances just described are evidently those of glandular tissue working at high pressure, and just able to supply the necessary amount of secretion without storing any in reserve in the alveoli as is usual in the normal gland.

In illustration of these changes he referred to an experiment in which the whole of the left lobe and the greater part of the right was removed from a monkey. After the operation there was slight hebetude and harshness of the voice. No other symptoms developed, although the animal was kept under observation for fourteen months, and then was killed as it had contracted general tuberculosis. A piece of glandular tissue which had developed from the small portion of the right lobe left at the operation was found weighing 0·42 gram., showed the changes in structure which had taken place. The folding of the epithelium giving a larger secretory surface is clearly seen, and in some of the smaller alveoli near the centre the consequent irregular shape of the lumen is evident. The epithelial cells had become columnar in type, while the colloid was scanty, and seemed to be of watery consistence.

The remarkable results shown by Dr. Rose Bradford to follow the excision of a portion of the kidney, described by him in his Goulstonian Lectures last year, raise the question as to whether these changes in the structure of the thyroid are due entirely to the want of that body acting as a stimulus to the compensatory growth of the gland, or whether they are in any way due to some other local or general effect of the operation itself. If the compensating growth of the one lobe takes place simply in response to a call for more secretion to make good the loss of the other lobe, no hypertrophy should take place if this want is fully supplied from other sources. This point may be tested by removing one lobe of the gland and giving thyroid secretion continuously for some time, and then removing the other lobe for examination. If no changes indicating compulsory hypertrophy are found in the second lobe, it goes far to show that the hypertrophy develops simply as the result of an insufficient amount of thyroid secretion being present in the blood.

Similar appearances were found by Halsted in the thyroid gland of several healthy dogs. The occasional occurrence of such changes in apparently healthy animals is at present difficult to explain. The interesting point in this case is that after the prolonged interval of sixteen weeks, during which the extract was given, the left lobe was found to be paler in colour, and weighed 0·25 gram. The microscopical structure was normal, and showed no signs of commencing compensatory hypertrophy. If this lobe was originally in the same condition as the right the treatment seems to have restored it to a normal condition, and if not it at any rate showed no signs of compensating hypertrophy. As far as they go these experiments tend to show that if the proper amount of secretion is supplied after removal of one lobe compensating changes do not take place in the other.

In connection with this part of the subject he had tried the effect of prolonged administration of thyroid extract upon the healthy thyroid gland. It is well known that parenchymatous goitres often decrease in size when treated by thyroid extract. One explanation of this result is that a partial atrophy from disuse is established when the full amount of secretion is supplied from an external source. Two experiments have been made to ascertain if any atrophic changes could be induced in the healthy thyroid gland by supplying secretion ready made as it were and so doing away with the normal stimulus to secretion. The thymus atrophies after the first year of life from disuse, and the thyroid does so itself in old age, possibly for the same reason.

In the treatment of goître it is advisable to begin with 10 minims of liquor thyroidei each night; in the course of a few days, if the pulse is not accelerated beyond 90 or 100, this dose may be given twice, and at the end of a week thrice daily. If well borne, the dose may be still further increased. The treatment should be continued for three or four weeks to give it a fair trial, and longer if the goître continues to decrease in size. In several cases in which the general enlargement of the gland has been sufficient to cause dyspnœa by compressing the trachea, so that an operation had to be considered, the gland has been reduced to two-thirds, or even one-half, of its former size, and all the symptoms of pressure removed, and with them the necessity for an operation.

The beneficial effects of this treatment may be due to the iodine which is present in combination with a proteid in thyroid extract, for iodine has long been used with good results in the treatment of goître. It has been seen that the healthy thyroid of the monkey showed some signs of diminution in size under the same treatment, and this suggests that the decrease in size in goître may be due to part of the enlarged gland passing into a resting condition, and consequent diminution in size if there is not an actual disuse-atrophy as a result of the treatment.

Exophthalmic goître, with its many varying phrases, is a disease of great interest from several points of view. Its various clinical types, and the great difficulties in treatment it often presents, render a true solution of the problem of its pathology of the greatest importance.

The circulatory and nervous systems have each in turn been considered to be at fault, and it is only recently that attention has been drawn to the important part which is played by the thyroid gland in the pathology of the disease. The central and sympathetic nervous systems have been carefully examined in a considerable number of cases; in some they have been found quite normal, in others various lesions have been described, but these have varied in different cases, and on the whole appear to be rather secondary than primary in origin. The lesions found in the thyroid gland are far more constant in character than any yet described in the nervous system, and it is the most obviously diseased organ to be found in a case of exophthalmic goître.

In nearly all cases of exophthalmic goître there is a palpable enlargement of the thyroid gland. On looking through his casebooks he had found notes on 70 cases of exophthalmic goître which he had seen during the last nine years in the North of England, where the disease is not uncommon. Of these 8 were men and 62 women. All the 8 men had enlargement of the thyroid; of the 62 women all except 3 had enlarged thyroid glands. Taking both sexes together, only 4·3 per cent. of these cases had no goître. It has been shown by Maude that in some cases enlargement of the gland may be present at one time and not at another, so that even in these three cases, which were only seen a few times, there may have been some enlargement at some other time during the course of the disease which had escaped observation. In any case, in 95 per cent. of my cases, there was either enlargement of the gland at the time the case was seen, or there was a distinct history of enlargement at an earlier stage.

The enlargement of the thyroid gland in exophthalmic goître is as a rule uniform. In cases of long duration it may be irregular in shape and consistence owing to the development of fibrosis leading to the formation of irregular strands and masses of hard fibrous tissue in some parts of the gland. The veins on the surface are large and their walls are thin. In well-developed cases the goître is very vascular, and the arteries are dilated and tortuous, indicating that there was a liberal supply of blood during life. On section the cut surface presents a uniform appearance; it is lighter in colour and exudes less colloid than a normal gland. The general appearance is that of a gland in a state of great secretory activity, and has been aptly compared by Greenfield to that of the mammary gland during lactation. The number of alveoli is not only increased by the total increase in size of the gland, but in equal areas more alveoli are seen than in the normal gland. In many places the lumen of the alveolus is irregular in outline owing to the folds of the alveolar wall covered with epithelium projecting into it, so that, even when the gland is but slightly enlarged, there is a marked increase in the amount of the secretory epithelium. The lumen of the alveolus is in consequence diminished in size, in some cases to a considerable extent. The actively secreting part of the gland is thus increased at the expense of the storage room, which is so ample in the normal gland. The epithelium which lines the alveoli and covers these folds is changed in type, for the cells, instead of being flat or cubical, are tall and columnar. There is less secretion to be seen lying in the alveoli than in health. This diminution in quantity is partly due to the decrease in the amount of storage room. In addition to this, however, the alveoli are only partially filled, an appearance which suggests that there is a more rapid removal of the secretion from the gland than in health. The colloid is also more watery in consistence, and it stains less deeply than normal. Eosin does not stain it at all, and Renant considers that it resembles fœtal colloid more nearly than that found in the healthy adult.

It will be seen that the structure of the gland in exophthalmic goître resembles that in compensatory hypertrophy in a remarkable manner. In both there is the increase in the secreting structures as shown by the plication of the alveolar wall, in both the epithelium is changed from a cubical into a columnar type, while the secretion stored in the alveoli is less in quantity and more watery in consistence. The changes in compensatory hypertrophy are known to afford an indication of increased activity, so that it is fair to infer that the changes found in exophthalmic goître show that hypersecretion is going on. For other reasons the most rational explanation of the complex symptoms of this disease appears to be that they are due to an excessive formation and absorption of the secretion of the thyroid gland, which may or may not be altered in composition, and to the constant presence of this excess in the blood, and to its action upon the metabolism of the tissues generally, but more especially of the nerve centres in the medulla.

According to this view exophthalmic goître is the opposite condition to myxœdema, the former being the result of excess as the latter undoubtedly is of lack of thyroid secretion in the blood. This is supported by the strong contrast which is presented by the symptoms of the two diseases, a contrast which is nearly as marked as that between the small fibrous and atrophied gland of myxœdema and the enlarged hypertrophied gland of exophthalmic goître. Associated with the former there is increase of weight, stolidity, subnormal temperature, dryness of the skin due to diminution of cutaneous secretion, with increase of electrical resistance and slowing of the pulse, while with the latter we find emaciation, nervousness, normal or raised temperature, moist skin due to increase of secretion, with diminished electrical resistance and acceleration of the pulse. One may conveniently express the relationship of myxœdema to exophthalmic goître in their various degree of severity in the following diagramatic manner. Taking 100 as representing the normal amount of thyroid secretion in health, then 75 per cent. is probably about the amount of secretion formed in those cases of early thyroidal fibrosis with slight myxœdema. If half the glandular tissue is destroyed and only 50 per cent. of secretion is formed, the symptoms will be moderate. If 25 per cent. the symptoms will be well marked, and if none at all is found they will be severe. In the reverse way, in exophthalmic goître 125 per cent. of secretion would be present in a slight case, 150 per cent. in a moderate one, 175 per cent. in a well-marked one, and 200 per cent. in a severe case.

In myxœdema these percentages are in probability approximately correct. In exophthalmic goître, however, there are no means of ascertaining how much secretion is actually formed. It may amount to much more than double the normal quantity in a severe case, so that these percentages are purely relative, and must not be taken to indicate the actual amount of secretion present in the blood.

Another interesting point in the relationship between the two diseases is the repeatedly observed fact that recovery from exophthalmic goitre may be followed by myxœdema, while, as far as is known, exophthalmic goître has never been observed to develop in a patient already suffering from myxœdema. In some cases the symptoms of exophthalmic goître diminish as those of myxœdema develop, in others there is an interval of good health between the disappearance of the exophthalmic goitre and the onset of the myxœdema. In a case recorded by Baldwin exophthalmic goitre developed in 1887 and recovery took place the following year, Two years after, in 1890, myxœdema developed, which three years later was successfully dealt with by the thyroid treatment. In a similar case recorded by Jeffroy and Achard, and quoted by Moebius, the exophthalmic goître existed for twenty-three years and then subsided, to be followed by myxœdema. After death the nervous system was found to be quite normal, and the thyroid gland in an advanced stage of atrophy. It thus seems evident that the development of thyroid fibrosis in exophthalmic goître, by lessening the over activity of the gland, leads to a subsidence of the symptoms, which, if the fibrosis and atrophy progress far enough, are replaced by those of myxœdema. While these changes are taking place in the gland, the symptoms may pass from those of severe exophthalmic goître through all the stages mentioned in the table to those of severe myxœdema.

One or two cases have been recorded in which the symptoms of myxœdema are said to have coexisted with those of exophthalmic goître. The reasons for asserting the coexistence of the two diseases in these cases seem to be rather slender, and to be largely founded on the presence of an irregular brawny swelling together with the symptoms of exophthalmic exgoître. A firm subcutaneous swelling is sometimes met with in some parts of the body in exophthalmic goître, but it certainly was not myxœdematous. It is important to have such cases carefully reported, so that more information may be obtained on this point. The persistence for a time of a few symptoms of exophthalmic goître in a case of long duration which was passing into myxœdema is not unlikely, for the effects of the long continued action of an excess of secretion on the nerve centres in the medulla, may easily remain for a time even after the thyroid had begun to atrophy, just as the effects of the action of lead or the toxins of diphtheria on the nervous system persist long after they have ceased to act.

The physiological effects of thyroid secretion in large doses are of special interest in this connection. Exophthalmic goître, though rare in the lower animals, has been observed in the horse, the cow, and the dog, so that if the right cause is brought into operation there should be no great difficulty in producing the disease in one of these animals. As we are ignorant of the causes of the change in structure and activity of the thyroid gland in exophthalmic goître, attempts can only be made to reproduce the symptoms we believe to be secondary to the excessive activity of the thyroid. This can be done either by grafting an excess of thyroid gland tissue into an animal, or more certainly by feeding it with large quantities of thyroid secretion. or by injecting it beneath the skin. Ballet and Enriquez, by feeding dogs with the thyroid glands of sheep, produced distinctive symptoms in three out of six cases. These symptoms were elevation of temperature, tachycardia, tremors, conjunctivitis, emaciation, and in one animal quite distinct exophthalmos.

Still more important are the results which have been observed and follow large doses of thyroid extract in man. A condition of thyroidism seems to be more easily produced in those who have recovered from myxœdema than in those who have normal thyroid glands. It may develop rapidly if large doses are given, or more slowly if smaller, but still excessive doses are given for a long period. The earliest and most common symptom is increased frequency of the pulse. The patient complains of palpitation, and the heart beats violently 100, 120, or 130 times a minute. A fine tremor of the hands is often present, and the skin is flushed and moist. If the large doses are continued for some time emaciation also takes place.

In addition to these symptoms, elevation of temperature, restlessness, loss of sleep, polyuria, albuminuria, glycosuria, partial paraplegia, sensation of heat, and diarrhœa, all of which are occasional symptoms of exophthalmic goître, have been recorded. In one remarkable case Béclère observed exophthalmos and rapid respiration in addition to other symptoms among those already mentioned in a woman who had suffered from myxœdema, and had taken 92 grams of thyroid gland in eleven days.

Some remarkable toxic symptoms have been observed in some cases by Horsley and Rodocanachi, Paul, and other surgeons, to follow partial removal of the enlarged thyroid gland. The most common symptoms which have been observed are fever, great frequency of the pulse (amounting to 150 or even 180 beats in the minute), rapid respiration, and great restlessness. In some of the cases the termination has been fatal at the end of a few days. Such symptoms have not been observed after a total thyroidectomy, so that they are not a result of the operation itself. The symptoms have occurred in cases of exophthalmic or soft parenchymatous goître after removal of one lobe of the enlarged gland, and especially when it had been so much handled or squeezed during the operation. In several cases a profuse flow of thyroid secretion has been observed to take place after the operation from the divided isthmus into the wound. The symptoms are similar to those in acute cases of exophthalmic goître, and in thyroidism artificially produced in the manner already described, and are evidently due to absorption from the wound of thyroid secretion poured out from the cut surface of the gland, or a large quantity of it being squeezed during the operation into the lymphatics, and so into the blood stream.

This absorption of the secretion is a source of real danger in operations for goître, and especially in cases of exophthalmic goître. If, however, the gland be handled as little as possible during the operation, the cut surface is sealed by the cautery, and a free exit is provided for any secretion which may find its way into the wound, such symptoms will in all probability but seldom arise.

It is now well known that thyroid extract has a bad effect on patients with exophthalmic goître. Under its influence the pulse becomes more frequent and the other symptoms are increased. In some instances where other treatment had been followed by a marked improvement the administration of thyroid extract had been followed by a relapse into the former condition. In short it should never be given in exophthalmic goître, as it is only adding fuel to the fire.

The results of surgical treatment of exophthalmic goître, undertaken with the object of reducing the amount of secreting tissue by removal of one lobe, or of inducing atrophy by ligature of some of the arteries which supply the gland, are of great interest. Unfortunately the operation itself, though sound in principle, is at present by no means free from risk. The steady improvement, however, which has resulted in many cases in which it has been successfully performed affords still further evidence that the symptoms of exophthalmic goître are due to the overactivity of the thyroid gland.

It is a fact of considerable interest that along with the enlargement of the thyroid gland in exophthalmic goître other ductless glands may be increased in size. The thymus gland is very often enlarged; in all the cases recently examined at St. Thomas's Hospital Dr. H. Mackenzie has found the thymus persistent and enlarged, the microscopical structure being normal. Exophthalmic goître and acromegaly are sometimes found to occur together. He himself had recorded two examples of this and collected records of three others. In acromegaly the pituitary gland is enlarged, and the enlargement seems to be analogous to that of the thyroid in exophthalmic goitre, so that there is the remarkable fact that all these three ductless glands may be simultaneously enlarged. No explanation of this is forthcoming, but it suggests that possibly some common factor may be the cause of the enlargement. That some association exists between the thyroid and pituitary glands is further shown by the enlargement which takes place in the latter when the former is removed or disabled by disease.

These facts all indicate that in the treatment of exophthalmic goître attention should be directed to the thyroid gland. Time will not allow the discussion of the question of operative treatment, but there can be little doubt that removal of part of the enlarged gland is a rational method of treatment, and when the risks of the operation are diminished it should be more frequently employed in severe cases in which medical treatment has failed to do good. Of medical treatment much has been written. Inunction of red iodide of mercury ointment over the goitre and belladonna given in large doses internally, so as to check the hypersecretion of the gland, have proved most serviceable. If the palpitation is excessive, convallaria has proved more useful than any other member of the same group of drugs. If there is great nervousness the bromides have done good. In only one case have decidedly good effects followed taking thymus. In this case three tablets of dried thymus were taken each day for nine months, for the last six and a-half of which the red iodide of mercury was used as well. As a result of this treatment the pulse-rate, which varied from 132 and 148, fell to 84, the thyroid gland, which had been considerably enlarged, returned to its normal size, the tremor became much less, and the exophthalmos was diminished.

# NOTES ON THE PLAGUE. (a)

## Collated

## By Sir CHARLES A. GORDON, K.C.B., M.D.,

**Surgeon-General (retired), Hon. Physician to Her Majesty the Queen.**

(*Concluded from page* 317.)

In further considering evidence brought before the Committee on Plague, and otherwise published, the same mode of arrangement as that adopted in the former articles is observed in the remarks which follow, bringing the whole down to the end of March, 1899. As in the former articles so now particular items of evidence are recorded in the order in which they appear in papers quoted from, namely:—

### 1. Diagnosis.

At Barisal the type of plague was purely pneumonic, and very virulent. In Calcutta deaths by it were registered under other names. Dr. Hossack had experience of a modified form of the disease at Poonah; he had seen mild cases of fever with enlarged glands, which he did not believe were of plague. So had Dr. Bannerjee. Although direct evidence was wanting that native doctors returned plague deaths as something else, suspicious deaths were so returned by friends of patients.

Surgeon-General Harvey was of opinion that the records of causes of deaths were incorrect; that a system of death certificates, though possible, would be unpopular; Dr. Ferras that there never had been plague cases in Calcutta, but simply cases of malignant fever. He had seen similar cases which were indistinguishable from plague except bacteriologically.

Dr. Hankin considered that, as a rule, plague was easily diagnosed by means of the microscope, but that in certain cases diagnosis was extremely difficult, revealing only a few isolated and faintly stained bacilli; in others microbes, degenerated in form, variable in size and shape. There was no doubt that in some no microbes were visible at the time of death, as proved by the German and Austrian Commissions.

Colonel Thomson looked upon the suggestion that mahamari and plague were identical as being a pure assumption. At Jawalpore, according to Dr. Elphick, of 116 cases of plague there were buboes in 81; no external buboes in 35. Of the former 22 recovered and 59 died; of the latter all but one died. Of the 35 cases 19 were of pneumonic plague, 1 of internal hæmorrhage and bubo, 15 believed to be of septicæmic type. He believed that the incubation period was about five days. In the Agra district Captain Grant reported that the early cases were pneumonic, and invariably fatal; afterwards they were bubonic, and then some recoveries took place. Captain James, of Lahore, had seen mild cases of *pestis ambulans*, principally at the end of the epidemic, and among boys.

Captain Wilkinson had not seen any pneumonic cases in the Punjab. Major Ross said the information given of cases was insufficient. Not more than 30 per cent. were reported. Major Skinner disagreed with Dr. Cobb and Dr. Simpson in their diagnosis of cases of fever with buboes in the Shropshire regiment. The cases in that regiment resembled malarial cachexy; the patients were anæmic, and had buboes; six deaths occurred. Some had acute intermittent or remittent fever, and developed buboes while under treatment. There was generally no fever until the bubo suppurated.

At Kurrachee the native doctors did not conceal cases, nor did they report the causes of deaths incorrectly.

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(a) From Reports principally in the *Times* and Indian papers.

Colonel Maconachie, of Poonah, said the noticeable features of plague were the patient's staggering gait and whispering voice. There was no difference in the symptoms of Europeans and natives.

Dr. Mackenzie said that in Kurrachee malarial fever declined when the plague raged. When buboes were confined to the femoral region the chances of recovery were favourable.

At Lahore, Muhamed Nawaz Shah said that there was a disease much like plague, which passed off of itself in children and youths of 20 or 22 with fever at the end of December and in January. Timid and nervous people were most liable to that disease.

### 2. INDEMNITY.

Mr. Griesbach gave evidence pointing to the trap and crystalline area as being specially adapted to the spread of plague. Bombay and the Deccan are situated on the trap formation. Epidemics cling to localities in a manner influenced by geological formation.

At Calcutta several cases of suspected plague occurred sporadically. At Nasik and Malagon, endemic as well as imported plague was mentioned by Mr. Silcock. At Bombay, evidence went to show that the disease had been endemic for centuries. In the district of Satara the majority of villages affected were situated on the banks of rivers.

### 3. LIABILITY.

Dr. Bose, of Calcutta, noticed that his patients were young or middle-aged. He believed that old age was immune from plague. In Agra district Captain Grant found all his cases were among grain dealers (bunnyas) in the first epidemic of November, 1897; but in its recrudescence in January, 1898, plague was not confined to that class. At Kurrachee Mr. Kaka found that the disease had a tendency to persist in certain sects of the people. Dr. Niblock found that its incidence was the same in both sexes. At Lahore Dr. Clark was of opinion that all races were equally liable to it. At Daman the greatest mortality was among the Mahomedans. At Bombay, according to Professor Gajjar, attacks by plague were most frequent during night.

### 4. SEASON.

In the district of Barisal the first case of plague occurred on September 4th, 1898. In Calcutta, according to Dr. Bose, in the first week of April in that year; at Hurdwar, according to Colonel Thomson, it was discovered in April, 1897; it continued to prevail till June, when it ceased, but in that month spread to Kurnal, where it continued till the end of the year. According to Mr. Winter, however, the epidemic at Hurdwar continued till May, 1898. At Kurrachee the first case of plague occurred in December, 1896, the epidemic ceasing in July, 1897. A second epidemic appeared in March, 1898, and in January, 1899, was still prevailing. At Sukkur seasonal heat had no effect in reducing the disease, the temperature being 115 degs. F. in the shade.

According to the evidence of Mr. Sladen the epidemic at Kurrachee was on the decline from September, 1898. In the state of Palampore the first epidemic began in February, 1897; it continued till May of that year, then ceased; in the following August a second epidemic appeared. At Mandvi it prevailed from March till August, 1897. At Ahmedabad it occurred in October, 1896; at Umrath in September, 1898; Baroda in February, 1897, occurring as a second epidemic in October, and continuing till the following April. In Surat it occurred in December, 1896. At Belgaum it began in July and ceased in September. At Ahmedabad a second epidemic appeared in October, 1897, and continued till March, 1898, when it ceased.

### 5. PLAGUE BACILLUS.

Surgeon-General Harvey stated that the plague germ had sprung from a pre-existing germ. It would not flourish except in a suitable environment of dirt and poverty.

Dr. Cook at Calcutta had examined twenty cases of plague, and found the plague bacillus in nearly all.

Colonel Adams, of Rijpootana, stated that the germs of plague were carried great distances in persons' clothes.

Dr. Cobb and Dr. Simpson had declared that in the blood of cases of plague in the Shropshire regiment, bacilli were found. Major Skinner had examined all the specimens and found no bacillus. Other evidence bearing upon this subject in relation to diagnosis is quoted under that heading.

### 6. HOW COMMUNICATED.

In Barisal, two aged women who were in constant attendance on patients in the same house, were not attacked. Many who left Calcutta were not ill while travelling, but fell ill the day after arrival (at Barisal). Dr. Rose said that plague was brought to Calcutta by six men from an infected district in Bombay, they carried the infection in their clothes and bundles. There was no specific instance of men coming from Bombay with the plague, but only suspicion. He traced the infection from street to street by human agency. He did not believe that grain or articles of food carried infection. Dr. Hossack was of opinion that it was impossible to trace the connection of infected cases. Colonel Fullerton said that there were three imported cases of plague among railway passengers, but no others in Baluchistan.

Captain White was of opinion that accidental inoculation by abrasion of the skin or mucous membrane was the exception rather than the rule. He doubted whether such abrasions were sufficient to account for the large number of femoral, inguinal, and axillary bubos which amounted to 75 per cent. of total cases. Colonel Adams believed that plague spread in a limited way by rats. Captain Grant, of Lahore, that cases treated in hospital seldom or never communicated the disease. Captain Wilkinson, that it was conveyed by human agency, there was no evidence that it was conveyed by rats or clothing; attendants in hospital were not attacked. Major Ross, that in Poonah it was transmitted by human beings, clothes, and rats. In the case of the Shropshire Regiment, Major Skinner considered that there was no infection.

At Kurrachee, Dr. Mackenzie was of opinion that infection entered by means of cargo, or by rats. The second epidemic at that place spread rapidly, owing, it was said, to evacuation of the houses causing the rats to scatter. Mr. Kaka was of opinion that rats spread the disease. Colonel Maconachie that Poona was infected by railway passengers.

In the city of Ahmedabad, of the first three cases, one occurred in a person arriving from Bombay, two in residents employed in the goods yard. In one village of that district the infection was said to be wind borne. At Umrath, in September, 1898, that it was imported from other villages, the infection possibly conveyed by fleas. Persons employed in washing disinfecting houses with lime were attacked. Most of the cases spread by human agency. In Baroda and Nasik it was said to be conveyed by human agency. At Surat, to have been imported from Bombay. Human agency was thought necessary for importation of the disease. Grain was not a factor in its dissemination. At Daman, believed that it had been imported from Kurrachee by the crew of a native craft.

Lieutenant-Colonel Waters was of opinion that in Bombay the origin of plague was associated with the protracted storage of grain prevalent in India; that plague germs were mainly disseminated by the wind. Professor J. Gajar, of that city, attributed the disease to air germs, foul gases from decomposing animal matter in the soil. Dr. Kristina, that it was infected direct from Hong Kong by means of Chinese goods. Evidence next went to show that it had not been imported, but was indigenous, and had been so for centuries. At Poonah contagion was said to be rare except in the pneumonic form of the disease.

### 7. Water, Milk, &c.

No reference to either vehicle of zymotic affection occurs in the evidence available for the purpose of the present notes.

### 8. In Relation to Animals.

At Barisal, Dr. Justice attributed epidemic plague to the presence of dead rats. In Calcutta a heavy mortality of rats was noticed in March and April, plague having appeared in the latter month, but, according to Dr. Bose, there was no evidence that those animals had died of plague. Captain Bingley believed that the epidemic was due to rats from the river landing places. At Poonah, Dr. Hossack had a suspicion that rats diffused the plague, although at the commencement of the epidemic there no rats were seen. At Hurdwar, while plague prevailed, there was a concurrent mortality of monkeys. In the Agra district, plague was by the villagers called "the rats." No rats were met with however. At the beginning of the second epidemic at Kurrachee an extraordinary number of dead rats and others dying were found in the Jeryia Bazaar. At Lahore, according to Captain Wilkinson, the victims in one village were rats, while no human being was attacked. In his opinion, there was no positive proof that rats communicated the disease to people. At Vinsol, dead rats were seen a fortnight prior to the first case of the plague; during the epidemic fleas swarmed. In Broach, Mr Pettigara had known squirrels and cats to die of plague; he cited a case of infection from a cat. At Bombay, Dr. Mahomed suggested that plague might have been brought from Hong Kong by ships carrying *fomites* or dead rats. At Ahmednuggur there was no great mortality among the rats.

### 9. Anti-Plague Serum.

Surgeon-General Harvey was of opinion that it would be advisable to standardise Haffkine's fluid. Of that fluid Dr. Cook examined twenty five bottles, in seven of which he found impurities, including *sarcina* and *mesentericus*. He did not think that organisms which might be mistaken for those of plague could live in Haffkine's fluid, but of six bottles sent from Hyderabad, one contained impurity. Captain Johnstone tested seven different "brews" of Haffkine's serum, and found all contaminated, some with pathogenic organisms. At Surat that serum was considered valuable, apart from its prophylactic properties, because it gave the people a sense of security. At Bombay, Dr. Mayrs described the treatment by means of Lustig's curative serum; in two cases of plague three injections resulted in recovery of the patients.

Dr. Haffkine stated that though this prophylactic was generally sterile, it was impossible to avoid occasional impurities, but the danger therefrom was insignificant.

Dr. Fraser and his colleagues have decided to put under special observation a certain number of cases as they arrive in hospital, to treat one half of them with Professor Lustig's serum, and give the other half such assistance as the hospital affords without the serum. They thus hope to arrive at a just and reliable estimate of the efficacy of the serum in plague cases, as compared with the usual hospital treatment.

Our knowledge of the nature of the material of serums is so limited, and the conditions of their preparations so manifold, varying, and uncontrollable that it is well nigh impossible to manufacture them twice with identical properties. In addition, the experience gained by their use upon the lower animals is not always verified in man. The action of a body of bacterial origin is confined to one disease, and influenced by a variety of conditions including predisposition and resistance. Hence, the oft repeated experience that cases looked upon as favourable for bacterio-therapy have frequently had a fatal termination, the Plague Commission has, therefore, proposed to mix and average the serums obtained from different horses at the Parel laboratory—for everything is not yet know of the possibilities of the Lustig serum.

### 10. Inoculation.

At Calcutta Dr. Bose was converted to the principle of inoculation because he was unable to resist the evidence of facts. Dr. Hossack mentioned three cases of plague among Europeans, of whom one, a nurse, had not been inoculated. Dr. Cook made cultures from heart's blood, lung stuff, sputum, and other things. He inoculated animals from his cultures, and killed them with unmistakable plague. Captain Clark said that in the Hushiarpore district 1,467 inoculations were performed; some of those inoculated took the plague, but in other villages there were cases of that disease. Captain Jenny at Kurrachee used Dr. Simon's curative serum with a slightly favourable result, Colonel Maconachie was inoculated with Haffkine's prophylactic, the dose being three centimetres. On the following morning he had slight fever, but the temperature did not exceed 103° F., no vomiting or diarrhœa. He had never seen dangerous symptoms resulting from inoculation. Dr. Nazareth inoculated forty-seven patients with Professor Roux's serum, the dose forty cubic centimetres each; of these twenty-five recovered. The effect of the inoculation was generally marked. It almost invariably failed in pneumonic cases, where the glands were suppurated. The treatment was supplemented by stimulants.

At Lahore Captain Clark said that inoculation gave very beneficial results. Many hundreds were inoculated, and there were no cases among them, whilst there were several among the uninoculated. More notable results were in connection with the disinfecting gangs which were partially inoculated. Among the smaller number of the uninoculated there were many cases, In other instances, from among nine men inoculated there was no case, whilst from fifty men not inoculated there was one case. Among sixty inoculated elsewhere there was no case; among twenty not inoculated, but one case. At Baroda, of 513' persons inoculated there were three deaths; of 437 uninoculated, nine deaths. At Kylee, of 1.159 inoculated, nine deaths; of 2,162 uninoculated, 110 deaths In some cases evil results followed inoculation, but it was doubtful whether they were due to that operation. Among the patients who recovered, the disease was milder in the cases of the inoculated than the uninoculated, At Surat 121 persons were inoculated, none of whom became attacked by plague; there the usual measures were adopted. At Nasik and Bombay Mr. Stewart had no experience of inoculation, but he strongly advocated evacuation and disinfection. In Mazagon and Tarwadi districts, of 7,000 persons inoculated there was only one death from plague. Mazagon was totally evacuated, and 12,000 persons removed into camp.

At Poonah Lieutenant-colonel Fawcett reported that inoculation was but a makeshift; useful perhaps, in times of trouble, but cannot take its place among the great sanitary laws. At Satara people refused to be inoculated.

M. Haffkine considered that the general low mortality among inoculated people was due to the fact that the inoculation of pathogenic microbes influenced the course of diseases by other infections as well as plague.

Elsewhere the remark occurs that the existing methods of administering both the preventive and curative serums has involved an enormous amount of waste, and failed to do the amount of good they might otherwise have effected. The faith of the public in the Lustig serum depends upon its judicious employment in competent hands, and at present, in spite of its success in many grave cases, it has not gained general confidence.

*(To be continued.)*

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# Lecture on

# RACHITIC DEFORMITIES.

## Delivered at the City Orthopædic Hospital.

By CHISHOLM WILLIAMS, F.R.C.S., Ed., &c.,

Assistant Surgeon, City Orthopædic Hospital, E.C.

Gentlemen,—Before proceeding to the consideration of "Rachitic Deformities," it will be well for us to briefly consider the disease itself. Rickets is a general disease, affecting the nutrition of the whole body in infancy and childhood. It is characterised by an arrest of natural growth and development, with a perverted and delayed calcification of the whole osseous system and enlargement of the glandular, more especially such abdominal glands as the liver, spleen, and lymphatics.

*Etiology.*—The disease is most commonly developed about the end of the first year. It is said to be somewhat rare before the sixth month (I have recorded eleven cases, of well-marked rickets, between the third and sixth month). It may occur at any later age up to about eight years, and a few cases have been reported at 12 or 14 years, at these later years it is termed "recrudescence of rickets," and it is very difficult to say if the disease has only just been developed, or whether it has remained dormant from early infancy. This disease is never congenital, and the term "fœtal rickets" is misleading, as it refers not to true rickets, but to early cases of sporadic cretinism. The most frequent causes are undoubtedly improper food and feeding, both as regards quality and quantity Starch and starchy foods are powerful agents in its development. Regarding "patent foods," according to a series of cases reported by Dr. Baxter, as many as 92 per cent. of his patients had used patent food, but this I think somewhat high. I have only been able to obtain a history of this kind of feeding, wholly or partially, in 66 per cent. Bad hygienic surroundings, as dampness, want of fresh air and sunlight, and deficient accommodation, debility on the part of the mother, whether caused by disease, excessive childbearing or over-suckling.

*Pathology.*—In the bones any natural curve is exaggerated, but later secondary curves may develop. The epiphyseal junctions are enlarged, owing to their bulging from pressure between the epiphysis on the one hand, and the diaphysis on the other, the intermediate cartilage very slowly and imperfectly calcifying. In a rachitic bone, on section, one sees that the epiphyseal cartilage is much in excess of normal, and although calcification is progressing it is irregular and incomplete, and the line of ossification, irregular and jagged, also islands of calcareous material are found in the enlarged epiphyseal cartilages, and portions of unaltered cartilage are to be seen in the most recently newly-formed bone. Microscopically, there is great irregularity in the rows of cartilage cells and much imperfectly formed bone. Under the periosteum similar changes take place, instead of new normal bone being formed, there is layer on layer of soft animal matter, very imperfectly ossified. These layers have been termed "osteoid tissue." Deformities occur most frequently in the following order:—Extremities, thorax, spine (kyphosis, scoliosis, and lordosis), skull, pelvis. Parchment-like crackling on pressure on the bones of the vault, more especially in the occipital region, has been named by Elsässer "craniotabes," and is said to be observed also in congenital syphilis. The fontanelles remain unclosed long after the second year. The urine contains more phosphates, less urea and uric acid, than normal.

*Prognosis*—Depends entirely upon the duration of the disease, if short, easily arrested, and pulmonary complications warded off, it is favourable. After-growth is never perfect except in the mildest of cases. Regarding bony deformities, the younger the case the easier the rectification, the more extreme cases are due to imperfect general treatment at an early age, and allowing the bones to take care of themselves, which may cause a dense, buttress-like mass to form on the concavity of the bones, which will perpetuate the deformity and require the more severe measures for their relief.

*Complications.*—Rachitic children are extremely sensitive to cold, and are especially prone to catarrh, both pulmonary and intestinal broncho-pneumonia being the most common cause of death in this disease. Laryngismus stridulus is particularly frequent. Tetanic convulsions may occur in a few cases.

*Symptoms.* The earliest noted by the parent are usually vomiting and diarrhœa, and bending of limbs, but long before the latter have developed we find sweating of the forehead, mostly at night, kicking off bed-clothes, and general restlessness, the hair on occipital region being often worn off; excessive and unnatural tenderness on handling, with general lassitude. The abdomen is enlarged over the whole of its area, due to flatulence from the gastric and intestinal catarrh, and this increase in size may be partly due to enlargement of both liver and spleen; most frequently there is diarrhœa, but in a few cases there may be constipation, or alternating diarrhœa and constipation, the motions being pale and of putty-like consistence and extremely offensive. Urine is often increased in quantity, and loaded with phosphates. The head is unduly large and the forehead square, with prominent frontal eminences, the teeth late in appearing, deficient in enamel, and more or less rotten, the chest yielding to atmospheric pressure, presents two grooves, running downwards and outwards, just inside the nipple lines, and another groove transversely across lower part of thorax, the liver keeping the lower ribs and cartilages from falling inwards, thus producing the deformity known as "pigeon breast." The clavicles present a well marked bow near their inner extremities. At the junction of ribs and cartilages the swollen epiphyses can be felt and often seen, producing the so-called "Ricketty Rosary." The long bones give way in the direction of their normal curves, other curves being produced later, giving rise to knock-knees, bow-legs, and other deformities. The swelling of the epiphyses and the thickening of the cranial sutures are found in the vast majority of cases. The spine in the younger patients presents a long even convex curve, from the cervical to the sacral regions, which disappears almost entirely on raising the child up by the axillæ. Scoliosis is not very common, and lordosis is somewhat rare in early years. The pelvis may be affected, either being triangular or hour-glass shaped. Most rachitic patients are of stunted growth with weak and flabby muscles, in general condition they may be either very thin, or very fat, but when the latter, the fat has not the usual firmness of health. Muscular action can have but little to do in producing deformity, the chief causes being pressure and force of gravity.

### Treatment.

Resolves itself into five component parts—the hygienic, dietetic, medicinal, mechanical, and operative.

*Hygienic.*—Advice should be given as to general hygiene, and the child should at all times be thoroughly and warmly clad, abundance of fresh or freshly-prepared food, fresh air, with particular stress laid on the avoidance of chills and cold. Daily baths, tepid in winter to nearly cold in summer, night and morning, preferably sea-water, or its excellent substitute, sea-salt water, being used, to be followed by plenty of good friction, or, if possible, systematic massage, this seems to be of greatest value in the "tenderness" stage, causing it to disappear very quickly. In very young and severe cases, particularly in females, the child should be kept lying down, but never long in the same position, so that the pressure on the pelvis may be varied, this will tend to prevent any severe deformity.

*Diet.*—Under seven months, mother's milk, supplemented, or substituted if necessary, by fresh cow's milk diluted with at least one-third boiled water, and slightly sweetened with white sugar, with the addition of a teaspoonful of lime water to each bottle, afterwards a little rusks, yolk of egg, broth, or a small quantity of beef tea or gravy daily. Later the milk may be thickened with well-baked wheaten flour. After twelve months strong beef-tea may be added, and meat juice or pounded warm mutton or beef, a few teaspoonfuls daily. Freshly gathered stewed stone fruit is of great benefit in the later feeding of a case, and in older children.

*Drugs.*—As a preliminary step, and almost as a matter of routine, one or more teaspoonfuls of castor oil or rhubarb and soda should be given. Cod-liver oil, either alone or combined with steel wine, is a specific in doses from one teaspoonful and upwards, three times daily, half an hour after food. If it seems to disagree, it should be still persisted in, and increased at the earliest possible moment, finding the unaltered oil in the fæces is an indication to lessen the dose for a time. In extreme cases when practically nothing will "stay down," it should be rubbed in freely and lint soaked in the oil wrapped round the child's abdomen. Some patients can take cod-liver oil far easier, if to each dose is added a few grains of ordinary table salt. The various cod-liver oil emulsions in my hands have not had the same success as the crude oil. The phosphorus in cod-liver oil treatment (introduced by Kassowitz) has been extensively tried and found to be no better than the oil without the phosphorus, it consists of one part phosphorus in 10,000 cod-liver oil. A very efficient mixture largely used in this hospital consists of tinct. ferri mur. 10 minims; liq. calcis chlor. B.P. 30 minims; aqua camph. ℥ss., to be given three times daily.

*Mechanical.*—Generally speaking, all cases of bony deformity below the age of five years can be effectually treated with light, well-padded, wooden splints fixed to the concavity of the limb by broad, soft, inelastic, cotton-web straps. The spine may have to be supported by a well-padded leather back splint. Above the ages of five years, and up to ten, light steel supports will be needed, acting in exactly the same way as the light wooden ones. The spine at this period may require a "stoop-splint" if growth is progressing rapidly, or possibly a light steel support.

*Operative Treatment.*—The limbs may be unbent or even "greenstick" fractures produced by the surgeon's hands, and afterwards restrained in plaster of Paris or other convenient media. This, of course, should only be done when the child has been relieved of all its symptoms, except the deformities. At or above the age of ten years one of the many forms of osteotomy will be required. Should the patient be unsuitable or refuse operation, a great deal may be accomplished in relieving deformity and giving comfort to the patient, by the use of light steel supports as mentioned under mechanical treatment.

[During the latter part of the lecture a practical demonstration was given of the various mechanical means adopted for the rectification of rachitic deformities, also photographs, and may plaster of Paris casts from the hospital museum were shown.]

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# Clinical Records.

## ST. GEORGE'S HOSPITAL.

### *Extensive Calcification of an Adherent Pericardium with inveterate Ascites (tapped 52 times) which was attributed to Hepatic Cirrhosis and ineffectually treated by Laparotomy and artificial production of adhesions. Unusual condition of the Peritoneum.* (a)

Under the care of Dr. Wm. Ewart.

The patient, æt. 49, died from the exhausting effects of frequent and repeated tappings, and of increasing anasarca and dyspnœa. The abdomen had begun to swell five years ago, and the legs also slightly. When admitted into St. George's Hospital in July, 1896, the diagnosis of nodular cirrhosis was made on the strength of the predominance of ascites, the enlargement of the liver, the absence of albuminuria, and of any apparent heart failure, the pulse being always good and strong, though at that time pericardial friction and an apical systolic murmur were heard, which subsequently were not again discovered. There was no history of alcoholism, but for some years as a young girl she drank vinegar from the bottle in large quantities habitually. She had had rheumatic fever at the age of 18, and twice since. She was admitted into the hospital again and again merely for paracentesis, after which the liver could be felt below the costal margin. In August, 1897, Mr. Warrington Haward carried out the operation devised by Drummond and Morison. The patient recovered, though peritonitis was set up which was almost fatal. The relief as regards the ascites was purely temporary, and the patient continued to be tapped at intervals until too weak to leave the hospital, where she died on August 17th, 1898.

The post-mortem examination showed that the pericardium was universally adherent to the heart, and was stiffened by a layer of calcareous salts to an extent which must have precluded the contraction of the ventricles. This carapace extended upwards as far as the auriculo-ventricular groove, but not over the auricles, which were not rigid, and their contraction may not have been much interfered with. The ventricular cavities were only slightly dilated, the membranes normal, the orifices slightly dilated. The myocardium rather thin and soft. There was no great hypertrophy of the walls of the auricles. The liver was not cirrhotic but slightly enlarged from chronic congestion, and its tissue soft and greasy without fibrosis. The other abdominal viscera formed together with it an adherent mass, from which the abdominal walls could with difficulty be detached, occupying the upper half of the abdomen. The lower half of the abdomen presented an unusual condition. No bowel was visible except the descending colon, which came into view when the large accumulation of fluid which exclusively occupied this part of the abdomen had been emptied. Into the fluid projected from above a large, spherical mass, the smooth peritoneal lining of which was continuous with that of the ascitic cavity, and almost suggested the idea of a second peritoneal sac. The spherical mass contained the bowel gathered together into a large ball. The investing membrane was of soft consistency, and was partly torn during examination. The adherent viscera, the adhesions between which entirely obliterated the upper part of the abdominal cavity, were fairly healthy. The recurrent ascites is of interest in connection with its cause, which was not cirrhosis as suspected but cardiac obstruction. Drummond and Morison have recorded a case in which at the operation the liver was found not to be cirrhosed, but the cause of the recurrent ascites was not made out, no post-mortem examination having been obtained. This case was similar to the one here described, for the patient survived the operation nineteen months and was tapped sixty-nine times.

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(a) Specimens shown at the Harveian Society of London, March 6th, 1899.

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## SIR PATRICK DUN'S HOSPITAL.

### *Sarcoma of the Suprarenals and Secondarily of the Lung.* (a)

Under the care of J. MAGEW FINNY, M.D.Dub., F.R.C.P.I., L.R.C.S.I., &c.

I AM enabled to exhibit the left lung and the right and left suprarenals, which were the seat of sarcoma, with microscopical sections of the lung made and explained by Dr. O'Sullivan, lecturer in pathology, Trinity College, Dublin. The patient was a man of sixty-six years, who was admitted to Sir Patrick Dun's Hospital, October 1898, suffering from great prostration and cough, and pain in the left side. The only well-marked signs he possessed were those of encysted left pleural effusion, without displacement of the heart, and on exploration the diagnosis was confirmed, and the fluid found to be bloody. This character, and his constitutional cachexia made the diagnosis to be cancerous pleurisy. The patient's colour was very dark, but without the characteristics of Addison's melasma, while the sputum was free from tubercle bacilli, and the urine from albumen. Death from exhaustion took place March 20th, 1899. The morbid specimens showed the left suprarenal to be converted into a mass of bloody sarcoma the size of a goose egg—the natural tissue of the gland was obliterated, and the sarcoma, which was unencapsuled, rested on and partly invaded the top of the left kidney, and was in intimate relation to the renal vein; from this vein a branch passed directly into the sarcoma. The right suprarenal was also converted into a sarcoma of similar character, but it was the size of a small hen's egg. The left pleura was greatly thickened and rough, and contained a quantity of bloody exudation which was strictly encysted, as had been mapped out during life; the layer of pleura pulmonalis was equally thick, and completely separated the effusion from the pulmonary tissue. The centre of the lower lobe of the left lung was a mass of soft broken down sarcoma which seemed to pass at different depths into the surrounding healthy lung tissue. The microscopical character of sections of the left kidney and of the lung showed sarcoma of a mixed character, and what was most remarkable and strange—a number of giant, polynuclear, or myeloid cells—containing as many as twelve or fourteen nuclei, and resembled exactly those found in sarcoma springing from the periosteum or ends of bone. The case presented, therefore, the rare peculiarity—not unknown in the life history of sarcoma—of reproducing cells of connective tissue type, which is not that of the matrix from which it grew, inasmuch as there was a complete absence of any bone disease. The other point of interest lay in the sequence of the diseased organs. From the rarity of sarcoma being a primary disease of the lungs and the frequency of the suprarenals being the first affected, it is not improbable, as Dr. O'Sullivan suggested, that the disease originated in the connective tissue or vessels of the left adrenal, that by the open vein it passed through the left renal vein into the circulation, and directly affected the right adrenal, and by embolic infarction it found its final resting place in the substance of the left lung. The most careful examination failed to show any extension from the adrenals to, or through, the diaphragm.

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(a) Exhibited at the meeting of the Royal Academy of Medicine in Ireland, February 24th, 1899.

# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, APRIL 14TH, 1899.

The President, Mr. LANGTON, F.R.C.S., in the Chair.

### WOUND OF A LARGE SUPERFICIAL INGUINAL ARTERY IN WHICH THE BLOOD WAS FLOWING FROM THE TRUNK TO THE THIGH.

MR. SPENCER described an unusual case in which, whilst laying open a tuberculous sinus in the groin an artery the size of the brachial was wounded. The bleeding was at once controlled, no complication occurred during the healing of the disease, nor was the circulation in the limb disturbed. The point at which the artery was wounded was just in front of Poupart's ligament where the skin and subcutaneous tissue was much infiltrated by tuberculous disease. When the two ends had been tied and the artery divided between the upper end retracted and pulsated strongly, it was then situated immediately beneath the skin, one inch above and a little internal to the middle of Poupart's ligament, and resembled the brachial artery in an amputation stump. The lower end neither retracted nor pulsated. No accompanying vein was seen. The common femoral could be felt behind. On the opposite side an artery could be felt crossing Poupart's ligament close beneath the skin, distinct from the common femoral artery. Professor Thane had not been able to throw any light upon this anomalous vessel. The artery was clearly given off somewhere from one of the iliac arteries, and after reaching the abdominal wall, crossed in front of Poupart's ligament, to be distributed to the inner side of the thigh. The only likely explanation was that it was a superficial obturator artery. To this there was the obvious objection that the obturator artery was essentially a deep one, and that its aberrations had been closely studied in connection with femoral hernia. The provisional name, "superficial inguinal," was, therefore, employed in the absence of any information as to the origin of the vessel.

MR. CLEMENT LUCAS suggested that the artery which Mr. Spencer met with might have been an aberrant branch of the deep epigastric artery. He had seen branches of considerable size perforating the superficial muscles over that artery.

The PRESIDENT also thought that the vessel might have sprung from the deep epigastric artery, and asked from what direction it appeared to come?

MR. SPENCER said that on the side operated on the tissues were so much thickened that nothing could be made out as to the course of the vessel. On the healthy side a small artery could be made out distinct from the common femoral in which blood was flowing from the trunk into the thigh. He thought that Mr. Lucas's explanation was probably the correct one.

DR. ROLLESTON and DR. CYRIL OGLE read the notes of

### THREE CASES OF SYPHILITIC STENOSIS OF BOTH BRONCHI.

*Case* 1.—A woman, æt. 25, who came to St. George's Hospital, January 3rd, 1899, complaining of cough and loss of weight. There was stridor, but no alteration of voice. Air entered both lungs equally. Septic pneumonia developed and terminated fatally. There was fibrosis of the lungs and thickening of pleura, the bronchial glands were acutely swollen. There was a localised narrowing of the bronchi and dilatation, probably from retention of secretion, of bronchial tubes beyond. There was extensive syphilitic disease of the liver. *Case* 2.—A man, æt. 29, has admitted under the care of Dr. Whiphan in November, 1896, for increasing difficulty in breathing. There was stridor, and air did not enter the left side as well as the right. The larynx was normal. Both testicles were enlarged. He was given iodide of potassium, but the dyspnœa increased, and death ensued from septic pneumonia. There was narrowing ($\frac{3}{16}$ in.) of both main bronchi, due to thickening of the bronchial wall. There was sign of recent ulceration. The tubes beyond were distended with yellow mucus. The testes contained gummata. *Case* 3.—A man, æt. 29, was admitted to St. George's Hospital, under the care of Dr. Cavafy, on September 24th, 1897, for increasing shortness of breath and stridor. There was syphilitic perforation of hard palate. Tracheotomy gave no relief. At the necropsy, both bronchi were found much stenosed. There was no syphilitic disease of the other viscera. Examination of published cases showed that syphilitic stenosis of the bronchi were usually combined with a similar lesion in the trachea, and that syphilitic stenosis of the bronchi alone was rare; reference was made to four other cases of stenosis of both bronchi, and three of one bronchus, making with the three cases described that evening, ten in all. The average age of these ten cases was 36½ years, only two being above 40 years, the sexes were almost equally affected. In the cases brought forward by Dr. Rolleston and Dr. Ogle, it seemed probable that administration of iodide of potash had done harm, inasmuch as it increased the secretion in the obstructed bronchial tubes. This secretion accumulated, and by undergoing decomposition changes, set up septic bronchitis, bronchopneumonia, and fever, from septic absorption. In order to avoid this, it was recommended that full doses of belladonna should be combined with the iodide so as to prevent the secretion of mucus from the bronchial mucous membrane.

Mr. **LUCAS** thought that little could be hoped for from treatment in such cases, as the lesions were of a cicatricial nature like leucoplasia of the tongue and fibrosis of the testis. He had met with two cases of syphilitic stenosis of the trachea, in which the lumen was so diminished that a tracheotomy tube could not be passed down.

Dr. **WEST** said that the cases must be very rare, as he had never seen one during many years as pathologist to two hospitals. He remarked that stenosis might be due in some cases to the result of inflammation extending from the lymphatic glands.

Dr. **ROLLESTON**, in reply, said that he thought that the cases might be more frequent than was supposed. Out of all the cases recorded half came from Guy's Hospital, probably because attention had been drawn to their occurrence and a look-out kept. He mentioned one case in which this condition was diagnosed, and in which recovery followed treatment.

### TWO CASES OF UNUNITED FRACTURE OF THE HUMERUS CAUSED BY THE INTERPOSITION OF THE MUSCULO-SPIRAL NERVE BETWEEN THE FRAGMENTS.

Mr. **CLEMENT LUCAS** read a paper on this subject. The first case related occurred in a man, æt. 41, and the fracture, which was compound, was caused by the kick of a horse on November 12th, 1895. He was taken to a local infirmary and put up in a rectangular splint. Some sloughing of skin occurred. On Februray 2nd, 1896, an operation was performed, and a wire applied, as union had not taken place. On April 11th, 1896, he was discharged, union having still failed to take place, while musculo-spiral paralysis was established. He was admitted into Guy's Hospital on May 12th, 1896. There was a false joint at the junction of the upper two-thirds with the lower third of the left humerus and scars due to the injury and operation. The elbow was fixed in a semi-flexed condition, finger and wrist also flexed and fixed. Loss of sensation existed over the distribution of the radial nerve. The splint was removed, massage, passive movements, and electricity were applied till the movements of the elbow were restored, and some pronation and supination and partial movement of fingers and wrist were rendered possible, but musculo spiral paralysis remained. On June 12th, 1896, an incision was made on the back part of the arm, and the musculo-spiral nerve was traced up to where it was found engaged between the fragments. The wire encircling the fragments was found to include the fibrous extension of the nerve. The bone was again resected and wired, and the nerve being cleared for about two inches above and below was also resected, about an inch of the fibrous part being cut away and the ends united by means of sterilised silk. Primary union of the skin wound took place, and he left the hospital soon after with the arm in a plaster case. Three months later it was found that union was still incomplete, and the bone was again exposed, and a screw as well as a wire applied to the fractured ends, and the nerve again resected. A sinus remained as a result of this operation till November, when it closed. The bone was then firmly united, but the paralysis remained. Electricity and massage were used, and a useful arm for carrying was obtained, but the nerve had not recovered when last seen. The second case was that of a man, æt. 30, who was admitted into Guy's Hospital under Mr. Clement Lucas's care on October 9th, 1896, suffering from an ununited fracture of the right humerus and musculo-spiral paralysis. Five months before admission, when riding a bicycle, he was run into by a cart, the shaft of which struck his right arm, causing the fracture. It was put up in splints about an hour later, and these remained on seven weeks. Afterwards for three weeks he had a poroplastic case. At the time of the accident and afterwards the patient suffered severe pain down the back of his forearm, on the outer side, extending to the thumb and forefinger. On November 15th, 1896, Mr. Lucas made an incision between the triceps and brachialis anticus four and a half inches in length on the antero-external aspect of the arm, and finding the musculo-spiral nerve, traced it up to where it was engaged between the fragments. The nerve was detached, resected, and united by silk, and the fragments of bone were resected and united by a screw and an encircling wire, primary union following, and he left the hospital in a plaster of Paris case on December 6th, 1896. He returned in a month, when it was found that good bony union had taken place, and when last seen, however, though he had a useful limb, the power of extension at the wrist had not been recovered.

The **PRESIDENT** related the case of an elderly woman under his care at St. Bartholomew's Hospital, with fracture of the humerus which had led to musculo-spiral paralysis and severe neuralgic pain. He exposed the bone and found that there was an oblique fracture, the nerve lying behind the end of the upper fragment. The nerve was nearly divided, and there was a bulbous swelling on its distal as well as its proximal extremity, a condition that he had seen in other cases of the kind. The fracture was so oblique that he had to resect a considerable portion of the bone. He sutured the nerve and wired the bone. The state of the bone was satisfactory, but little improvement had taken place in the paralysis, and he thought that less improvement usually took place in the musculo-spiral nerve after suture than in other nerves.

Dr. **SAMUEL WEST** read a paper on

### SKIN AFFECTIONS IN GRANULAR KIDNEY.

Rashes associated with œdema were for the most part erythematous in character, transitory in duration, produced few symptoms, and unless general, have but little clinical importance. If the skin was broken, as after puncture or when blebs have formed and burst, secondary infection might occur, and rashes of an erysipelatous character might arise, or phlegmonous inflammation or even gangrene might develop, but these were accidental events. Rashes without œdema occurred almost exclusively in the course of "granular kidney." They are generally wide-spread and often universal, of great obstinacy, and of grave significance, taking the form of erythema, pityriasis rubra, dermatitis exfoliativa, general eczema, and lichen. They were rarely hæmorrhagic. The following cases were described. 1. General Erythema: In a man, æt. 42, under treatment for uncontrollable diarrhœa. A general erythema developed which itched greatly and persisted until death. Post-mortem, no lesion was found except granular kidney. 2. Pityriasis rubra; two cases.—A man, æt. 47, admitted for the rash and most extreme asthenia. The signs of granular kidney were well marked. He improved in the hospital but shortly after, having lost ground again, died of uræmic coma. A woman of 41 admitted also for the skin eruption, and extreme asthenia. The rash in the course of time disappeared, but the asthenia continued, and she ultimately died of exhaustion. 3. Dermatitis exfoliativa.—A man of 48 admitted for the rash. He presented clear signs of granular kidney. The rash improved, but did not entirely disappear, and the patient died shortly after reaching home. A woman of about 44 was in the hospital for a surgical affection. The rash developed; signs of granular kidney were discovered, and she died shortly afterwards of asthenia. 4. A papular lichenous eruption. One case occurred in a man of 40, which was attended with a rise of temperature, and as there was small-pox about, the question was raised as to its being one of variola to the papular stage of which it bore some resemblance. The man died soon after, and granular kidneys were found. The second case was that a woman of 52, whose chief symptoms were vomiting, diarrhœa, and asthenia, and who died in uræmic coma. The rash appeared fourteen days before death. It rapidly spread over the whole body. The papules were in some parts as large as a split pea, and resembled urticaria. In a third case, a girl, æt. 20, the papules were of small size, and developed twelve days before her death. In this case also the chief symptoms were vomiting, diarrhœa, and asthenia, and she also died comatose. He remarked that the cases in which these rashes appeared almost invariably ended fatally, and that usually soon. The rashes occur only late in the disease, and when the signs of granular kidney are well marked, though its existence is not infrequently overlooked. The association of a generalised skin-eruption with albuminuria is of great importance, and if the cause of the albuminuria be granular kidney, it is of the gravest significance, for the patient will soon die, not of the skin affection, but of the granular kidney.

Dr. H. D. **Rolleston** said that he had seen some of the cases published by Dr. Le Cronier Lancaster, quoted by Dr. West, and had made examinations of the kidneys. In the production of these eruptions there appeared to be some toxic factor, which was not uræmic, or the rashes would not be so rare. Possibly in some cases drugs might be the exciting cause, and in others some intestinal poison, and in this connection it was of interest to note that several of Dr. West's cases suffered from diarrœa. Possibly in the cases of extensive dermatitis there was a secondary constitutional infection, such as occurred in connection with the pleural and pericardial serous membranes in advanced cases of Bright's disease. He asked whether there was any connection between this condition and the epidemic skin disease which was attributed by Dr. Savill to an organism. Flexner had observed that persons suffering from chronic diseases seldom died from their direct effects, but usually from secondary infections, and had further found that the blood of men dying from some chronic disease had a much weaker germicidal action than that of a healthy man.

Dr. **Colman** mentioned a case of a papular lichenous eruption occurring in a tabetic patient, which closely resembled that in one of Dr. West's cases, and which was also suspected to be one of small-pox in its early stage. There was intense itching, and the patient died from asthenia after a few days' illness, and as the necropsy advanced granular change was found in the kidneys. Like albuminuric retinitis the occurrence of those eruptions appeared to be of very grave significance.

Dr. **Longhurst** mentioned a case under his care in which purpura had occurred in the legs of a patient suffering from advanced Bright's disease.

Dr. **Toogood** said that the epidemic skin disease mentioned had been prevalent in many of the infirmaries, but that the majority of superintendents held that it was not due to an organism, but to some toxin taken with the milk, as all the affected infirmaries were supplied by the same firm, and when the milk supply was changed there were no more cases.

Dr. **West**, in reply, said that the object of his paper was to draw attention to the occurrence of these eruptions, and not to explain the mode of production. But in the present defective state of our knowledge of what uræmia was, he thought that it would be rash to say that they were not due to some of the conditions at present grouped under that term. He had no doubt that the acute and chronic forms of uræmia, for instance, were due to different poisons, and that these eruptions belonged to the more chronic forms.

## ROYAL ACADEMY OF MEDICINE IN IRELAND.

### SECTION OF PATHOLOGY.

Meeting of Friday, February 24th, 1899.

The President, J. M. Purser, M.D., in the Chair.

### PNEUMOCOCCAL SEPTICÆMIA WITH ULCERATIVE ENDOCARDITIS CONSECUTIVE TO CROUPOUS PNEUMONIA.

Dr. **McWeeney** communicated an observation bearing on a man, æt. 37, who was admitted on Dec. 5th, 1898, to the Mater Hospital, under the care of Dr. Murphy, with right apical pneumonia. Crisis occurred on the ninth day, and was attended with a good deal of collapse. Ten days afterwards patient was allowed up one evening and got very weak. On January 1st, an aortic systolic murmur developed which became very loud, patient became prostrate and delirious, the temperature curve assumed a pyæmic type, and death ensued on January 5th. On the 2nd blood was taken, with strict precautions, from the finger, and inoculated by means of a pipette on several tubes of oblique glycerine agar. After twenty-four hours incubation at 37°, one of these tubes presented a few extremely minute dewdrop-like colonies which proved to consist of Frankel's pneumococcus. The other tubes remained sterile. At the autopsy (forty-eight hours after) blood was aspirated from the right auricle into a sterile bulbed pipette, and inoculated on agar tubes. Owing to the solid coagulation, but little liquid could be obtained. The incubated tubes showed numerous large circular colonies, like discs of porcelain (probably the *Bacillus coli*) but also very many minute whitish, very delicately fringed colonies, which proved to be the pneumococcus. A broth culture from one of them, after twenty-four hours at 37°, was scarcely turbid, yet 1 c.c. injected intraperitoneally into a rabbit caused death in seventeen hours. Pneumococci with typical capsules were in the blood of every organ examined. The other post-mortem results were briefly: pericardium universally obliterated by recent adhesions, parietal layer being readily stripped off; myocardium of auricles soft and friable like wet blotting paper. Right posterior cusp of aortic valve presented a mass of vegetations as big as a cherry—colour, greyish green where not covered with clot; behind this the cusp perforated, hole would admit an ordinary pen handle. Grey hepatisation of most of the right lung. Spleen twice the natural size, infarcted throughout. Embolus in primary branch of splenic artery, fibrinous, crammed with pneumococci.

### CASE OF HODGKINS' DISEASE.

Dr. J. B. **Coleman** read notes of a case of Hodgkins' disease, which was remarkable for the acute clinical course, and for the widespread distribution of the lesions. The patient, a labourer, æt. 50, had enjoyed good health up to eleven weeks before his death. He gave no history of alcoholism or syphilis. Glandular enlargements first appeared in the left cervical and axillary regions. On admission to hospital, three weeks before his death, he was somewhat emaciated, but not anæmic; skin dry and scurfy; pulse and temperature normal; all the superficial glands were considerably enlarged, and there was evidence of enlargement of the thoracic and abdominal glands also; the glands were soft, freely movable, and painless; spleen was easily palpable and liver dulness increased. Examination of the blood showed hæmoglobin and red cells normal, the white cells 11,200 cubic m.m.; 40 per cent. of the white cells being lymphocytes; the blood contained no micro-organisms. The patient rapidly became more and more prostrate, temperature was usually normal or subnormal, but on three occasions in three weeks it mounted to 100·5; his appetite failed, he became delirious, and died with symptoms of toxæmia eleven weeks from the onset of the disease. The necropsy disclosed universal enlargement of the superficial lymphatic glands, as well as of the mediastinal, retroperitoneal and mesenteric glands; adenoid nodules were present in kidneys, spleen, liver, and intestines; the spleen was greatly enlarged, and growing from its capsule, as well as from that of the liver, were large masses of adenoid material; below the liver the retro-peritoneal glands were enlarged and massed into a tumour, which surrounded the aorta and involved the adrenals. Cultural and inoculation experiments were carried out with the assistance of Dr. McWeeney with negative results. Dr. Coleman mentioned the arguments in favour of Hodgkin's disease being cf an infective nature, and pointed out that numerous observers had found micro-organisms in the diseased glands. He also contrasted the disease with leucocythæmia, and said that Cohnheim regarded Hodgkin's disease as an aleukæmic *vorstadium* of leukæmia, whilst numerous observers had noted the transition of the one disease into the other.

Dr. E. J. McWeeney confirmed the negative results of bacteriological culture and asked if there was any history of suppuration, syphilis, or tuberculesis to account for the lardaceous disease.

Brigade-Surgeon Lieut.-Col. Burke said when at Gibraltar and Malta he had seen many specimens of amyloid degeneration, and the liver specimens now exhibited were very like those he had seen due to syphilitic disease.

Dr. Coleman, in reply, said that there was no history of syphilis or long-continued suppuration. Regarding the cardinal symptom of anæmia, he said that anæmia is not necessarily a part of Hodgkin's disease, and only becomes marked as the case progresses. Anæmia has been absent in undoubted cases of the disease.

### EPITHELIOMA OF LIP FROM YOUTH EIGHTEEN YEARS OLD.

Mr. G. Jameson Johnston read the notes and exhibited microscopical sections of a case of epithelioma of the lip in a youth eighteen years of age.

### BREAST CONTAINING NEW GROWTH REMOVED FROM YOUTH SEVENTEEN YEARS OLD, WITH MICROSCOPIC SECTIONS.

Mr. Johnston also exhibited the left breast of a male patient, containing a new growth in the left upper quadrant, about the size of a large walnut, radiating processes of the growth extended in every direction into the gland substance; the consistence of the mass was quite firm, and to naked-eye examination very like scirrhus. It had been steadily growing for three months in spite of medical treatment, causing some slight discomfort, not actual pain; there was no retraction of the nipple or dimpling of the skin; the glands along the lesser pectoral were palpable before operation. No history of injury could be obtained. The whole breast and connective tissues and glands along the pectoralis minor were removed. The wound healed by first intention. At the present time (twelve hours after operation). No recurrence can be seen nor any enlarged glands felt. Microscopical examination showed the growth to be mainly fibrous tissues, with what appears to be a few short columns of gland cells here and there.

Dr. A. C. O'Sullivan thought that no one could doubt that the first section was a squamous cancer.

Dr. E. H. Bennett said that there was a similar case of epithelioma of lip in youth of 18, described in Pott's works.

Dr. E. J. McWeeney considered the epitheliomatous nature of the lip tumour most typical.

Mr. G. J. Johnston, in reply, doubted if the tumour of the lip recorded by Pott as epitheliomatous was really such in the absence of precise pathological investigation.

Mr. J. Magee Finney showed specimens from a case of "Sarcoma of the Suprarenals," which will be found under "Clinical Records."

Dr. E. J. McWeeney said that some of the sections showed a very marked resemblance to tissue which he found in the kidney as the result of an aberrant suprarenal growth originating from an aberrant fragment of suprarenal. The curious thing seen in the section was the presence of enormous giant cells, entirely like the myeloid cells of bone.

Dr. E. J. McWeeney (for Dr. Cole Baker) showed a melanotic sarcoma of choroid.

Dr. Knott demonstrated an extensive series of pathological fibulæ and patellæ.

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Dr. Arthur P. Luff has been elected a vice-president and member of Council of the Medical Defence Union

## HARVEIAN SOCIETY OF LONDON.

Meeting held Thursday, April 6th, 1899.

H. A. Caley, M.D., in the Chair.

### Clinical Evening.

### EXCISION OF MALIGNANT GROWTHS OF LARGE INTESTINE.

Mr. W. H. Battle showed two female patients on whom he had operated for distension due to malignant growth of the large intestine. The first was a case of growth in the splenic flexure with the gradual onset of symptoms for four weeks. She was twenty years old, and as there was extreme distension so that it was impossible to bring the growth to the surface, and inadvisable to prolong the operation, a temporary colotomy was done under the left lower ribs. At operation, five weeks later, excision of growth, and artificial anus, with lateral anastomosis, was done. This was in September, 1898. The second was a woman, æt. 46, for whom operation for distension was done in August, 1898, and a columnar-celled carcinoma of sigmoid flexure treated by Paul's method. Subsequent attempts to get rid of the spur were painful and tedious. Ultimately a lateral anastomosis was done, and the artificial anus closed Both patients had now a regular action of the bowels, and looked remarkably well, whilst the scars were firm without any tendency to weakness or hernial protrusion.

In answer to Mr. Raymond Johnson, Mr. Battle said that in his experience the best results in excising portions of intestine were obtained by completely closing the ends of the bowel, and then establishing a lateral anastomosis.

### SYRINGOMYELIA WITH PHARYNGEAL AND LARYNGEAL LESIONS.

Dr. Herbert Tilley showed a case of syringomyelia in a girl, æt. 15, in which there was paresis of the right half of the palate, pharynx and right vocal cord. Other points of interest in the case were the blunting of painful, and the complete loss of thermal, impressions all over both superior extremities and certain well-defined areas of the neck and trunk, atrophy of the small muscles of the hands, the latter exhibiting the *main en griffe* position, moderate wasting of the flexors and extensors of the wrist and slight nystagmical jerks of both eyes (for fuller details *vide* Proceedings Laryngolog. Society of London, December, 1898). A painless but severe burn on the hand and a gruffness of the voice with some difficulty in swallowing first led the patient to seek advice. The pharyngeal and laryngeal condition have much improved during the past two months, during which time the patient has been taking strychnia.

### COMPLETE PARALYSIS OF LEFT SPINAL ACCESSORY NERVE.

Dr. Herbert Tilley showed a man, æt. 55, who, in October, caught cold and became hoarse, and at the same time experienced an accumulation of, and difficulty in expectorating, saliva. He managed, however, to fulfil his engagement as a preacher. There was slight difficulty in swallowing. No history of gout, syphilis, or rheumatism. Examination showed the left side of the palate, pharynx, and left vocal cord, the left sterno-mastoid, and upper part of the left trapezius to be completely paralysed. At the onset of his trouble the patient had had no pain, giddiness, or general symptoms beyond those due to the cold, and the exhibitor agreed with the President that the case was probably one of pachymeningitis involving the trunk of the spinal accessory nerve after the cervical and spinal portions had united within the skull.

### PARESIS OF LEFT SIDE OF PALATE, PHARYNX, LEFT VOCAL CORD, AND RIGHT SIDE OF TONGUE.

Dr. Herbert Tilley showed a female, æt. 31, exhibiting these conditions. In October, 1898, she suffered for two to three weeks from very severe pain over the back of the head and neck terminating in "fits," details of which are not obtainable. In the first she fell down, but did not lose consciousness; in a second fit, three days later, she lost consciousness, was hoarse on recovery and paralysed in the left arm and leg, with some weakness of the left side of the face. She was in bed for five weeks, and at first was sustained by nutrient enemata as swallowing was impossible, fluids being ejected through the nose. Food was then administered by stomach pump, her condition improved, the arm and leg recovering power, but the throat condition remains the same. When first seen by the exhibitor there was, in addition to the above throat lesions, slight paresis of the left lower facial muscles, protrusion of the tongue to the right (slight), contraction of the left pupil, and a small warty growth on the mucous membrane of the right arytænoid cartilage. It is difficult to conceive of any single lesion which would explain the various conditions found in the case. Dr. Tilley remarked on the rarity of laryngeal or pharyngeal paralyses in syringomyelia, the slight effect on the voice of paralysis of one vocal cord, and the way such cases as these tended to support experimental evidence that the spinal accessory supplies the muscles of the palate, pharynx (partial) and larynx.

### SPASMODIC TORTICOLLIS.

Mr. **Noble Smith** showed a patient, æt. 21, upon whom he had operated for spasmodic torticollis by excising a piece of the spinal-accessory nerve just above its entry into the sterno-mastoid muscle. This was on the right side. He had previously operated upon the left side four years ago. Both operations had been successful, and it was remarkable that on the left side (the first operation) the function of the nerve had been restored six months subsequent to its division. It had been necessary on that occasion also to divide the external branches of the second, third, and fourth cervical nerves on the right side. The patient had gradually improved in health and strength, but recently some spasms had developed in the right sterno-mastoid. He had subjected the patient to a course of special exercises and massage which had still further strengthened her, but this treatment had not relieved the spasm, so he had recently operated on the right spinal accessory. The patient had been able to be up and about six days after the operation. She was exhibited at the meeting, and it was found that the right sterno-mastoid and the upper portion of the trapezius were completely paralysed, but that the patient was in no way inconvenienced by this loss of power.

In discussing the above cases, Dr. **Leonard Guthrie** referred to the regression of symptoms which had occurred in Dr. Tilley's case of syringomyelia. In 1896 he (Dr. Guthrie) had shown before the society a woman, æt. 28, who had nystagmus, complete analgesia, and thermo-anæsthesia with bloated tactile sensation of the whole of the left upper extremity and left side of the head, fore neck and chest to level of third rib. She had also paralysis of the left side of the soft palate, and of the left vocal cord. The analgesia, &c., had followed immediately a violent attack of sneezing, three months' previously, whilst paralysis of the spinal accessory occurred immediately after an attack of coughing two months later. In the course of about a year these symptoms had to a great extent disappeared. He attributed the sudden onset of symptoms to hæmorrhage in or near a syringomyelic cavity and their subsidence to its absorption.

The cases were also discussed by Mr. Jackson Clarke and the Chairman.

### CALCIFICATION OF ADHERENT PERICARDIUM WITH INVETERATE ASCITES.

Mr. W. **Ewart** showed specimens from a case, and gave details thereof which will be found under "Clinical Records."

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## SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

### Meeting held Thursday, March 16th, 1899.

The President, **Dr. Alfred Robinson**, in the Chair.

Mr. **Simeon Snell** exhibited the following patients:—1. Coloboma of iris, two cases, one extending through choroid, one confined to iris. 2. Tumour of each orbit, probably extending across the septum; a stereoscopic photograph was shown. 3. Optic atrophy (post-neuritic) after influenza.

Mr. **Snell** also showed the following nine sections of eyes, with tumours:—Three of gleniea, one an instance in which the first affected had been removed two years previous to the appearance of the disease in the second eye. A case of concurrence of globi, apparently commencing in the cornea. Five instances of sarcoma of the choroid, one a leuco-sarcoma, in an old man, two in young men, one a middle-aged man, one in a middle-aged woman.

Mr. **Sinclair White** exhibited and made remarks on 1. A woman from whose bladder he had excised a cancerous tumour nine months ago. The growth was about one inch in diameter, and grew around the entrance of the right ureter. It was removed through a suprapubic wound, together with the entire thickness of the bladder wall. To prevent urinary extravasation a dependent opening was made into the vagina. The resulting vesico-vaginal fistula was closed three months later. The patient was now free from recurrence, performed her vesical functions perfectly, and was much improved in health. 2. A case of paralytic talipes equinovarus treated by transferring the tendon of the tibialis posticus and the outer third of the tendo-Achillis to the tendons of the common extensor and the peroneus anticus muscles. The result achieved was remarkably good. The patient was a boy, æt. 10. 3. Four cases operated on for undescended testicle, In each case after free division of the cremaster muscle and incision of the tunica vaginalis a silkworm ligature was passed through the tunica albuginea at the lower end of the testicle, and both ends of the ligature passed through the base of the corresponding side of the scrotum, and fastened to the thigh by means of strapping. 4. A woman cured of a suppurating pelvic cyst which had discharged into the bladder for four years. The cyst was in the first instance opened and drained suprapubically; but as the sinus did not close it was subsequently successfully dealt with by draining it into the roof of the vagina. 5. Cases of excision of the knee and ankle. 6. Cases illustrative of diseases of the nose.

Mr. **Pye Smith** read notes of a case of "Traumatic Dislocation of the Hip" on to the dorsum ilii in a boy, æt 5. It had been produced by a fall during a scuffle with another boy, and was easily reduced by manipulation under chloroform.

Mr. **Pye Smith** also showed a sequestrum of bone forming the nucleus of a vesical calculus removed by median lithotomy from a man who had sustained fracture of the pelvis from a crush in a coal mine two years previously. The sequestrum had probably entered the bladder about a month before its removal.

The President, Dr. Keeling, Dr. Wilkinson, Mr. Pye Smith, Dr. Sinclair White, Dr. Addison, Mr. Dale James, and Dr. Hargreaves made remarks,

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## France.

[FROM OUR OWN CORRESPONDENT.]

Paris, April 16th, 1899.

### Ossificating Role of the Dura Mater.

At the Academie de Médecine M. Chipault spoke on the *role* of the dura mater in repairing the osseous tissue of the cranium. He said that he was always opposed to cranial operations leaving intact the dura mater subjacent to the osseous orifice. He had the conviction that those of his patients he had trephined, and in whom he had removed this membrane, gave him results much superior to those in whom he had left it intact or sutured after incision. He was glad to be able to state clinical facts confirmed his opinion, for they showed that in those operations where the dura mater had been preserved intact the osseous obliteration of the loss of substance was produced over the entire surface, whereas it was not produced where it had been destroyed. Of nine cases of old traumatism, three patients suffering from lesions of the cranium of an apparently slight character, were not operated on; two of these were at present the subjects of Jacksonian epilepsy, while the third presented mental trouble. The other six were trephined, as they all presented before the operation epileptic symptoms; in three the dura mater was untouched; the occlusion of the loss of substance was effected by a hardened and probably osseous plate. In the three remainder, the dura mater was removed, re-ossification did not take place, and the epilepsy was cured; two of these were children, one of which presented an interesting history. It was a girl, æt. 10, in whom, after a fracture of the left side of the head, produced by a fall from a one-storey window, hemiplegia of the right side had developed, as well as a cephalo-hydrocele. This latter was opened, and the rent in the dura mater sutured. Some time after this operation, the child was seized with epileptic fits, which continued for a year at more or less long intervals. Another operation was advised and accepted; this time the cranium was resected in the region already repaired, after the first intervention, and a portion of the dura mater removed. Since that moment (a year and a half ago) the epileptic fits had ceased.

M. Chipault communicated six other cases of essential epilepsy, in all of which the dura mater was preserved, with the result that when ossification was completed, the primary affection returned, and concluded, in the great majority of operations for recent or ancient traumatisms, followed by Jacksonian epilepsy, in interventions for essential epilepsy for microcephalos or intracranial neoplasms, that, first, the ablation of the bone should be complete, and, secondly, the removal of the dura mater subjacent to the orifice should be definitely removed. Only by such means could a permanently favourable result be obtained.

Dr. Bra, of this city, is the most recent claimant for the distinction of having discovered the elusive organism of cancer. He even entertains hopes of elaborating a curative serum. He states in the *La Presse Medicale* that he has succeeded in isolating and cultivating a parasite from cancerous tumour. On inoculating animals with these cultures he has produced cancer. He adds that the parasite belongs to the family of actinomycetes fungi. Pending more precise details it would obviously be idle to speculate on the value of the alleged discovery. We have seen so many generations of alleged "cancer microbes" bite the dust that while we admit a hope we must refuse credence. Even if we were satisfied that the incriminated fungus was the *causa causares* it it still a far cry to prophylactic or curative measures.

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## Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, April 14th, 1899.

### The Prophylaxis of Cancer of the Uterus.

Professor Duhrssen has a paper on the subject in the *D. M. Wochensch*, 4, 99. He agrees with other authors that cancer is rapidly increasing in Germany as well as in other countries, and this in spite of improved surroundings of the people. Out of 25 millions of females in the German Empire 25,000 die annually of cancer of the uterus. Of women between the age of 46 and 50 2 per cent. die of the disease—a mortality equalling that of the whole German army in the war of 1870 and 71, and removal of the disease by operation does not materially lessen this mortality. Only from 10 to 30 per cent. of all cases are fit for operation when first seen, and of the small number operated on only a third or a fourth part remain free from recurrence of the disease.

A means of improving this condition of affairs would be afforded by early diagnosis, but this is scarcely possible under present circumstances of public education, &c. Some means of preventing the onset of cancer would be more desirable still, some means of acting on the uterine mucous surface in such a way that cancer would not develop, and the author thinks there is such a means, and that the destruction of the mucous membrane by means of Sneguireff's vaporisation. By means of this procedure, which is not painful and absolutely free from danger, necrosis of the mucous membrane is effected. The same object can be attained in another way. This is to open the abdominal cavity, through the anterior vaginal arch, and draw down the body of the uterus; the anterior uterine wall has then to be split, and the mucous surface removed. The portion can also be removed at the same time. The operation he does not consider likely to be dangerous He considers that great security against the occurrence of cancer would be afforded by Schröder's high amputation of the cervix, and this is a more reasonable proposal, as the operation is practically free from danger, and it would effect the removal of that part of the uterus in which the disease commences in nine cases out of ten. The proposal will, no doubt have the effect of leading the gynæcologist to consider favourably the removal of the cervix when it can be no longer of service, and when a possible danger may lie in its retention.

At the Society for Innere Medizin Hr. A. Fraenkel related a case of

### Gangrene of the Lung treated by Operation.

The patient, a labourer, æt. 33, was attacked with febrile lung symptoms in October of last year. In November his breath became offensive, and on December 8th sudden acute symptoms came on, a stitch in the right side and fever. In hospital the expectoration of stinking sputa reached about 300 ccm., and even to the naked eye it plainly contained lung constituents in large quantities There was great emaciation and loss of strength, and the case had a very unpromising appearance. Operation was decided on between the speaker and the surgeon Körte, as both agreed that an extensive destructive process was going on in the right chest. Two circumstances favoured operation: one was that the disease was in the upper lobe and easily accessible, and the other, the large quantity of expectorated material which implied a large cavity which would be easier to find than a small one. He pointed out the happy results that had followed surgical interference in some lung diseases, especially in acute and solitary abscesses. In cases of multiple abscesses the prognosis was more unfavourable in such as followed influenza pneumonias. In gangrene of the lung also a distinction must be drawn between acute and chronic cases, the first starting from abscesses giving the best results. In the case before them, the clinical history showed that the disease began in an acute abscess. The original disease was influenza, but the multiple patches of disease were limited to the upper lobe, and they had probably coalesced. The speaker had not made an exploratory puncture, first on account of the danger of infecting the pleural cavity, and, second, because in such cases with large cavities there was danger of fatal hæmorrhage from puncture of large vessels.

Hr Körte said that even after making several examinations of the patient he could not satisfy himself as to the existence of a cavity, but on account of the large quantity of expectorated material, he determined to operate. Operation January 10th. The first, second, and third ribs were extensively resected. The pleura was found adherent. The lung was opened by a large transverse suture with the cautery, and a large cavity was laid open from which, however, no air was expelled. A spouting vessel was ligatured. A large quantity of fœtid pus escaped from the cavity, a sequestrum of lung was removed, establishing a communication with the large bronchi. A large branching vessel running across the cavity was ligatured in two places and removed. The cavity was now packed with iodoform gauze previously dipped in balsam of Peru. The course was favourable, cicatrisation went on well, and the opening now remaining was small. The cavity reached from over the clavicle to the 3rd rib, so that happily the opening was made in the lower part, whereby drainage was facilitated. In an earlier case in which the speaker only had charge of the after treatment, the cavity became covered inwardly with epithelium continuous with that of the skin, a fistulous track remaining. On admission the patient had large drumstick-like swellings on the finger-tips, but those had now become a good deal smaller. He had only had one other case in which he had operated, one in which there were multiple cavities, a proof considering the great material of the hospital, that cases suitable for operation were rare.

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## Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, April 14th, 1899.

### BALNEOLOGICAL CONGRESS.

UNDER the auspices of Professor Winternitz, the Balneo-Klimito-and Hydro-Therapeutic Association met in Vienna this year, and passed off with great success. At the plenary meeting Winternitz heartily greeted the Association on behalf of the medical faculty of Vienna, while Von Kusy welcomed them in the name of the Austrian Government.

Winternitz read a long paper on the benefits of Hydrology, which he described as one of the most important branches of medicine. At the various congresses held in Russia, Germany, Italy, and France, the subject had been sub divided into balneology, climatology, and hydrology, which was a literary convenience in discussing and estimating the value of hydrology. Under the protection of the Austrian Emperor he was confident this branch of medicine would soon flourish as a department of scientific therapeutics.

### THE INFLUENCE OF BALNEOTHERAPY ON THE CIRCULATION.

Prof. Kisch next introduced the subject of the influence of balneology on the circulation. The various results, he said, of warm baths on the circulation have been the subject of criticism since the days of Galen. It is only within the last ten years that anything like scientific methods of research had been brought to bear on the beneficent or injurious effects of baths on the system. The classic names associated with this progress are O. Naumann, M. Schüller, and Kolman Müller.

In enumerating the results of these investigations, he observed that warm baths dilated the peripheral vessels, and then action in this respect persisted longer than that of other causes of relaxation, the frequency of the pulse is augmented, and the temperature of the body consequently raised. After the bath a compensatory recession in the circulation occurs, and if the bath be not too warm the tonus of the cardiac muscle is increased.

Mineral baths, warm or cold, had other advantages, both local and general. The gases and chemical substances contained in the waters had a useful local effect on the skin, which reacted on the reflex movements, and thereby exerted a regulating influence on the heart. The absorption of carbonic acid had a stimulating action on the nervous system and cardiac movement, and this, of course, influenced the circulation. Both these actions could be demonstrated by temperate mineral water. As the peripheral stimulus gave rise to a flow of blood to the surface, the blood pressure was raised, the systole full and prolonged, while the tonus of the cardiac muscle was greatly accentuated. He showed that this was the principle on which the action of the acid, iron, and mud baths could be explained.

The value of the internal use of these waters was indisputable in cardiac affections and diuresis was increased. Similar advantages could be obtained by immersions in medicated waters.

### CLIMATOLOGY.

Clar gave an extensive review of the effects of climate on the human organism. It had the effect of removing water from the blood by means of perspiration, increasing diuresis, while rarefaction of the air modified the blood pressure and pulsation. Mountain residence was an effectual method of curing anæmia dependent upon the circulatory system. For this purpose the height should not be too great.

### THE ACTION OF HYDROTHERAPY ON BLOOD AND CIRCULATION.

Strasser contributed a long paper on the clinical aspects of hydrotherapy, its applications and effects. He dwelt at great length on the effects of heat and cold as stimuli on the quality of the pulse and the corpuscular elements of the blood. He had repeated Winternitz's experiments, and was enabled to confirm his results by showing patients in whom the specific gravity of the blood, colouring matter, and corpuscular elements were all increased by hydrotherapy alone. He reviewed Winternitz's theory, according to which the change is simply due to the change in the constituents, he himself holding that the action of increased distribution was largely responsible for this beneficent alteration in the component constituents of the blood. The ebb and flow in the various organs brought about spontaneous changes in pathological functions, whether depending on humoral, solid, or cellular pathology.

### KATATONIA.

Haveroch exhibited two cases of katatonia, which, according to Kahlbaum, is a disease of the central nervous system of a cyclical nature. The symptoms were usually melancholia, stupor, mental confusion, and idiocy. Haveroch preferred to describe the symptoms as "verbigeratio, mutacismus, and negativismus." He was convinced that katatonia was a distinct disease, and belonged to dementia precox in the following order:—1st, Dementia simplex; 2nd, hebephrenia; 3rd, katatonia; 4th, dementia paranordes, and dementia epilepticorum.

### JOSEF ENGEL.

Another of the Vienna landmarks has passed from this life in the person of Prof. Engel. He had reached his eighty-fourth year, and though long ago retired from active practice, he took a deep interest in all things medical up to the last.

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# The Operating Theatres.

## ST. THOMAS'S HOSPITAL.

SUCCESSFUL OPERATION IN A CASE OF PYÆMIA.—The following case shows the advantage of the method of operation in a case of commencing pyæmia due to absorption of material from a septic focus in the extremity. The principle of treatment is the same as that which guides the surgeon in operation for septic thrombosis of the lateral sinus due to disease of the ear. The patient, a boy, æt. about 10, had been operated on for disease of the foot on account of severe talipes; the wound had become septic, and at the time of operation the lad had passed into a very serious condition. There had been high and irregular temperature for some days, he had been emaciating rapidly, was constantly calling out and was very restless. On two occasions, at a short interval, he had had severe rigors with a rise of temperature to above 105 degs. F. The pulse was very rapid and small, the tongue was furred and dry, he was rapidly going downhill, and it was evident that he could not live long unless something of a radical nature was done. Mr. BATTLE, who was in temporary charge of the case, advised that the leg should be amputated (it was extremely atrophied from results of congenital talipes), and it was not possible to say how high a purulent thrombus was extending up the limb; he also advised that the common femoral vein should be ligatured at the same time. Mr. Wallace, the resident assistant surgeon, applied two ligatures to the vein in the groin, after which Mr. Bingham, the house surgeon, amputated the leg in the middle third. It was not evident that there was a thrombosis in the veins of the stump, but it was not improbable that it was so, as the stump suppurated, although the wound in the groin healed satisfactorily; both had been treated with strict aseptic precautions. The ultimate result was very satisfactory, and the patient left for a convalescent home about three weeks afterwards. The case illustrates the method referred to above, and is of special interest, as this method has seldom, if ever, been carried out. It has doubtless suggested itself to many surgeons, but opportunities of trying it are almost *nil.* Whether it should be tried more frequently in cases of pyæmia associated with acute bone mischief or not is a question for consideration. Many cases of acute osteomyelitis of the tibia are brought into hospitals suffering from pyæmia, and it is possible that a ligature of the main vein of the limb conjoined with amputation would give better results than those obtained by amputation alone. In cephalic cases the results of ligature of the main highway from the head, with removal of the mischief, have been in some cases almost startling in their success, and in instances similar to that above recorded similar measures may prove of equal value.

## ST. MARK'S HOSPITAL FOR RECTAL DISEASE.

PROCTORRHAPHY FOR PROCIDENTIA RECTI. — Mr. SWINFORD EDWARDS operated on a married woman, æt. about thirty, who was the mother of several children. For years she had been the subject of prolapse of the rectum, for the cure of which she had undergone no less than three operations in various London hospitals. On examination, after the administration of an enema, it was found that she was suffering with true procidentia, that is to say, there was prolapse not only of the mucous coat but also of the muscular. The gut protruded for about three inches. There was practically no sphincter, for on separating the buttocks before prolapsus had taken place, one could with ease see some inches up the rectum. Of course she suffered at times with incontinence of flatus and motion. The patient having been placed under the influence of an anæsthetic in the left lateral decubitus, a posterior median incision was made as though for excision of the coccyx, but prolonged down to within an inch of the anus. The posterior wall of the rectum was now freed, which manœuvre was greatly facilitated by a finger in the gut, which not only brought the muscular coat of the bowel wall up into the wound but also was effectual in restraining prolapse. A straight needle, armed with a fairly stout silk ligature was now inserted transversely through the muscular coat of the bowel, taking up about an inch of muscular tissue and being passed as near the lower part of the exposed gut as possible. The needle was then passed through the ligamentous structures lying to the left side and back of the coccyx. The other end of the thread, which had been left long at the point of original entry was now threaded in another needle and passed in the same manner through the ligamentous structures on the right side and back of the coccyx. On traction being made on both ends of the ligature it was found that the bowel was drawn up, or in other words anchored, to the coccyx. Before tying the ligatures and with the bowel held in this position Mr. Edwards found that ordinary efforts to produce a procidentia by artificial means failed. The ligature having then been securely tied, the wound was washed with sublimate solution, sutured without drainage, and the usual antiseptic dressings applied, instructions being given to remove these on the following day, and in their place to apply a collodion dressing in order to prevent, if possible, contamination of a wound so close to the anus. Mr. Edwards remarked that this was the first time this operation had been performed at St. Mark's, and, as far as he knew, in Great Britain, and therefore he could give no definite prognosis, although from the effects shown before closure of the wound he anticipated the best results, at all events, as far as the muscular coat was concerned If there should be a subsequent prolapse of the mucous coat this might be treated either by the cautery or by excision. The points in the steps of the operation on which he laid special stress were: First, sufficient freeing of the posterior rectal wall; secondly, the application of the suture to the lowest possible point of the rectum, so that the subsequent bracing of the part may be more effectual. He also said that in order to get a good hold for his ligature he took care to pass the needle not only through what ligamentous structures he could find on the dorsal and lateral aspects of the coccyx, but also he made it include the periosteum—that is to say, all tissues down to the bone itself. The reason he selected a straight needle in passing the suture through the rectum was that with it he thought it would be easier to take up a greater width of the muscular wall of the gut than he could have done with a curved instrument. A curved needle, however, was more handy for passing the ends of the ligature through the place of anchorage.

It is satisfactory to record that two days after the operation all was going well.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 19, 1899.

## OOPHORECTOMY AND THYROID TREATMENT IN CANCER.

THE effects of the menopause on the generative apparatus, and on the breasts in particular, suggested to certain enterprising surgeons some time since that malignant growths of the breast might be favourably influenced by an artificially induced menopause, as for instance, by ablation of the ovaries. On the whole the results of the operation, though not devoid of interest, have not proved quite as successful as had been hoped. Subsequent observations by a method in which the administration of thyroid extract was associated with removal of the ovaries have given much more promising results, though one is quite at a loss to explain the *modus operandi* of the combined treatment or to apportion the relative merits of the two factors. At a recent meeting of the Medical Society of London, as reported in our last issue, Dr. G. Herman recorded a second case in which this operation, *plus* the administration of thyroid gland, had given results so successful as to be remarkable. In this particular case the treatment had brought about the healing of a large carcinomatous ulcer of the right breast which had recurred after two operations for removal by surgical means, and had determined the disappearance of a large tumour in the other breast, the nature whereof was sufficiently indicated by the enlargement of the corresponding axillary glands, which glands also had ceased to be perceptible to the touch. These results are sufficiently remarkable to merit attention especially in view of the unsatisfactory results of purely surgical measures which are at best but palliative. Mr. Stanley Boyd inclines to the view that the improvement is really due to the oöphorectomy, but statistics hardly bear out his contention, for Dr. Herman had no trouble in showing that the results after oöphorectomy alone were not nearly as good as when the thyroid treatment is superadded. Further experience will show which of the two factors plays the most important *role* in producing these results. It seems, however, that oöphorectomy, if it is to be of service, must be done before the cessation of menstruation for, in several recorded instances, no effect has followed their removal after the menopause. This is what one might have anticipated, though from another point of view it seems odd if the artificially-induced menopause exerts such a marked effect the natural process should not confer similar quasi-immunity against cancer. This fact tends to support the view that oöphorectomy alone is not sufficient to determine a constitutional change capable of inhibiting malignant growths. Dr. Herman suggests that the withdrawal of the ovarian secretion and the presence of an excess of thyroid secretion render the tissues less amenable to the ravages of the hypothetical parasite of cancer, and this explanation is in accordance with the results so far obtained. Has excessive thyroid secretion any direct influence in conferring immunity against cancer? This question ought not to be difficult to answer, for we have only to ask ourselves whether on the one hand women who suffer from exophthalmic goître ever develop cancer, and whether, on the other hand, myxœdematous patients display any marked predisposition thereto. We must not forget, however, that cancer has its vagaries. There is the well-known case of Mr. Gould's, in which a patient apparently dying from cancer, and regarded as past treatment, suddenly took a turn for the better, and ultimately made a perfect recovery without treatment of any kind. There are, indeed, plenty of cases on record of the spontaneous subsidence of cancer, and it is hardly in accordance with scientific methods to dismiss all such instances as examples of faulty diagnosis. That is merely begging the question at issue. We must not allow our judgment to be warped by preconceived pathological notions. It is possible, and indeed probable, that the microscope alone does not enable us to establish absolutely the malignancy of a tumour. Malignancy, moreover, is essentially a clinical term, it characterises growths in which from microscopical data one would not have expected it, while it is sometimes absent in growths which, as far as microscopical evidence goes, are doomed to rapidly fatal development. These facts should teach us not to be too dogmatic, and not to pin our faith to such a kaleidoscopic science as pathology which, useful when taken in conjunction with clinical observation, is apt to prove misleading when erected into a scientific dogma. We shall probably not have long to wait for further and more extensive observations on the lines which we have sketched, and these will serve to teach us the limits of the treatment and possibly, later on, the precise method of its action.

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## THE MEDICAL DEFENCE UNION.

The annual report for the year 1898, recently issued by the Medical Defence Union, is an interesting document. It marks the progress of the remarkable spirit of self-help that, in spite of its youth, has sprung up into sturdy and fruitful life within the four walls of the profession. Year by year the roll of members has steadily grown, with a proportionate increase both of income and of the amount of work accomplished. At the end of the year the guarantee fund for emergencies, that is to say available if called up under the articles of association, fell little short of £6,000. At the same time, there was an Accumulated Fund of £755, which represented the surplus of assets over liabilities. Several important changes have been made in the financial statement of the Honorary Treasurer. Thus, in the balance-sheet, the item "assets" included subscriptions in arrears for the current and preceding years only. At the same time the names of all subscribers more than two years in default have been struck off the register. By adopting this amended form of balance-sheet the Council have been enabled to present figures free of the inflation of worthless arrears. The only feature with regard to the financial side of the work of the union upon which we have any suggestion to make is that the accumulation of a reserve fund would greatly strengthen the hands of the executive. The younger days of hand-to-mouth existence have now gone by, and the difficulty of saving money should every year be lessened. By the exercise of increased watchfulness and economy an actual reserve fund equal to that now guaranteed might be established, a result that would redound to the credit of the society. In offering this suggestion there is no intention whatever to criticise the management of the Union, which we believe to be carried out with unceasing devotion, integrity and earnest ability. The present membership of the Union amounts to something over four thousand, a small proportion when compared with the qualified practitioners of the United Kingdom, and one that must be greatly increased as the coming generation of medical men wakes up to the necessity and value of professional organisation. Turning to the actual work of the past year we find the usual record of what may be called routine cases, such as those associated with the suppression of unqualified practice and the prosecution of unqualified persons. At the same time there are many cases which have points of special interest. As invariably happens, one result of the prosecutions has been to show the lamentable vagueness of the penal sections of the Medical Acts. The decision of the magistrates in the case of the unqualified man Matthews, who carried on an extensive practice at Norwich, was that in using the title "Doctor" he had not wilfully and falsely represented himself as a medical practitioner, but for using the description "Surgeon" he was convicted and fined a small penalty. As there can be no appeal against such obviously unfair decisions, it may well be said that the reformer's path is indeed beset with thorns. So again, a jury at Greenwich acquitted a woman who was proved to have dispensed physic and to have advertised a diploma, and in that case as usual leave to appeal was refused. Much more might be said, especially with reference to the purely defensive side of the organisation, but for the present that part of the matter, important as it undoubtedly is, may be passed over with the remark that blackmailing actions for alleged malpraxis, negligence, or other misconduct have materially lessened in numbers since the Defence Union has appeared upon the scene in the character of legal champion. The Union has made a determined effort to bridge over a gap in the Medical Act of 1886 by attempting to enforce a reading of Section 6 to the effect that registered practitioners alone possess the right of carrying on medical practice in its various branches, and to make any trespass upon such right an illegal act. That view was advanced by Mr. Victor Horsley last year, and has since been submitted to expert legal opinion, which has pronounced adversely to Mr. Horsley's contention. For all that, it is to be hoped that a test case may be brought before the Courts, for if the point could be established, it would go far at one step towards doing away with the present deadlock. One important function of the Union has been the collection and recording of evidence of the utmost value to the future regulation of the General Medical Council, and of medical legislation generally. This fact has been emphasised in the case of the conviction during the year of a personator, whose name had been communicated to the General Medical Council by the Union in 1895, but who was, nevertheless, allowed subsequently to go upon the *Medical Register*. It is imperative that the whole of that set of circumstances be fully and openly investigated at the next meeting of the General Medical Council. In conclusion, a word of praise may be bestowed on the Council of the Medical Defence Union, for by their self-sacrificing labours the Association has been advanced to its present sound and vigorous position.

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## AN OBJECT LESSON IN MUNICIPAL EXTRAVAGANCE.

It cannot be consolatory for the Dublin tax-paying citizens to note that the first act of the newly-constructed Council of their city is to perpetrate one of the most atrocious building jobs of which a municipality ever was guilty. It is right to say that the job was prepared and made safe and snug by the old Corporation, and is simply adopted, *in globo*, by the new one, which might and should have cast it out with ignominy if it desired to recommend its own zeal for economy of administration to the citizens. The job consists in the buying up of a filthy slum in the worst part of the city and the building thereon of artisans' dwellings. The slum, itself, is covered mostly with squalid tenement houses, the intrinsic value of which is the rotten bricks and slates of which they are composed, and, if the Corporation had, long ago, done its duty the area would have been declared insanitary, and these houses detenanted, in which case the owners would never have thought the premises worthy of rebuilding or reparation and the whole area would have fallen to the Corporation, as many similar areas in Dublin have done, with insignificant cost. As the matter stands, the citizens are called upon to pay £35,000 for a few hundred cartloads of rubbish, this sum being the amount at which the imagination of an arbitrator and the rapacity of some scores of attorneys assessed the value against the ratepayers. Then come the items of £9,000 for clearing the area, and £47,000 for erecting the artisans' dwellings. That total sum required already exceeds the estimate by £28,000, and we know enough of architects and builders to be confident that, before the transaction is closed, another £10,000 will be added for extras. The whole cost (omitting the last contingent item) is £91,000.

Now, what are the citizens to get in return for this enormous outlay? First, they profit by the extinction of a disgusting slum and the substitution of decent dwellings, but we apprehend that, with a little patience and judgment, this advantage might have been attained without paying any such amount as £35,000 for it. Second, they get 29 houses, each costing £3,137, and the whole containing 210 separate tenements—*i.e.*, £433 per tenement! ! ! Four hundred and thirty-three pounds for a bricklayer's or a carpenter's lodging—as much as would enable a professional man to accommodate a numerous family in a respectable villa in a fashionable suburb – as much as would build two, if not three, cosy houses for commercial clerks and their belongings in the less popular neighbourhoods! Was there ever such atrocious waste? The Tammany proceedings of the London Metropolitan Board of Works in presence of this job "pale their ineffectual fire."

It will, no doubt, be said that the guardianship of the money of the Dublin citizens is no part of the duty of the Medical Press, but there is a consideration which brings this transaction within the purview of anyone interested in the welfare of the poor. There is a vast population in Dublin of the very poor, infirm, miserable, squalid, and starved who live in cellars and in the worst burrows of the tenement houses and can pay no more for the rent of their lodging than 10d. to 1s. 6d. per week. Obviously it is here that the function of a beneficent Corporation should come in not only out of simple humanity and decency, but to protect the citizens against the dissemination of disease from such holes, and for this the Superintendent Medical Officer of Health and his co-philanthropists have never ceased to clamour. But these poor creatures have no friends, no votes, and no influence, and are, in fact. not worth a thought from the Corporation, and, as a consequence the Corporation has refused to grant a single shilling for providing them with decent lodging, which could be done for less, per tenement, than one-fourth of the money now being spent on the dwellings of artisans who have votes, friends, and money. Already Dublin is well provided with comfortable dwellings for this artisan class, who can, and do, pay 3s. 6d. to 4s. 6d. per tenement, a rent which returns a decent dividend of 4 per cent. to the speculators in that form of house property. We ask, why should the Dublin Corporation spend the citizens' money in catering for comparatively well-to-do people at a rate of investment greatly below the current in the open market, while it absolutely repudiates its duty to the more necessitous poor which are its natural charge.

## Notes on Current Topics.

### School Nominations for the Army Medical Service.

We understand that the gentleman recommended on the last occasion by the Royal College of Surgeons, Ireland, at the request of the Director General, has been returned on its hands, having been found physically ineligible, this not being the first time that the College has found itself in the same position. While we earnestly sympathise with the gentleman who, from no fault of his own, has been deprived of what he seems to have regarded as a prize within his grasp, we cannot hesitate to express our satisfaction that, as far as the Irish College is concerned the nomination system has again broken down. We have pointed out that the selection of an Army Medical Officer under such circumstances is humiliating to the service, to the officer himself, and to the recommending college, and is injurious to the interests of the Army Medical Officers at large. If the gentleman recommended is satisfied to enter the Service with the record against him of having got in by the back stairs we have nothing to say. We urge upon the Director-General, however, that his going into the highways and byways to gather in the maimed, the halt, the lame, and the blind, is a humiliating confession of the failure of the authorities to attract the best men, and we again urge upon the Universities and Colleges that it is, also, humiliating for them to mix themselves in the personal jobbery which these nominations involve. In our experience the appointment of a Medical Officer to take charge of the soldier has come to be a simple question of the fighting capacity of rival schools and hospitals, and of the personal canvass in the interest of individual candidates. The moment it becomes known that there is a nomination vacancy every tentacle is put out by the rival schools and hospitals to secure the appointment of one of their own students, and every relative of the candidate is put in motion for the canvass. Letters flood the tables of the electors and touts await them in the streets. No doubt the electing bodies elect a man who will pass muster with the authorities, but, beyond this, the merits of the candidates or the needs of the soldier have little effect on the selection. We insist that such a method of obtaining a Medical Officer is discreditable to all concerned, and, as it seems that the authorities intend to adhere to it, we suggest that the interference of Parliament has become necessary.

### Malthusiasism in Ontario.

The Deputy Registrar-General for Ontario, in calling attention to the low birth-rate of the Province, states that it is due to the practice of Malthusianism. In the year 1897, the birth rate was only 20·9 per 1,000, as compared with a similar rate of 29·2 in the United Kingdon; 38·57 in Quebec; 36·3 in the German Empire; 35·0 in Italy; 38·0 in Austria; and 22·7 in France. In commenting upon these facts, a Canadian contemporary points out that the practice of Malthus among the people of Ontario is no secret to the medical practitioners of the Province, and to have a large family is considered by the Ontario materfamilias as most undesirable. Hence the declension in the birth-rate. The definite assertion, however, by a public official like the Deputy Registrar-General aforesaid, to the effect that the evil of Malthusianism is prevalent in the province, is a most important matter. It draws public attention to a debased practice which reflects seriously upon those accused of practising it. Here is an official who has the boldness to positively point to the evil to which the practice leads, and thus every married woman in the province of Ontario is placed under suspicion of conspiring to avoid her maternal duties by resorting to means to prevent conception. Have the women of Ontario no self-respect, and are they regardless of their moral reputation too?

### The Consumption of Tobacco.

The Chancellor of the Exchequer, to the surprise of the tobacco trade, did not deal with their commodity in his Budget address, save to refer to the satisfactory revenue which the consumption of tobacco yielded to the country. A few facts, however, upon this subject are not without interest. In 1840 tobacco furnished duty to the imperial exchequer to the amount of £3,500,000 per annum, when 22,876,641 lbs. were consumed, as compared with 73,794,197 lbs. last year. The population of the United Kingdom in 1840 was 26,487,026, while now it is roughly 40,000,000. Again, the consumption of tobacco at the earlier date was 0·86 lb. per head, as compared with 1·84 lb. per head now, of the whole population. Thus there is abundant evidence in these figures to show how greatly the consumption of tobacco has increased, per head, in this country, and the question which cannot fail to arise in this connection is, Can such high consumption be regarded as tending to the public good? Within the last few years immense facilities have arisen for the development of the habit of smoking. In London especially large firms have competed with each other to offer tobacco at cheap rates to the public, and so tempting many to smoke and indulge more freely in the habit than doubtless, in former days, their prudence and means allowed them. This greater cheapness in tobacco has also in a measure been brought about by the reduction in duty of sixpence a pound, introduced by the Chancellor of the Exchequer last year—and possibly this fiscal enterprise was dictated by the idea that in the end it would lead to a greater revenue from one of the most lucrative sources of taxation in the country. However, it is impossible to overlook the contingency that in the course of years the nation will physically not be the gainers by the universal growth in the habit of smoking. Medical men are frequently called upon to treat cases of tobacco toxæmia; and "tobacco hearts" are quite a recognised source of illness in the present day. The worst effects of over-smoking are seen in those who lead sedentary lives, and in such even a moderate indulgence in the habit is often productive of baneful results. But the whole subject affords food for curious reflection. The Chancellor of the Exchequer does what he can to make the nation smoke in order that he may have money with which to build warships, while, at the same time, he forgets that he is thus doing a good deal to destroy the "nerves" of those who will be called upon to fight them.

### A Lord Chancellor Druggist.

Lord Halsbury, Lord Chancellor of England, has manifested a determined hostility to the inclusion of chemists in the Companies Act, which, if agreed to by Parliament, would make it impossible for co-operative stores and other such traders to carry on business as dispensers, unless every man behind their counter were a registered chemist. The *Chemist and Druggist* retorts upon the Lord Chancellor by quoting from the register of shareholders of Lewis and Burrows, Limited, drug stores, the name of "Halsbury, Lord, Peer," as an investor in the company for 100 preference shares. Of course, no one will imagine that his monetary relation to the question could influence Lord Halsbury in the faintest degree, but, perhaps, it would have been wise to silence cavillers by selling his co-operative shares before supporting their system in Parliament.

### The Value of High Altitudes in the Treatment of Tuberculosis.

The value of high altitudes in the treatment of tuberculous disorders has been repeatedly shown in the case of human beings, but up to a short time ago no observations had been made or recorded regarding the influence of this treatment upon the lower animals. A work, however, has recently been published in Mexico, giving the results of some inquiries into this point, which are distinctly noteworthy. The authors find that in the lower animals tuberculosis is decreased in high regions. For example, in 1885, out of 73,000 cattle slaughtered in the general abattoir of the City of Mexico, only 45 were tuberculous. Thus it would seem that cattle and men benefit to the same degree when suffering from tuberculosis by living at a high altitude. The tubercle bacillus cannot flourish in a dry, cool atmosphere, such as high altitudes afford.

### Object Lessons in Ophthalmia.

After many years of suffering beneath the scourge of ophthalmia the Hanwell Schools of the Central London School District have been released from a burden that at one time was as rife as, say, measles or scarlet fever in an ordinary community. At a board meeting last week the Medical Officer of the Ophthalmic Isolation Schools, Mr. Sydney Stephenson, was able to report that he had not a single case of ophthalmia from the Hanwell School under his care. Everyone concerned in this desirable result may be congratulated on having furnished a valuable object lesson to the world at large upon the possibility of stamping out ophthalmia. The isolation school is at this moment full of children drawn from other unions, so that there is abundant opportunity for other Boards to go and do likewise. Perhaps these facts may serve to stir up Mr. Chaplin, who promised so much a few years ago. His scheme was handed over to the Metropolitan Asylums Board, and a plot of ground has been bought, but we still await the schools, and an army of Poor-law children in the Metropolis is being inadequately treated and improperly housed. Mr. Stephenson has shown that by isolation and systematic inspection the disease can be rooted out. What more is wanted? or does Mr. Chaplin think his responsibility at an end now that the matter is with the over-worked Asylums Board? One fact brought out in relief in the medical officer's report was that some cases of trachoma, under the most favourable conditions, take four years or more to cure, while the average is two years.

### The Lord Chief Justice on Secret Commissions and the Medical Profession.

In a speech at the London Chamber of Commerce, last week, the Lord Chief Justice drew pointed attention to secret commissions in reference to medical practitioners. "Is it not intolerable to be told," he said, "that medical practitioners—I am not attacking the profession as a whole, for these cases are the exceptions—would write a prescription and have a secret arrangement that the chemist shall give them 25 per cent. on the amount of the drugs. Again is it not disgusting to be told as a fact that if a doctor recommends a particular undertaker he gets a slice of the undertaker's business. Anyone who has taken the trouble to look into the matter will know that these are facts. They are the exceptions—I hope rare exceptions—but where this moral corruption exists it blunts the sense of honour and honesty." Lord Russell, of Killowen, is not one given to making statements of this nature without being sure of his information. But, however this may be, we should still feel doubtful as to his "facts" unless their authenticity was brought under our personal verification. It is so easy to be led into error in regard thereto. So far as the arrangement with chemists is concerned, we altogether question whether anything of the kind related exists. Medical men, it is true, are apt to have an understanding with chemists, but this only consists in asking the latter to send them patients, in return for which the chemists have the dispensing of their prescriptions. Again, with regard to the undertakers, Lord Russell's remarks seem more like the revival of a popular erroneous notion than the record of actual "fact." The papers devoted to comical matters are disposed occasionally to make laboured attempts to amuse their readers by referring to the supposed *liaison* between doctors and undertakers. But we have no hesitation in asserting that even Lord Russell would find it impossible to produce a single instance in which such a working arrangement as he suggests between an undertaker and doctor, exists. We are sorry, therefore, that Lord Russell, whose friendly feeling towards the profession is well known, should have expressed himself in the manner which he has done in this matter. He only refers to these cases as exceptions, it is true, but, as will be gathered above, we take exception to the truth even of his exceptions, and, undoubtedly the enunciation of such opinions by the Lord Chief Justice and the London Chamber of Commerce is calculated to convince the public that the secret commission traffic is not exceptional—persons of such authority should not make such charges without supporting them by cases.

### The Registration of Midwives.

This perennial source of controversy has cropped up again, with disgusting regularity, and although, as a legislative measure, the immediate future is not very menacing, the same old arguments are being brought forward *orbi et urbe* in its favour. It is absolutely necessary that it should be made perfectly clear to the public that the opposition on the part of the medical profession is not based, as alleged, on purely interested motives. It is incontrovertible, on the one hand, that there is great need for a supply of properly trained nurses to attend, it may be, normal labour, and to co-operate with medical practitioners all over the country. Of midwives proper, that is to say, female obstetric practitioners, there is no public need whatsoever, for they could not possibly underbid the fees at which duly qualified medical men are willing to offer their services, while in the matter of skill they must necessarily be hopelessly handicapped. Moreover, if it be deemed that there is really an opening for female obstetricians, the London School of Medicine for Women may be looked to to provide them. It is waste of time to prove that three or six months' perfunctory training cannot convey a trustworthy knowledge of the subject, not even to the extent of recognising an abnormal labour, at any rate until matters have reached a point at which skilled assistance is deprived of much of its value. The gist of the controversy lies in the inopportuneness of the term "midwife." The use of this title implies a diploma which in its turn implies, or should imply, a special training, which is conspicuous by its absence. No one objects to monthly nurses being trained to their duties, and, if thought desirable, to their being registered, but it is above all things desirable that women with but a smattering of technical knowledge should not be foisted on to the public as capable of replacing qualified medical practitioners.

### Cardiac Failure in Medical Men.

How frequently it happens that death overtakes medical men suddenly, generally without warning. Sometimes such deaths are more than tragic. For example, nothing could exceed the tragedy and pathos of the last scene of a man's life, than that of a doctor dying in the sick room of a patient. A case of this nature was recently recorded. The medical man had called to see his patient, and even while feeling her pulse he suddenly fell forward upon her bed, and in a moment he was dead, Within the past few months other instances of similar sudden deaths of medical men have also been published in the Press. There is no doubt that the weakest organ in a medical man's animal economy in the majority of instances is his heart. The wear and tear and strain to which in the course of a busy active practice extending over many years it is subjected, is enormous. At first it may be the strongest organ, but as years pass, it cannot help but fail in strength. With oftentimes incessant night work undertaken by the practitioner, what chances has this long-suffering organ of recouping itself with much needed rest? And so the time comes when it has simply to admit that it is worn out, and then its brave struggle ceases, and the practitioner dies generally where he stands. With many medical men, perhaps, there is an ardent desire to die in full harness. How could such a wish be more closely gratified than when death overtakes a practitioner at the bedside of a patient?

### The Treatment of Neurasthenia.

WHAT is known as the "rest cure" is greatly in vogue in the present day for neurasthenic persons. When life has become a burden from the excessive turmoil of its modern requirements the rest and peace obtained by going to bed and keeping there for a long interval has oftentimes proved to be the best, if not the only treatment for those whose physical capital has all been spent. The "rest cure" is also sometimes applied to horses, that is to say, they are put into pastures for a time and taken from all work with the best possible results. The speed of life in certain occupations to which men devote themselves is far too high to be maintained for any length of time; such is the experience of many in the present day, and it is not until they become the subjects of advanced neurasthenia that they will see the wisdom of curtailing the output of their physical power. Meanwhile the "break-up" of their health is the debt which Nature exacts under such circumstances, and lucky should those consider themselves to be who, by careful treatment, are able to recover from its effects.

### Church Bells and Invalids.

THE ringing of the church bell often becomes an intolerable nuisance to the invalid, however readily use may bring tolerance of its noisy jangling to the man who is whole. There is a certain leading hotel in the West-end of London that was separated by the width of a single thoroughfare from a particularly strident church clock. After repeated applications had been made, the local authorities took action and the clock was silenced during the night. Why not? The church clock is not needed in these days of cheap and univeral watches. So with the church bells; it is a useless relic of barbaric ages, when the congregation was scattered and had no clocks and watches, or when danger threatened and the bell summoned folk from far and wide to the shelter of the church. The noisy belfry of to-day is a survival, not only useless, but further, an active offence to the neighbourhood and a danger to the sick. It is only on the rarest occasions that a clergyman has been known to stop the bell-ringing in response to the request of the friends of a sick, or, it may be, a dying man. In the ordinary church the discordant noise is kept within more or less reasonable bounds, but in some sectarian buildings it may be heard intermittently from daybreak to darkness. Why should so useless and, in many ways, objectionable a custom be retained? In some towns, be it remembered, there are half a dozen churches in a single street. Lastly, the bells are often harsh, and jangle out of tune in a way that must spell torture to any invalid within earshot who has the least idea of music.

### Another Cancer Organism.

DR. PLIMMER, of St. Mary's Hospital, has come in for a considerable amount of popularity during the last few days in connection with his work on the parasite of cancer, brought before a recent meeting of the Royal Society. He states that he has succeeded in isolating organisms which, he believes, stand in actual relationship to the disease. These organisms possess great vitality, and multiply under conditions which prove fatal to most other pathogenic organisms. They are capable of cultivation by the means in general use in bacteriological work. Inoculated in animals these cultures are followed by the production of cancerous tumours. Judging from the description at our disposal Dr. Plimmer's organisms differ in every essential particular from those of Dr. Bra, whose discovery is now receiving attention on the other side of the Channel, as announced by our French correspondent, the latter being of the nature of a fungus. In spite of many deceptions in respect of this elusive organism, *dum spiro spero.*

### International Congress of Women.

AN assembly of those interested in the social and intellectual progress of women is to be held in London from June 26th to July 4th. The discussions in the Congress will be largely devoted to woman's education and work in the medical profession and in nursing.

## The Limits of Counter-Prescribing.

The case of Coleman *versus* Coldwell and Co. directs attention to the inconvenience and dangers attending counter-prescribing when powerful drugs are dispensed. In this case the mother of the infant plaintiff went to the chemist for a remedy for ringworm, and was given nitrate of mercury ointment. There may have been some misunderstanding as to the way in which this highly caustic pomade was to be used, but in the event violent irritation was set up and permanent disfigurement caused. The jury gave a verdict in favour of the plaintiff for £5, and in so doing they certainly erred on the side of indulgence. It is difficult to deny the chemist the liberty, though not the right, to respond to a request for a cough medicine by prescribing a bottle of some non-poisonous remedy; but for a chemist to dispense, on his own responsibility, such a powerful escharotic as nitrate of mercury, with or without verbal directions for its use, is a gross abuse; one, moreover, which we should like to see treated with condign punishment. They might as well give atropine or morphia, possibly with less risks of disaster. We trust the lesson will not be thrown away on pharmaceutists whose incursions into the medical domain are likely in future to prove more unremunerative than in the past.

## Some Healthy Health Resorts.

The mortality statistics of certain health resorts for the past year are both interesting and instructive. They show how much can be done for the public health by the adoption by the local authorities of an enlightened policy in regard to sanitation and the enforcement of hygienic principles. The people of Bournemouth will be interested to see that their town heads the list for lowness of mortality. In this popular resort the death-rate last year was only 9·8 per 1,000; Eastbourne comes next, a very close second, with 9·9; Ryde, third, with 10·0. Hove is sixth on the list with 12·4, and Harrogate, eighth with 12·8. Congratulation is justly deserved by such towns which can maintain their reputation as health resorts in this fashion. Moreover, an example is thus set which the authorities of other localities favoured by Nature should seek to emulate. Capital which is spent in making a health resort above suspicion as to drainage and water supply is money well invested, for visitors in their thousands are largely by this means attracted to the town, and prosperity to the townspeople follows as a matter of course.

## A Judicial Farce.

An inquest was held a few days since at Sunderland on the body of a man of 25, who came home feeling ill, and died an hour or two later. A doctor who saw the patient only when he was already moribund, and who said that he had never known that the deceased had anything the matter with him, stated in his evidence that, "taking all things together, he was of opinion that death had resulted from natural causes, most probably phthisis," and the jury said, "Hear, hear." Could there be a more lamentable judicial farce? No history of illness, and death in a few hours. A doctor, called in to the dying man, without any post-mortem examination declares, "taking all things together," that death is due to phthisis. It is difficult to know on which party to shower one's disapprobation, the doctor who gives that evidence or the coroner who accepts it!

## The Promotion of Midwives' Registration.

The tactics and good taste of the neck-or-nothing promoters of Midwife Registration may be judged from perusal of the following advertisement which they have published in the agony columns of several of the London papers :—

> WANTED.—The British Public to know that this beneficent measure will have the effect of reinstating registered women exclusively, and with perfect safety in all cases, &c., &c.

The statement in this advertisement is not true, but, if it were, the publication of it would be equally discreditable. If the opponents of the measure condescend to fight with similar weapons, they could open the eyes of the "British Public" to the spirit which animates the Midwives' Registration enthusiasts.

## A Medical Blackleg.

The union movement promoted by the medical practitioners of county Durham is stated by a local contemporary to have proved "successful beyond the most sanguine hopes of its members," but the Ravensworth Collieries have decided against the claim, and are stated to have secured the services of an experienced medical practitioner, "M.D., L.R.C.P. L.R.C.S.," for the usual sixpence per fortnigh We regret not being able to give the name of thi gentleman whose "gentlemanly deportment" seems to have enacted such a favourable impression.

## Notification of Mercurial Poisoning.

There will come into force on May 1st next under the Factory and Workshops Acts, an order to all medical practitioners attending, or called in to visit, any person whom he believes to be suffering from mercurial poisoning contracted in a factory or workshop, to notify the case forthwith, under penalty to the Home Office, and for which he is entitled to a fee of half-a-crown for each such notification. Forms of application will be supplied gratuitously, full particulars of which will be found in our advertising columns.

## Ball in Aid of the National Consumption Hospital of Ireland.

An aristocratic and exclusive Ball to provide funds for this hospital will be held on this (Wednesday) evening in the Rotundo, Dublin. Their Excellencies the Lord Lieutenant and Countess Cadogan will be present, and the patronesses include all the aristocracy of Ireland. As the tickets are a guinea each, and the applicants will be narrowly scrutinised, it is not likely that many every-day people will attend.

## The Disputed Dundrum (Co. Dublin) Dispensary Election.

We learn that the Local Government Board for Ireland has intimated its decision that the recent election of Dr. Mackey, of Kilgobbin, to the Dundrum district, vacated by Dr. Usher, is invalid, and that a new election must be held on May 3rd next. It will be recollected that a prolonged inquiry was held respecting the absence of a voter who, it is alleged, was kept away by a bogus telegram. As the full report of the Local Government Board on the subject is not extant, we are unable to judge of the grounds upon which the election has been annulled.

## The Royal College of Surgeons, England, and its Assessment Appeal.

The Court of Appeal has dismissed the appeal action brought by the Royal College of Surgeons against the assessment made upon the Lincoln s Inn property of the College, under the Customs and Inland Revenue Act, 1885. The Court held that the Library, like the other buildings of the College, ought not to be exempted from assessment. The sum claimed under the Act is £160 per annum.

## Election of Examiners in the Royal College of Surgeons, Ireland.

The College has issued its notices for the election of Examiner on the first Tuesday in May in all subjects and for all the several Courts. With the exception of the Court in Preliminary Education, which acts in co-operation with the College of Physicians, all examiners must be Fellows of the College.

## The New Inebriates' Act.

The first case in which a jury has dealt with an habitual inebriate has occurred at Blackburn. A drunken prisoner, having been convicted for larceny and duly sentenced was then tried as an habitual drunkard and, being again convicted, was sent for three years to an Inebriate asylum.

Several children at Douglas (Isle of Man) were poisoned last week by eating hemlock in mistake for watercress, and one, at any rate, has died in consequence. When will our Board School authorities make rural botany a subject of instruction for the young? It is much more desirable that they should be able to distinguish hemlock from watercress than Fiji from Van Diemen's Land.

A death under chloroform was recently inquired into at Liverpool. The victim was a woman, seventy-two years of age, who was undergoing an operation on the eye. The jury agreed to a verdict of "Death from cardiac failure," but we should have liked to know how much, and by what method, chloroform was given. The chances are great that the so-called "open method" has claimed another victim.

## PERSONAL.

We understand that Mr. Mackenzie, recently house surgeon to the Rathdown Hospital, Dublin, has been nominated by the Royal College of Surgeons in Ireland for a Commission in the Army Medical Corps.

Dr. W. Milligan has been appointed honorary aural surgeon to the Royal Manchester Infirmary. Mr. Joseph Collier, F.R.C.S., has been elected honorary assistant surgeon to that institution.

Mr. Jukes de Styrap, one of the best-known practitioners in Shrewsbury and the West, has died at his residence. The College, Shrewsbury, in his eighty-fourth year. He was author of "Medical Etiquette."

We regret to learn, while at press, of the death of Sir William Roberts, M.D., F.R.S. He had been suffering for some time from an internal affection. We hope to publish details of his life and work in our next.

His Excellency Sir William MacGregor, K.C.M.G. C.B., M.D., is about to leave England to take up his new position as Governor of Lagos. To-morrow (Thursday) he will address the members of the London Chamber of Commerce on the subject of "British New Guinea."

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## Scotland.

[FROM OUR OWN CORRESPONDENT.]

The Inebriates Act in Scotland.—The Secretary for Scotland has sent an intimation to the magistrates with reference to the administration of the Inebriates Act, that the Treasury will make a contribution of 16s. weekly in respect of any person convicted of an offence punishable with imprisonment or penal servitude, provided that drunkenness was the cause, or a contributory cause, and the offender is found to be an habitual drunkard, and is accordingly ordered to be detained in a reformatory for inebriates for a period of three years, in addition to or in substitution for, any other offence. A weekly grant of 10s. 6d. will be made in respect of ordinary habitual drunkards ordered to be detained in a reformatory for three years, and a weekly grant of not more than 6d. per diem, at the discretion of the Secretary for Scotland, will be made in respect of each inmate, while out on license for not more than three months. The Treasury will also bear the expenses of the removal of an inmate from one reformatory to another. This scheme of contribution will be in force for three years, dating from April 1st of the present year, and after that date no Treasury grant will be made unless a contribution of not less than 3s. 6d. per week per inmate is made by the local authority. Since receiving the above intimation the Lord Provost has had an interview with the Under Secretary for Scotland regarding the Act, and the Magistrates' Committee have resolved to recommend an inebriate reformatory of moderate size should in the meantime be established, either by the Corporation alone or in conjunction with other authorities.

Town Refuse.—Glasgow Experiment.—Lord Kelvin, and Professor Archibald Barr, of the Glasgow University, have been making experiments on the subject of the profitable destruction of town refuse. One experiment dealt with damp ash-pit refuse, containing a large proportion of night soil and vegetable matter from markets and shops. This, we understand, was consumed without the slightest trace of smoke, and in addition to the solving of the smoke difficulty, the residual products proved to be of great commercial value. In another experiment the steam produced by the process of destruction was utilised for the driving of electric-lighting machinery, and also for other purposes. Neither coal nor coke was used in the experiments. Lord Kelvin in his report shows that public bodies have no longer any excuse for referring to "waste products," but have within their reach the means of turning the most unpromising kinds of refuse to a highly profitable account.

Glasgow Ophthalmic Institution.—The annual eport of this institution, lately issued, shows that the establishment is in a very flourishing condition, and doing a lot of very useful work. During the year 1898 the out or dispensary patients numbered 12,530, and of this number 692 required special treatment as in-patients, and of these 512 were cured, 168 improved, and 12 were found incapable of further benefit. The average period of residence was 13·1 days, as against 14·79 days in 1897. The number of operations performed on indoor patients was 423, showing an increase of 170 over the previous year. Many valuable and necessary alterations and additions have recently been made in this institution. A new dispensing department has been completed, and through the generosity of Mrs. Elder the large female ward has been provided with new beds and all the necessary furniture and adornments, as also with cots for juvenile patients. At present everything is in a most satisfactory condition, and it is to be hoped that such will continue; but when one institution begins to vie with another and grand displays are made, we become a little anxious, and as onlookers advise caution.

## Manchester.

[FROM OUR OWN CORRESPONDENT.]

Royal Infirmary.—Much interest has been excited by the recent election to the honorary staff. As was expected, Dr. Milligan and Mr. Joseph Collier have been appointed, the former as aural surgeon, the latter as assistant surgeon. These gentlemen will be strong additions to the teaching staff. Both hold lectureships at the Owens College. Dr. Fothergill has been appointed to take charge of the new Clinical Laboratory in connection with the hospital. It is probable that further changes in the constitution of the honorary and teaching staff are not far distant

A Biological Aspect of Cancer.—Mr. Faraday, at the Manchester Literary and Philosophical Society, suggested that cancer growth might be considered as due to arrested development at what might be termed the crytogamic as distinct from the phanerogramic stage. From analogy it was argued that deficient oxygenation of the blood generally, or deficient local blood-irrigation might account for cancerous proliferation. It was shown that there has been too great a tendency to regard cancer as a case for the surgeon rather than for the physician, and to give attention to the isolation of a pathogenic organism rather than the changes in the environment.

Lamp Explosions.—Mr. William Thomson has prepared a valuable report upon the lamp explosions which have occurred in Manchester and Salford during the last few years. He shows the urgent necessity of raising the legal flash point of petroleum oil, as distinguished from petroleum spirit, to 100 degs. Fahr.

## Correspondence

We do not hold ourselves responsible for the opinions of our correspondents.

### THE LISTERIAN RITUAL.

*To the Editor of* The Medical Press and Circular.

Sir,—In answer to Mr. Bowreman Jessett, I have to say first of all, that it was not I who invented the phrase, "Listerian Ritual," but I adopt it with avidity, it so well describes the whole ridiculous business. It is after the fashion of the ritualists to claim anything and everything that is of use in the treatment of wounds. For Mr Jessott to claim Bantock as a ritualist because he uses sulphurous acid in treating wounds would be as absurd as to claim Lord Lister's own father-in-law, James Syme, as another, because he used sulphate of zinc before Lister was born Dewar, of Kirkaldy, introduced sulphurous acid for the treatment of wounds long before the ritualistic mummery was ever heard of. It is not essential that a man should be branded as a ritualist (in matters ecclesiastic) because he wears a decent white surplice. But the constant changes in the ritualism ot Lister makes it certain we can never guess what the next of their claims will be. "Heads I win, tails you lose," is their double-headed war-cry.

I am, Sir. yours truly,
Lawson Tait.

195, Newhall Street, Birmingham.
April 13th, 1899.

*To the Editor of* The Medical Press and Circular.

Sir,—Mr. Jessett seems to have a peculiar faculty for misunderstanding both my acts and words. I don't know what he means when he says he has seen me syringing out "abscesses *in the abdominal cavity* caused by stitches." I have never seen such a case. I have had to syringe a *suture track*, but I have never known one of these communicating with the "abdominal cavity." The reason why I use sulphurous acid in cases of suppuration, is that it is the most efficient cleanser I know, because of its solvent property. If he will try the effect of carbolic acid and sulphurous acid respectively on a mixture of blood and water, he will see that the former turns it milky from coagulation of the fibrin and albumen, while the latter makes a clear solution. This is the reason why I use sulphurous acid and not because of its supposed antiseptic property. Mr. Jessett ought to know by this time that carbolic acid of a strength to kill bacteria will destroy the vitality of the tissues. But I presume it will be impossible to disabuse his mind of an idea which, with him as with so many others, is of the nature of a religion or creed.

I have just received from the Clinical Research Association a report upon a sample of fluid obtained from a drainage tube in a case of ovariotomy with recent parietal adhesions and free oozing. It is as follows:—"This fluid contains the streptococcus in very small numbers, and the bacillus coli communis." Now, this drainage tube was in for four days and ten hours; it was emptied exactly fifty times, air entering freely with each drawing; the fluid removed (for the most part very bloody) amounted to twenty-three ounces, and at the time of the withdrawal of the tube the temperature was 98·6 degs., and the pulse 86. At the time of operation they were respectively 99 and 104. Does not this show that the presence of these organisms was of no consequence from a pathological point of view?

I am, Sir, yours truly,
Geo. Granville Bantock.

12, Granville Place, April 15, 1899.

### MEDICAL EXPERTS IN CRIMINAL CASES.

*To the Editor of* The Medical Press and Circular.

Sir,—The writer of the editorial in your last issue contrasts the French system or medical testimony in Courts of Law with the system adopted in Great Britain. In England each litigant employs his own corps of doctors to swear whatever is likely to prove his own case, while in France the Court employs an expert specialist who is supposed to advise the Court independently of the interests of either litigant. You say the French plan, theoretically at any rate, appears best calculated to secure an impartial opinion by a person of recognised eminence but, in practice, the medico-legal expert but too often follows the lead of the brow-beating *juge d'instruction*, and strains every nerve to secure a conviction.

My object in writing is to point out that, at the worst, the French system is better than ours, and that it could readily be made more perfect by paying the expert as a judge is paid in our country, not by fees, but by a fixed salary, amply sufficient to make him quite independent of the *juge d'instruction* or anyone else. In our country nothing can be more calculated to mislead justice or to discredit our profession than the system of medical testimony. When a suit for damages—say, for personal injury—commences, each of the rival solicitors looks out for two or three doctors with sufficient repute to "go down" with a jury, sufficient effrontery and readiness to confront a cross-examining counsel, and with consciences of good, leathery, durable quality. The next step is to ensure a partisan opinion on the part of these doctors by putting the desired aspect of the case in the strongest way, concealing all the facts favourable to the other side, exaggerating all those favourable to their own side, and, without saying it, making the witness understand that if his testimony is not satisfactory to his employer, that he need never expect another retainer for a future suit from the same source. Needless to say that a medical witness, under such circumstances, enters on the case with a preconceived judgment, examines the patient with the disposition to find out all symptoms conformable to that opinion, and to pass by those antagonistic thereto. One of the worst features of this system is that the result of the suit usually depends on two factors—*a*, the capacity of the litigant or his speculating attorney to pay a good "bar" of swearing doctors; and, *b*, the amount of credit which the jury may accord to the opposed medical witnesses. The first of these influences ought not to exist in any court of law, and is supposed not to exist under the French system; the second can have full effect only under our system, and it is it which places the medical profession in the humiliating position which it commonly occupies when shown up in the witness-box. The jury, dazed with the mass of totally contrary medical opinion delivered by experts of apparently equal authority, believes neither side, and, after delivering a verdict which is but slightly influenced by the doctor's swearing, goes home and out into society abusing the doctors and discrediting their honesty.

In my opinion justice will never be done in such cases until the opinion of an expert, who is not coached by any side, and who may be regarded as a thoroughly reliable expert adviser, is available for the assistance of the court. If such an expert witness were employed the ruck of swearers and counter-swearers would soon find their occupation gone.

I am, Sir, yours truly,
A Juryman.

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## MEDICAL AID ASSOCIATIONS.

*To the Editor of* The Medical Press and Circular.

Sir,—The tone of your correspondent's letter in the issue of April 5th is both dignified and reasonable. He protests against the "touting" for clients in general, and against the Medical Aid Societies as representing the forefront of that ethical offence.

How is the evil to be scotched? We may well ask that question, for it cannot and will not be effected by the efforts of those who have to fight the traitor at their own gates. However straightforward, manly and united the general practitioners of a district, they dare not fight the great political and social organisations directly or indirectly connected with the medical aid movements. The friendly societies, again, have thrown down the gauge of cynical defiance to the medical profession. To whom are we to turn for help? Will the General Medical Council come to our aid? I trow not, until we ourselves elect the representatives of our colleges and universities, and get a governing body in sympathy with our wants, wishes and aspirations.

Perhaps your correspondent will tell us who is to "bell the cat." He will find nine-tenths of the profession at his back if he can give us a lead in this important matter.

I am, Sir, yours truly,
Another General Practitioner.

# Obituary.

## DR. WILLIAM FRAZER, OF DUBLIN.

Although the long illness of Dr. Frazer had prepared the public for his demise, yet his death, which occurred on Sunday morning, came as something of a shock to the profession in Dublin. Being born in 1824 he was 75 years of age at his death, and, during his masculine life of nearly 50 years, he developed many sides to his intellectuality. He was a reliable practising physician, a clear teacher of the subjects upon which he undertook to give instruction, a discreet administrator of the institutions with which he associated himself, and, in addition, one of the most cultured antiquarians, numismatists, and picture connoisseurs in Ireland. Dr. Frazer died, as many of his cogeners have done, of the sequelæ of influenza. He had served his profession not only as the author of works on the skin and on Materia Medica, and of papers on various subjects which have appeared in The Medical Press and Circular, but as a lecturer on Materia Medica in the Carmichael School, and on Forensic Medicine in the Old Park Street School. He also filled the positions of Fellow, Councillor, and Examiner in the Irish College of Surgeons, besides many other honourable places in other similar bodies.

As an antiquarian Dr. Frazer acquired equal distinction. He had been a Fellow of the Royal Irish Academy for more than thirty years, a member of its Council, and afterwards its Honorary Librarian, in which office he succeeded Sir John Gilbert. He was also a Fellow of the Societies of Antiquaries, both of Ireland and of Scotland. Apart from his scientific pursuits, Dr. Frazer enjoyed respect and friendship for his personal qualities, having always manifested a genial and conciliatory temperament and a suave manner.

# Parliamentary News.

The Midwives Bill.—Mr. Fulton Egerton moved the second reading of the Midwives Bill, which, he said, was the result of a Select Committee, which sat in 1894 and reported favourably on the subject. It was a subject of immense interest throughout the whole country. The Bill had, he believed, received the acceptance of the medical profession through both the Royal College of Surgeons and the Royal College of Physicians, and had also been favourably received by the United County Councils Corporation. Mr. T. P. O'Connor deprecated discussion at such a late hour, and criticised the provision of the Bill in respect of the training of the proposed midwives. He concluded by moving the adjournment of the debate, but this was rendered unnecessary by the rules of the House, according to which the debate stood adjourned at 5 p.m., after Sir Wm. Priestley had spoken in its favour.

Glycerinated Calf Lymph.—In reply to Sir B. Simeon, the President of the Local Government Board said that the Department was not prepared to supply glycerinated lymph to all qualified medical men on application, though a sufficient quantity was always kept on hand.

Lead Poisoning.—In answer to Sir C. Dilke, Mr. Jesse Collings admitted the death of a man at Hanley from chronic lead poisoning, but added that the non-holding of an inquest was a matter within the discretion of the coroner. He admitted, however, that the fact of an inquiry by the Home Office was not *per se* a sufficient reason for refusing an inquest, and he reiterated the view that an inquest should be held in all such cases. He explained the circumstances under which the death in question had taken place—delay in precuring and fixing a fan, but gave no hint of any measures against the firm for their negligence.

# Medical News.

### Royal College of Surgeons of England Examinerships.

In our advertising columns will be found the official announcements of forthcoming elections to Examinerships at this college in June next:—

Four examiners in elementary biology, four in anatomy, three in physiology, four in midwifery, and two in public health under the Conjoint Board.

The Council will also elect four examiners in anatomy and four examiners in physiology for the fellowship of the Royal College of Surgeons; and on May 11th next they will proceed to the election from the Fellows of the College of a member of the Court of Examiners in the vacancy occasioned by the expiration of the period of office of Mr. J. McCarthy, who is not a candidate for re-election.

### St. Thomas's Hospital Medical School.

The following scholarships, medals, and prizes have been awarded:—Fifth year's students: Mr. James Gaff, the Treasurer's Gold Medal; Mr. H. J. Horton Smith, the Wainwright Prize; Mr. H. T. D. Acland, the Cheselden Medal. Third year's students: Mr. C. N. Sears, the first College Prize (£20) and the Peacock Scholarships (£38 10s.), second tenure; Mr. A. F. Miskin, the second College Prize (£15). Second year's students: Mr. C. U. Ind, the Musgrove Scholarship (£38 10s.); Mr. W. H. Harwood Jarred, the first College Prize (£20); Mr. J. E. Adams, the second College Prize (£10). First year's students: Mr. G. C. Adeney, the Tite Scholarships (£27 10s.); Mr. C. M. Roberts, the first College Prize (£20); Mr. C. H. Latham, the second College Prize (£10).

### Tropical Medicine.

The King of the Belgians, as Sovereign of the Congo Free State, has contributed £200 towards the establishment of the London School of Tropical Medicine and the enlargement of the Branch Hospital of the Seamen's Hospital Society. The Archbishop of Canterbury has also contributed £50 to the same object. Lord Lister, president of the Royal Society, is to be the principal guest on the occasion of the inaugural dinner in connection with the Liverpool School for the study of tropical diseases on the 22nd inst. Altogether a sum of £1,700 has been promised towards the expenses of the Liverpool school.

### Society for Relief of Widows and Orphans of Medical Men

At a quarterly court of this Society, held on Wednesday last, Mr. Christopher Heath, vice-president, in the chair, three new members were elected, and the deaths of two reported. The deaths of two widows were announced; one had been in receipt of grants since January, 1870, and had received £1,847 18s., the other since July, 1874, and had received £1,429 10s. A first application was read from a widow for herself and two children, and a grant was made. It was resolved to distribute £1,201 10s. at the next court to the forty-eight widows, twelve orphans, and five recipients from Copeland Fund, now on the funds. Sir Thomas Smith, Bart., was nominated for election as vice-president at the annual general meeting, and the following gentlemen as directors:—Mr. Morley, Mr. King, Mr. Leigh, Mr. Gimson, Dr. Samuel West, and Dr. Whipham. It was decided to hold the annual general meeting on Wednesday, May 31st at 5 p.m. The expenses of the quarter were £56 10s.

### Sent to Prison.

Mr. Robert Herbert Foot, of North Brixton, was last week sentenced to three months' imprisonment for gross indecency towards females. The defence was that he was suffering from an infirmity "which often placed him in an embarrassing position," a remark which certainly covered his then position.

### Mr. Allinson Again.

"Dr." Allinson appeared at the Marylebone Police Court on the 13th inst. to answer charges preferred by the General Medical Council of "wilfully and falsely pretending to be a doctor of medicine and licentiate in medicine and surgery; and, secondly, of using titles and descriptions thereby implying that he was recognised by law as a physician." The magistrate held that the use of the prefix "Dr." conveyed the idea that the defendant was a doctor of medicine and fined him £5, with five guineas costs, but dismissed the second summons.

### A Dangerous Nostrum.

On the 11th inst. the adjourned inquest concerning the death of Charles Ellis, who died while undergoing a so-called course of treatment by the Fanyau remedies for epilepsy was resumed. The inquest, as will be remembered, was adjourned for the purpose of having the so-called remedies analysed. The analysis was made by Dr. Campbell Brown, the public analyst, who stated that the medicine was essentially a strong solution of potassium bromide. It appeared that the deceased had taken 150 or more grains of bromide in a day. That was very excessive. There were other substances of no consequence, the proportions being very trifling. The symptoms coincided with excessive doses of bromide. D Maule said his opinion was that the bromide had a great deal to do with the cause of death. This opinion was concurred in by Dr. Stanley Bruce Smith, of Liverpool. The jury returned a verdict that deceased came by his death from coma, accelerated by an overdose of bromide of potassium sold and administered by Oscar Fanyau and Company, and they made a presentment that Oscar Fanyau and Company ought not to be permitted to sell that drug under the guise of a fit remedy, and strongly condemned them for the false statements contained in their pamphlets and letters. They considered that the Legislature ought to interfere for the protection of the public against the publication of such false statements, and to prevent the sale of that drug under conditions so dangerous to life. The Coroner added that until the jury was informed by him of the legal difficulties in the way they wished to return a verdict of manslaughter against Oscar Fanyau and Co., and if they came before him again it was probable they would be sent for trial.

## PASS LISTS.

Royal College of Physicians, Edinburgh; Royal College of Surgeons, Edinburgh, and Faculty of Physicians and Surgeons, Glasgow.

The quarterly examinations in Edinburgh, were concluded on 11th inst., with the following results:—

First Examination, Four Years' Course.—Of 8 candidates the following 4 passed:—Robert E. Turner, Nigel Oliphant, Ernest Saxton, and Frederick C. H. Dady.

First Examination, Five Years' Course.—Of 20 candidates the following 9 passed:—Edward H. Knowles, Gideon H. van Zyl, Herbert F. Walker, Charles S. Macaskie (with distinction), George L. Baker, Albert H. Griffith, Henry Carlaw, Reginald N. Macdonald, and James H. Stewart (with distinction).

Second Examination. Four Years' Course.—Of nine candidates, the following three passed:—Robert B. Sandiford, James C. Franklin, and Arthur J. Morkill.

Second Examination. Five Years' Course.—Of twenty-seven candidates, the following seventeen passed:—Catharine F. M. Leach (with distinction), William S. Cowen (with distinction), John B. Mason, Lewis Beesly, Topal C. Ghose (with distinction), Basanta K. Chatterjee, Jeanie Newton, Arthur T. Hoskins (with distinction), Harry F. Wilkin (with distinction), Philip G. Marshall, Herbert E. J. Batty, John D. J. Bruce, Alexander W. Frew, William E. Graves, Alfred L. White (with distinction), Robert H. Crombie, and Henry E. Staniforth.

Third Examination. Five Years' Course.—Of twenty-two candidates, the following fifteen passed:—Henry E. C. K. Murray; (with distinction), David Mitchell (with distinction), Alexander Brownlee, George H. Usmar, William A. O. Cole, David L. Williams, Ernest Hill, William M. Browne, Lionel R. Popham, Ernest F. Cox, Ewen MacKenzie, Gerald S. Coghlan, Thomas R. Leohard, Ezra Khamis, and Dudley Jeaffreson.

Final Examination.—Of 65 candidates the following 30 passed, and were admitted L.R.C.P., L.R.C.S.E. and L.F.P. and S.G.:—William C. Carnegie, Herbert H. E. Russell, Elie P. Marett, George W. Paule, James E. Ratcliffe, William Carey, Reginald F. N. Overton, William M. Paul, Katharine C. Sampson, William A. Pitt, Isaac Daniels, Lawrence W. Cock, Cuthbert L. Dunn, Frederick C. Ackland, Charles A. Festins, William L. Cockcroft, Robert M. Quin, Richard N. Woodley, Robert W. Jubb, Reynold Tarbuck, Robert S. Muir, Richard C. Morris. Robert D. C. Rose, James W. Barber, George Young, George E. A. Thomas, Daniel P. G. O'Sullivan, William Campbell, Rajabali R. Lakhadhir, and Charles G. Etches.

### Aberdeen University.

At the Graduation Ceremony on April 7th, the following degrees were conferred:—

Degree of Doctor of Medicine (M.D.):—*William Findlay, M.A., M.B., of Aberdeen; George Alex. Reid, M.B., Royal Victoria Hospital, Bournemouth; George Savage, M.B., Beverley, Yorks; Aaron M. Sims, M.B., of Sparkbrook, Birmingham; and Robert B. Tydd Stephenson, M.B., Berbice, British Guiana. *Thesis considered worthy of "Commendation."

Degrees of Bachelor of Medicine (M.B.) and Master in Surgery (C.M.) (Old Ordinances):—Robert Batchan, A. Ruthwell; Leonard Cotterill, Weybridge; Alexander B. Cruikshank, Aberdeen; John Halley, Aberdeen; Donald F. Mackenzie, Muir of Ord, Ross; Richard N. Petrie, Alford, Aberdeen; Alex. C. Profeit, Dinnet; and J. Sebastian de Silva, Moratuwa, Ceylon.

Degrees of Bachelor of Medicine, M.B., and Bachelor of Surgery, Ch.B., New Ordinances. Alex. H. Cran, M.A., Nigg. Ross; James M. Duncan, M.A., Aberdeen; Cecil V. M. E. Fanu, Cassel, Germany; *a*George A. Finlayson, Aberdeen; John C. Galloway, Oyne, Aberdeen; Arthur N. Haig, Ahmednagar. India; Charles Hunter, Badenscoth, Aberdeen; Francis A. Innes, Skene, Aberdeen; John W. Lindsay. Peterculter, Aberdeen; James H. Mackay. Aberdeen; John McPherson, Aberdeen; George A. Mavor, Aberdeen; Alex. M. Mitchell, Insch, Aberdeen; Charles Murray, Aberdeen; Alex. Bruce Simpson, Alford, Aberdeen; James A. Stephen, Lhanbryd, Elgin; Lessel P. Stephen, Conglase, Inverurie; William E. Taylor. Aberdeen; James A. Tolmie, Glenglassaugh Banffs; and John H. Wilson, Aberdeen. "With Credit."

# Notices to Correspondents, Short Letters, &c.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

**Reprints.**—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before the type is broken up.

### HOMŒOPATHY.

Take a little rum, the less you take the better;
Pour it in the lakes of Wener or of Wetter.

Dip a spoonful out, and mind you don't get groggy;
Pour it in the lake of Winipisiogee.

Stir the mixture well lest it prove it inferior;
Then put a half drop into Lake Superior.

Every other day take a drop in water;
You'll be better soon—or at least you eughter.

*Tri-State Medical Journal.*

**Aggrieved.**—We cannot insert the communication forwarded by our correspondent. The matter is entirely and solely a personal one, and as such its publication could not serve any useful purpose.

### THE TREATMENT OF ACNE—A QUERY.

L. E. M. writes: "I have a poor patient suffering from acne rosacea. He is a bootmaker, and cannot afford the time to attend a hospital. I have tried all the usual remedies without avail, and I would be much indebted if some specialist in dermatology would suggest some means of cure."

**Dr. J. L.**—Apply to the Secretary of the College, Lincoln's Inn Fields, W.C.

**Student.**—The facts are of considerable interest. At the present time nearly 200,000 species of plants are known to science. Hippocrates was only able to enumerate 234 specimens, but then, of course, he lived as long as 500-400 B.C., which is something more than a "mere detail."

**"Quæsitor."**—The appointment of additional inspectors under the Irish Local Government Board, to undertake the supervision of workhouses under the new system, has been long talked of and is much needed, but nothing has yet been done, and we have no reason to suppose that there is any immediate intention of making such appointments. We are, however, aware that vigorous wire-pulling has been going on for months past in favour of certain candidates, and it is quite possible that the business is being kept close, and that appointments may be made at a moment's notice at any time.

**Absit Omen.**—We believe the risk of live burial to be chimerical, but the dread thereof sometimes assumes the dimensions of a malady. It is unnecessary to insist on a post-mortem examination which, effectual enough, to be sure, in its purpose, is in many respects objectionable. It would suffice to leave instructions for the electro-contractility of the muscles to be tested before proceeding to interment. An absolute lack of response to electrical stimulation is a thoroughly trustworthy sign of death.

**A Word to the Wise.**—*Apropos* of our present agitation regarding the teaching of physiology in the schools, the following from the *Medical News* is worthy of note:—"A school teacher at Port Allegheny, N.Y., the other day received the following note: 'My boy tells me that when I trink beer der overcoat vrom my stummack gets too thick. Please be so kind and don't interfere in my family affairs.'"

# Meetings of the Societies and Lectures.

### Wednesday, April 19th.

**Royal Microscopical Society** (20 Hanover Square, W.).—8 p.m. Paper:—Prof. L. S. Beale: The Bioplasm of Man and the Higher Animals and its Influence in Tissue Formation, Action, and Metabolism.

### Thursday, April 20th.

**Harveian Society of London** (Stafford Rooms, Titchborne Street, Edgware Road).—8.30 p.m. Clinical Evening.

### Friday, April 21st.

**Royal Academy of Medicine in Ireland.**—Obstetric Section.—Papers:—(1) Dr. John Campbell: Two Years' Work in the Samaritan Hospital, Belfast.—(2) Dr. More Madden: Treatment of Uterine Carcinoma.—(3) Dr. Kidd: Notes on a Case of Cæsarean Section.—(4) Prof. Kinhead, Galway: Polycystic Tumour of the Ovary.—Specimens:—Dr. John Campbell: (1) Dermoid Cyst of Ovary Removed by Abdominal Section; (2) Ovarian Cyst Removed by Abdominal Section; (3) Fibroid Tumour of Uterus, Showing Degenerative Changes, Removed by Abdominal Hysterectomy (Inter-Peritoneal Method); (4) Fibroid Uterus Removed by Extra Peritoneal Hysterectomy; (5) Carcinomatous Uterus Removed by Vaginal Hysterectomy; (6) Carcinoma of the Anterior Wall of the Rectum Removed by Kraske's method.—Dr. Smyly: (1) Myomatous Uterus Removed by Doyen's Method; (2) Tuberculous Ovary Removed by Abdominal Section.—Dr. Glum: (1) Microscopical Section of Secondary Carcinomatous Nodule from the Lung with Carcinomatous Uterus in Inoperable Case; (2) Ovarian Cyst Removed by Abdominal Section.

**Society of Anæsthetists** (20 Hanover Square, W.).—Papers by Dr. G. H. Savage and Dr. H. G. Turney.

**Epidemiological Society of London** (11 Chandos Street, Cavendish Square, W.).—8.30 p.m. Paper:—Dr. F. R. Blaxall: The Relations of Bacteriology to Epidemiology. (The date April 14th was inadvertently printed on the Sessional Card.)

# Vacancies.

County Asylum, Rainhill, near Liverpool.—Assistant Medical Officer, unmarried. Salary commences at £100 per annum, with prospect of increase to £250, with furnished apartments, board, attendance, and washing.

Darlington Hospital and Dispensary.—House Surgeon, unmarried. Salary £140 per annum, with rooms in the institution, but applicant to board himself.

Fisherton Asylum.—Assistant Medical Officer. Salary commencing at £100 per annum, with board, lodging, and washing. Apply to Dr. Finch, The Asylum, Salisbury.

Lewes Dispensary and Infirmary and Victoria Hospital, Lewes.—Resident Medical Officer. Salary £90 per annum, furnished apartments, board, coals, gas, and attendance.

Liverpool Dispensaries, 34, Moorfields, Liverpool.—Assistant Surgeon, unmarried. Salary £80 for the first year, and £90 afterwards, with board and residence.

Manchester, Chorlton-upon-Medlock Dispensary.—Resident House Surgeon. Salary £120 a year, with furnished rooms and attendance.

Rotherham Hospital and Dispensary.—House Surgeon for three years. Salary 100 guineas, with rooms, commons, and washing. Also Assistant House Surgeon. Salary £30 per annum, with rooms and washing.

Royal College of Surgeons of England, London.—Various Examinerships on the Court (see Advt.).

Stockport Infirmary.—Assistant House and Visiting Surgeon. Salary £70 per annum, with board, washing, and residence. Also Junior Assistant House Surgeon. Salary £2 per mensem, with board, washing, and residence.

Victoria Hospital for Children, Queen's Road, Chelsea, S.W., and the Victoria Convalescent Home, Broadstairs.—House Physician for six months. Honorarium at the rate of £50 per annum, with board and lodging in the Hospital.

# Appointments.

**Chalmers, A. K.**, M.D.Glasg., D.P.H Camb., Medical Officer of Health by the Glasgow Town Council.

**Collier, Joseph**, M.B., B.S.Lond., F.R.C.S., Honorary Assistant Surgeon to the Royal Infirmary, Manchester.

**Gaylor, Edward**, L.R.C.P.Edin., L.F.P.S.Glasg., Medical Superintendent at the Belper Joint District Isolation Hospital.

**Hill, Charles A.**, M.B., B.C., B.A.Cantab., M.R.C.S., Assistant Bacteriologist to the Royal Commission on Sewage Disposal.

**Jones, Hugh Edward**, M.R.C.S., L.R.C.P., Honorary Surgeon to the Liverpool Eye and Ear Infirmary.

**McElligott, Maurice G.**, D.P.H., L.R.C.P., and S., Deputy Medical Superintendent at the Belper Joint District Isolation Hospital.

**MacGregor, P.**, L.R.C.P., F.R.C.S.Edin., Honorary Surgeon to the Huddersfield Infirmary.

**McMahon, F. D. Sutherland**, L.R.C.P. and S.Ed, Medical Officer of the St. Columb Major Rural District Council.

**Martin, R. C.**, M.R.C.S., L.R.C.P., Junior House Surgeon to the Great Northern Central Hospital, Holloway, London.

**Milligan, William**, M.D., Honorary Aural Surgeon to the Royal Infirmary, Manchester.

**Monsarrat, Keith W.**, F.R.C.S.Eng., Assistant Surgeon to the Children's Infirmary, Liverpool.

**Moore, H. C.**, M.R.C.S., Medical Officer of Health by the Hereford Town Council.

**Parker, George**, M.A., M.D.Cantab., M.R.C S., Joint Lecturer on Medical Jurisprudence at University College, Bristol.

**Rust, Montague**, L.R.C.P., L.R.C.S Edin., Assistant House Surgeon to the Glasgow Eye Infirmary.

**Willoughby, W. G.**, M.D.Lond., D.P.H.Camb., M.R.C.S., L.R.C.P., Medical Officer of Health to the Borough of Eastbourne.

# Births.

**Bowie.**—April 13th, at 40, Hertford Street, Mayfair, London, W., the wife of Dr. Alex. Bowie, of a daughter (premature).

**Newbolt.**—On April 12th, at 42, Catharine Street, Liverpool, the wife of George P. Newbolt, M.B.Durh., F.R.C.S., of a daughter.

# Marriages.

**Corner—Mackwood.**—On April 12th, at St. Martin's, Trafalgar Square, London, Frank Corner, M.R.C.S., L.R.C.P., F.G.S., son of F. M. Corner, J.P., Poplar, to Elsie Tatham, only daughter of Thomas Watson Mackwood, and grand-daughter of the late Christopher Tatham, M.R C.S.

**Griffith—Jones.**—On April 12th, at St. Mary's Church, Dolgelley, Harry Rathbone Griffith, M.D., Portmadoc, to Mary Elizabeth Amoyl, youngest daughter of Dr. John E. Jones, J.P. and D.L., of Bryn-y-Fynon, Dolgelley.

**Millen—Wills.**—On April 13th, at the Parish Church of St. Michael, Sittingbourne, Seymour A. Millen, M.R.C.S.Eng., L.R.C.P.Lond., eldest son of Alfred Millen, of Sittingbourne, to Mary R. Wills, only daughter of Daniel Wills, of Sittingbourne.

# Deaths.

**Lanphier.**—On April 12th, at Alford, Lincolnshire, Charles William Lanphier, M.R.C.S., L.R.C.S., aged 28.

**Roberts.** On April 16th, at his residence, 8, Manchester Square, London, Sir Wm. Roberts, M.D., F.R.S., in the 70th year of his age.

**Rowlands.**—On April 10th, at King Street, Carmarthen, James Rowlands, F.R.C.S., in his 65th year.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXVIII. WEDNESDAY, APRIL 26, 1899. No. 17.

## Original Communications.

## DEATHS AFTER ABDOMINAL CŒLIOTOMY. (a)

By W. J. SMYLY, M.D.,

Gynæcologist to the Adelaide Hospital, Dublin.

THOUGH the views I hold are shared by the majority of operators at the present time, and may, therefore, seem trite and lacking in originality. yet so rapid have been the advances in abdominal surgery in recent years that I think the Council of the British Gynæcological Society have acted wisely on this occasion in calling a halt in order that we may see how far it is possible to fall into line, and that we may count the cost of our operative procedures. And as regards the causes of death after abdominal operations, I know that there is among the Fellows of this Society a sufficient divergency of views to render the discussion of the subject both interesting and instructive. To some. fatalities after cœliotomy are attributed almost exclusively to the invasion of the peritoneum by micro-organisms; whilst to others this is of secondary importance, and to others again of no importance at all; so that the subject cannot be regarded as closed to discussion, and, remembering that a majority, however great, is not necessarily in the right, we should put aside partisan feeling, and approach the discussion with a simple desire to know the truth.

Among the causes of death after cœliotomy more or less due to abdominal conditions are :—

1. Shock. 2. Hæmorrhage. 3. Ileus. 4. Uræmia. 5. Inanition. 6. Tetanus. 7. Embolism. 8. Sepsis.

SHOCK.—Though we are familiar with the symptoms it is difficult to define the nature of this condition, to say that it is "a profound impression made on the nerve centres and indicating extreme depression of the patient's vital forces" is rather vague, whilst the statement that "it is due to exhaustion of the medulla oblongata and spinal cord leading to a great reduction in the vital activity generally, and resulting from severe irritation of the peripheral ends of the sensory and sympathetic nerves," is in the present state of our knowledge too precise, nor does it include all the cases which present a common group of symptoms, but in some of which there has been no marked or prolonged nerve irritation, as, for example, those resulting from anæsthesia, hæmorrhage; or one recorded by Fritsch, where an ovary was removed in five minutes, and yet for hours afterwards the patient remained in an alarming condition of the profoundest shock. It appears then that the term shock applies to a group of symptoms which may be due to a variety of causes, but is generally in direct proportion to the magnitude and duration of the operation, especially when associated with long exposure and manipulation of the intestines, to the amount of blood lost, and the cooling of the body generally. Patients already debilitated by disease, such as cancer, bleeding myomata, and granular kidneys, bear operations badly, and also those with "weak hearts." Not so much valvular disease as what is commonly understood by this term, namely, hearts with rapid and weak action, whether this be due to imperfect development, degeneration of tissue, previous illness, or nervous excitement. Failure of the heart is one of the most prominent features in shock, and it is a matter of common experience that women who accept their position with quiet resignation are less affected by it than those of a nervous temperament, and that where anxious days and sleepless nights have preceded an operation, the heart, worn out by nervous palpitation, fails to meet the extra demand which may be made upon it. Not only may this cardiac insufficiency prove directly fatal, but it may, as pointed out by Fritsch, do so indirectly; for not the circulation of the blood only but also the movement of all the fluids in the body, depends upon the heart's action. If the heart be strong, or if it soon recovers after operation, the circulation of the blood and the flow of lymph continue normal; as also the currents in the peritoneal cavity, where absorption takes place with extraordinary rapidity; lymph, blood, and micro-organisms are carried away through the lymphatics into the circulation, where the latter are rapidly destroyed or rendered harmless by the blood, Nature's great antiseptic. But for this to occur three things are necessary: first, there must not be too many cocci; secondly, there must be a sound heart; and an undisturbed circulation; and, thirdly, the functions of the peritoneum must be normal. Where the heart is weak, and continues so, the flow of lymph is impeded, peritoneal absorption is diminished, or ceases altogether, and a fluid collects in its cavity forming a stagnant culture medium eminently suitable for the development of germs, which are seldom altogether absent even after the most aseptically conducted operation. There exist, then, a number of peripheral dangers which a strong heart could overcome, but which with a weak heart may prove fatal. Not only do the causes already mentioned cause depression of the heart's action, sluggish circulation, diminished absorption, and suppression of urine, but exposure and manipulation of the intestines is followed by derangement of the physiological functions of the peritoneum. These injurious effects are observable in the congested and disordered circulation, the dilated blood vessels and the reddened and lustreless peritoneum. The muscular and mucous coats participating, peristalsis becomes weak, or ceases altogether; the mucous membrane swells, and ceases to absorb; much flatus forms and is not expelled; there is excessive tension in the intestines, and under such circumstances a passage of their contents into the peritoneal cavity is possible. We know that white blood cells can escape, and in them, with them, and apart from them doubtless intestinal bacteria also.

Fritsch, who has drawn especial attention to this subject, attributes these changes to air contact and pressure changes, rather than to cooling and mechanical injury; though he says they are doubtless aggravated by rough treatment of the peritoneum with unsuitable materials when the intestines are rubbed and dragged about in performing the peritoneal toilette, or where chemicals are introduced into the peritoneal cavity.

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(a) Paper read before the British Gynæcological Society, April 13th. 1899.

Walthard, of Bern, however, from a series of experiments on animals, came to the conclusion that the injury was due to the drying qualities of the atmosphere; though he did not deny that it might in some measure be due to its coldness causing contraction of the blood-vessels and imperfect nourishment of the serosa. He, therefore, warned operators against drying the peritoneum, and recommended the use of moist compresses wrung out of sterilised salt solution. Sänger, of Leipzig, adopted these views, and Schiffer, his assistant, reported much better results, especially the earlier return of peristaltic action and expulsion of flatus since the introduction of moist asepsis. Uhlmann, however—assistant to Professor Zweifel in the same city—states in a recent publication that no apparent benefit has resulted from moist asepsis, which is inferior to the dry in other matters, especially as a hæmostatic. With these latter views I am inclined to agree and prefer the dry compresses taken directly from the can in which they have been sterilised, excepting only those which directly cover the intestines, since the latter are liable to adhere to the dry cloths.

These cases present, according to Fritsch, peculiar clinical and post-mortem appearances. The patient awakes from the anæsthetic with a peculiar anxious feeling, embarrassed respiration, and a feeble heart. She complains that the binder is too tight. The intestine is paralysed, tympanites occurs without fever, the tongue is dry, and the pulse is fast, and grows faster and faster. The sensorium remains clear, but the weakness and anxiety increase. On the evening of the second day, or later, fever sets in, the tympany increases, the pulse grows thready, and the patient dies.

This, he contends, differs from sepsis, because an acute septic condition could not develop within an hour of the operation. Fever sets in early in sepsis, late in these cases, and the fact that one patient may die in this way, whilst others operated upon the same day make good recoveries, proves that no serious error in asepsis has been made. There are peritoneal symptoms no doubt, but not peritonitis, since there is neither fever nor tenderness, and these cases often recover, whereas the acutely septic invariably die. Such patients become septic towards the end, but cardiac weakness is the prominent symptom throughout; and they die not because they are septic, but they become septic because they are dying.

The better results obtained by vaginal methods he believes to be due to the peritoneum retaining its physiological functions, which are not altered by contact with the air, cooling, or pressure changes; and he holds that the excellent results obtained by Lawson Tait, Bantock, Koeberle, and others are due to rapid and careful operating, whereby central and peripheral injuries are so slight that the functions of the heart and peritoneum are little interfered with.

It may, perhaps, be wrong to consider hæmorrhage in connection with shock, but there can be no doubt that a large number, if not the larger number, of cases reported as deaths from shock have been due to loss of blood during or subsequent to operation. Hæmorrhage after operation may be due to the slipping of a ligature which has been improperly applied, from denuded surfaces, or torn adhesions, omental vessels, or from puncture of an epigastric artery, when inserting the abdominal sutures. The spouting of a large vessel soon gives rise to symptoms easily recognised, but a small oozing is more easily overlooked. It occasionally happens that owing to heart failure the bleeding ceases altogether, or appears so insignificant that the abdomen is closed; but after the patient has been put to bed and warmth and stimulants employed, with the recovery of the circulation the hæmorrhage returns, and its symptoms may be confounded with those of shock.

Zweifel has laid particular emphasis upon the importance of absolutely checking all oozing before closing the abdomen, especially where much loss has occurred during an operation. After severe hæmorrhage, he says, the heart works with half-filled vessels, the demands upon it are increased, and it works with great rapidity. If the bleeding point has been secured and the circulation enclosed within itself it gradually refills; all the organs and tissues pouring serum into it. The functions are gradually restored, the patient comes round by degrees and climbs step by step back to life.

But if, on the other hand, even a small hæmorrhage goes on it works against the heart's action both dynamically and reflexly. When the latter improves the hæmorrhage increases; as more serum flows into the circulation the blood becomes more watery, less coagulable, and thus less adapted to the spontaneous closure of the bleeding vessels. The heart working with a half-filled circulation aggravated by even a small continued loss he likens to a steam engine working a ship's propeller, which lifts out of the water, or a locomotive when the wheels slip upon the rails. The mechanism is imperfect, having lost its accustomed grip, it resembles a pump insufficiently supplied with water. It is, in fact an empty pumping heart which authors term shock.

Late or secondary shock has been described, but I have never met with an example, and am inclined to attribute the fatal issue in cases that I have seen recorded to secondary hæmorrhage, sepsis, or the giving way of sutured viscera, especially intestine.

*Preventive Treatment of Shock.*—In weak and debilitated patients with weak hearts and rapid pulse operation should be if possible postponed or abandoned. The operation room should be heated to 75 or 80 degs. F., prolonged exposure of the surface of the body but especially of the intestines, should be carefully guarded against. The loss of blood should be reduced to a minimum, and the first symptoms of depression carefully watched for and actively treated.

*Treatment of Shock.*—I think we are pretty well agreed as to the main lines of treatment in these cases Hæmorrhage should at once be controlled, and where the loss has been considerable, sterilised salt solution infused either into the subcutaneous connective tissue or directly into a vein. In my practice in the Rotunda Hospital I formed an unfavourable opinion of the former, and abandoned it in favour of intravenous infusion, but the apparatus of Munchmeyer, which I employed, was imperfect compared with that used by Dr. Howard Kelly in the Johns Hopkins Hospital, by which a large quantity of solution can be more rapidly infused with a fall of six feet, and it is so strongly recommended by him that I am inclined to have recourse to it should the occasion occur. In all cases of shock, whether due to loss of blood or other causes, the patient should be placed in a warm bed between blankets with her head low, heat should be applied by means of hot water bottles, enemata of hot saline solution and stimulants administered. The best enema in such a case is, according to Dr. Kelly, one containing two ounces of brandy, twenty grains of carbonate of ammonia, and hot water or beef tea to eight ounces. At the same time brandy, ether, and strychnine are administered hypodermically. Opinions differ with regard to morphia, but I think its use should be restricted to cases in which pain is an important factor in the nervous depression. Excepting in cases where loss of blood has been considerable, saline infusion is of little value, though in some cases of protracted shock, it might, as Mr. Watson Cheyne has pointed out, prevent coagulation of blood in the pulmonary vessels, a recognised cause of death under such circumstances.

*Ileus* is one of the greatest disappointments that an abdominal surgeon encounters. I have lost two patients from this cause during the past year, one twelve months and the other six years after operation. The former occurred in England and nothing was done; the other came into hospital on the sixth day after obstruction, too late to save her life. Excluding cases of paralysis due to peritonitis, ileus is generally due to adhesion of intestine to raw surfaces, either the abdominal wound, the stump or pedicle, omentum, or surfaces denuded in enucleating tumours or breaking down adhesions, constriction of bowel by bands or from a coil of intestine slipping through a hole in the omentum, kinking of intestine or volvulus. Cauterised surfaces and those deprived of epithelium by abrasion have been blamed for this accident, but this has been denied by others and it is doubtful whether such injuries would cause adhesion unless deeper structures were destroyed. It has also been stated that septic infection is necessary, but experiments have shown that this is not the case, and that with the most rigid asepsis adhesions as a rule take place. When intestines are long exposed and much manipulated, they undergo changes to which I have already alluded, and adhere together. Walthard found that where the peritoneum had been long exposed the superficial epithelium perished, and an inflammatory demarcation formed between the dead and living tissues. If two surfaces thus affected remained in quiet contact they adhered. If they were not so left fibrous changes only occurred, nor would a surface so affected adhere to a normal one. Sänger, as I have already mentioned, adopted these views, and attributed some cases of fatal ileus to the use of dry asepsis; but Uhlmann states that in a number of cases in which the abdomen had to be opened a second time in Zweifel's clinic they always found adhesions to the wound, to the stump, or to places denuded of peritoneum, but never between coils of intestine that had been exposed to the air, and I think that this will be found to coincide with the experience of most operators. The early diagnosis of this complication is of the utmost importance, but unfortunately this is often impossible. Where the symptoms set in suddenly with violent paroxysmal pain in a localised position, where the peristaltic action of the intestine can be seen and felt through the abdominal wall, and the patient lies prostrated between the attacks bathed in cold perspiration. Where neither flatus nor fæces are expelled after energetic efforts to procure evacuation, where vomiting sets in after the second or third day, and the abdomen becomes distended, an error is scarcely possible, but such a stormy onset is exceptional, and most of these symptoms are simulated by other conditions The obstruction may even be incomplete, and the bowels may be evacuated at intervals, and yet the patient may be lost. In any case, active measures should be at once employed to induce the bowels to act, the stomach should be washed out, and copious enemata administered with a long tube, and where the stomach can tolerate it calomel, Glauber's, or Epsom salts administered. Should these measures fail, the abdomen should be reopened without further loss of time. The earlier the gut is freed the better is the prognosis. As to prophylactic measures, Trendelenburg's position is one of the most important, since the bowels are out of the way and are not disturbed, but especial care must be taken when the patient is restored to the horizontal in arranging the intestines in their normal position, and seeing that they preserve their natural relation to the omentum. Coating raw surfaces with collodium has been recommended, and Martin of Berlin introduces a sponge soaked in sterilised oil, but most operators attach more importance to drawing down the omentum between the abdominal wound and the intestines, and as far as possible covering all raw surfaces with peritoneum.

*Thrombosis* occurs from septic infection, or from prolonged pressure of pelvic tumours upon veins, or sluggish circulation due to the quiet recumbent posture or the change in the intra-abdominal pressure due to the removal of large tumours. As thrombus is a potential embolism, and as it may be set free even at a late period, patients should be cautioned against violent efforts or straining for some time after an abdominal operation. I lost a patient from this accident during the third week after operation; she had been sitting by the fire talking to the other patients, and was in the act of pulling off her boots when she suddenly was seized with a feeling of suffocation, precordial anxiety, gasping respiration, cyanosis, and died in a few minutes.

Of *Tetanus* I have had no personal experience.

Peritonitis.—A question of much importance is whether peritonitis is always septic. Many would answer this question in the affirmative, but there is much to be said on the other side. There is a condition called traumatic or plastic peritonitis, it is best marked in cases where the intestines have been long exposed and much manipulated, and where wide areas of adhesion have been separated. In the worst forms of this affection there is vomiting, severe pain in the lower abdomen, tympanites, tenderness on pressure, accelerated pulse, and elevation of temperature. Death may result in such cases from pressure of the distended intestines on the diaphragm or from ileus. The treatment of this condition recommended some years ago by Mr. Lawson Tait, namely, free purgation, is, I believe, at the present time the recognised method. The non-infective character of many of these inflammations has been proved by Dr. Howard Kelly, who, when obliged to reopen the abdomen to relieve obstructed bowel, found extensive union between adjacent peritoneal surfaces, but these cases failed to show any kind of micro-organisms in the peritoneal cavity, and yet the evidences of the pouring out of a plastic lymph with the subsequent formation of adhesions were abundant.

Septic Infection.—I now come to septic infection, the most important part of our subject, including the germ theory of disease, yet how can I deal with it in such an assembly as this? What can I add to all that has been already said and written upon the subject? The part played by living organisms in the production of disease has been most firmly established by "many infallible proofs," and appears to me as certain as the law of gravitation or the shape of the earth. I shall not therefore try your patience by repeating the arguments now upon which the germ theory is based, nor shall I describe in detail the various conditions to which the introduction of such organisms to the human body during abdominal operations may give rise. I would rather devote the few remaining moments allowed to me in considering how best their entrance may be prevented, and the effects of such contamination treated.

Some who place their faith in procuring absolutely aseptic conditions spare no pains in attaining this object, whilst others regard such extreme precautions as superfluous, and laugh at those who practice them as extreme ritualists; some even discarding all precautions excepting cleanliness, and attributing their success to perfect technique and skill in operating. For myself, I must confess that I am a ritualist. Since deaths from infection still occasionally occur, we cannot flatter ourselves that we have reached perfection, though even at present such fatalities are more often due to imperfection in carrying out already acquired knowledge than in the lack of reliable information. Most of us have, I imagine, passed from antiseptic to aseptic methods in the treatment of wounds; the former method went too far, in that fresh wounds and healthy peritoneum were treated as if they were septic, whilst on the other hand chemical agents were not absolutely efficient in the prevention of infection. The present aseptic treatment consists essentially in perfect cleanliness, and whatever others may say I have no hesitation in stating that the doctrine of cleanliness originated with and has been based upon the teaching and practice of Lawson Tait and Bantock. Years ago, whilst most of us were practising antiseptic methods, they, in the face of bitter opposition, insisted upon the importance of perfect cleanliness, and pointed out the injurious effects of chemical substances in irritating and poisoning the tissues. And at the present time we differ from them only in the meaning of the word *perfect*, for, whilst they are satisfied with ordinary cleanliness, we strive after and in a great measure obtain not only macro, but also microscopic, cleanliness. By perfect asepsis, then, we understand that everything which comes in contact with the field of operation must be absolutely pure. Everything includes not only the operator and his assistants, his instruments and dressings, but also the air and water. An operation may be carried out aseptically in any ordinary room, but this is achieved with great difficulty and risk, so that in my opinion so serious a proceeding as cœliotomy should, except under peculiar circumstances of emergency, always be performed in a special apartment so constructed that absolute cleanliness can be insured with pure air free from draughts, ample supplies of pure water and good light, and heated to about 80 degs. F. The operating theatre in the Rotunda Hospital is divided into two parts by a glass screen, in the first of which are placed the basins, sinks, instrument cases, sterilisers, and platform for spectators, all of which are indispensable, but would be difficult to clean with sufficient ease and rapidity, especially where several operations have to be performed in succession. Their absence from the inner compartment enables its furniture to be so simple that it can be thoroughly hosed out in a few minutes.

A pure atmosphere, free from draughts and dust, and uncontaminated by spectators, is obtained by its complete isolation, its simplicity of construction, and the cleanliness and dampness of its walls. Whilst the high temperature of the inner compartment enables us to dispense with blankets, maintains the patient's vitality, lessens shock, and dissipates mist, the outer compartment is so cool that the spectators, though dressed in their ordinary clothing, suffer no inconvenience.

Lastly, it enables the spectators to approach close to the operation without any risk of disturbing the operator or meddling with his arrangements.

Where an operation has been carried out with thorough aseptic detail and hæmorrhage completely arrested, drainage, one of the most important aids to success in former times, is now but rarely needed, but can never, I fear, be entirely abandoned.

With regard to the after-treatment of septic cases, I shall only state that I place most reliance upon alcohol; of antistreptococcic serum I have had but little experience, and that of a not very favourable kind. The reopening of the abdomen and thorough washing of the cavity I view in a pessimistic manner, though Howard Kelly speaks of it with approbation. The chief difficulty is diagnosis, for when this is clear it is generally too late to interfere.

In conclusion, I may epitomise these somewhat fragmentary remarks with the advice of Doyen, *Operer vite et bien.*

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## NOTES ON
## FOUR CASES OF INTUSSUSCEPTION.

By ALBERT E. MORISON, M.B., F.R.C.S.,
Hon. Surgeon Hartlepools Hospital.

Case I.—M. R., æt. 3 months. First seen January 21st, on account of intermittent attacks of crying, accompanied by diarrhœa. Duration, four hours.

*History.*—The patient had been apparently perfectly well all day. Immediately after her evening bath she began to screech as if in pain, and to draw her legs up. These symptoms continued more or less constant for two hours, when diarrhœa set in. The stools, at first natural, soon became mucoid and tinged with blood. I was sent for about 11 p.m. The child had always been difficult to feed, owing to gastric catarrh, and its mother's milk was so scanty that artificial substitutes had to be resorted to. The bowels had been constipated since birth. I found the infant lying in a restless sleep on its mother's knee. It was roused at intervals of ten or fifteen minutes apparently by griping pain in the bowels. The paroxysm was ushered in by a shriek. The legs were drawn up and the child writhed about in agony. At the same time the bowels acted. Sickness was also frequent. There was nothing abnormal to be seen on inspecting the abdomen. On palpation the abdominal walls were tense, and there seemed to be some tenderness on pressure, but nothing abnormal could be detected. *Per* rectum nothing could be felt. As the symptoms all pointed to intussusception the usual method of large injections was tried, but without any apparent good result. Although warned of the serious nature of the case, the parents would not listen to my suggestion that an operation was necessary. Small doses of morphia were accordingly given to allay the pain.

The child continued in much the same condition during the next week. Though the morphia, which had been given regularly, somewhat masked its symptoms. Sickness continued; diarrhœa was not so frequent as at first, nor the evacuations so profuse, and the blood had disappeared from them. The condition of the child steadily deteriorated, and it grew manifestly thinner. On the fifth day a sausage-shaped mass could be felt along the course of the ascending colon. During the second week the symptoms remained much the same, except that the sickness was less frequent. Emaciation still progressed, and it seemed hardly possible that the child could live much longer.

On February 6th the child passed per rectum a mass of intestine twelve inches long. From this date improvement commenced, and the child began to regain its former condition of nutrition. Now, some years after, she is a strong and healthy girl.

Case II.—F. D., æt. 11 months. According to the mother's statement, she had been vomiting constantly for ten days.

*History.*—On June 27th, the patient was being carried by her sister, who let her fall. On the following morning (28th) the present illness began with violent vomiting and screeching. In a short time she passed per rectum a large quantity of blood. She had been under medical care, but the sickness had still continued, and there was a constant discharge from the rectum of dark treacly fluid.

On July 8th I saw the child. She was very much wasted, with pinched face, distended and tympanitic abdomen. The vomiting was incessant, and a dark thick fluid was constantly passing from the bowels. On palpation a sausage-shaped swelling could be felt in the area of the descending colon, and per rectum a mass could be felt extending down to within an inch of the anus. The child was so ill that any operative procedure was out of the question and it died in a few hours.

*Post-mortem Examination.*—On opening the abdomen gas escaped. The peritoneal cavity was flooded with intestinal contents and the swelling, previously felt, was seen. It consisted of an intussusception of the ileum through the ileo-cæcal valve. This had been forced in through the ascending into the transverse and descending portion of the colon, sigmoid flexure and rectum. At the splenic flexure the intussuscipiens had been perforated and the mucous membrane of the ascending colon projected through the opening. The invaginated small intestine reached to within an inch of the anal orifice.

CASE III.—C. R., æt. 3. First seen March 12th, 1895, complaining of severe intermittent pain in the abdomen, and diarrhœa of twenty-four hours' duration.

*History.*—Up to the evening of the 10th, the patient was perfectly well, when his mother, thinking he had a commencing cold, gave him a dose of castor oil (ʒij). On the morning of the 11th, he was seized with very severe pains in the abdomen, accompanied by diarrhœa and sickness. These symptoms continued during the day and until the following morning. The motions then became mucoid and contained a considerable quantity of blood. He had always been a healthy child with entire freedom from digestive troubles.

When I saw him on the 12th, he was looking very careworn. He lay in bed, passing from him every few minutes mucus tinged with blood. The evacuation was preceded by slight pain, and followed by tenesmus. He had not been sick for twelve hours.

*Inspection.*—The abdomen was to all appearances normal. It was quite flaccid on palpation, and along the left side in the line of the descending colon could be felt a mass of an elongated sausage-shape, extending from the costal margin to the left iliac fossa. The swelling was slightly tender to touch. On rectal examination the anus was patulous, and my finger introduced high up could feel the tip of something resembling a soft cervix and os uteri, round which it could be freely passed. Chloroform was at once given, and a large enemata employed with the object of reducing the intussuscepted bowel. These failed, and the colon was next dilated with air, but this also produced no improvement. Immediate surgical interference was then advised, but before deciding the parents requested a consultation, which was held the same evening. A continuance of large enemata administered under chloroform was advised by the consultant. These were repeatedly tried the same night and following day, but without any satisfactory result. Tenesmus and diarrhœa still continued, and though the child was taking and retaining a large quantity of nourishment, it was manifestly getting weaker. The tip of the intussusception could now be felt within an inch of the anus. Not till the morning of the 14th did the parents consent to operation, which was performed at 11 a.m.

*Operation.*—An incision, three inches long, was made in the left linea semilunaris, directly over the thickened colon. On opening the abdomen the descending colon was at once found, and on tracing it upwards it was seen that the splenic flexure had become invaginated into it. By grasping the intussuscipiens close to the neck and kneading the lower portion of the intussusception upwards the former was easily dislodged. There were no adhesions. The abdominal wound was rapidly closed, and the little patient put back to bed in twenty minutes, having suffered very little from the operation.

During the day the patient was wonderfully well. It took nourishment freely. No diarrhœa, had passed flatus, and had very little pain. A $\frac{1}{12}$ gr. morphia suppository was given.

10 p.m.—Patient rather drowsy. Temp. 100·2. Pulse 120. No sickness or diarrhœa. Taking nourishment well.

15th, 4 a.m.—Called up to find patient dying. Has had no obstructive symptoms, and is evidently dying of some form of toxæmia. Temp. 102·6. Pulse almost absent. Died half an hour later.

CASE IV.—D. S., æt. 5. First seen April 28th, at 10.30 a.m. Complains of severe paroxysmal pains in the bowels, accompanied by diarrhœa, of 2½ hours' duration.

*History.*—Patient went to bed on the evening of the 27th, apparently perfectly well, after having partaken rather freely of oranges during the afternoon. He slept well till 6 a.m., when he awoke, and was very restless. At 8 a.m. his bowels were abundantly moved, the stool being well formed, but containing much undigested food. He was immediately afterwards seized with a very severe pain in the bowels, which made him writhe about in bed. He vomited, and at the same time his bowels were again moved, the second motion consisting only of mucus tinged with blood. Abdominal pains came on in paroxysms about every ten minutes, causing him to cry out, and each time accompanied by the passage of mucus and blood.

10.30 a.m.—I saw him. He was very pale, with a pinched appearance. Pulse rapid and weak. Between the intervals of pain he lay exhausted. As soon as a pain came on he cried out and rolled about the bed. Each paroxysm of pain was followed by an evacuation of mucus and a little blood. On examining the abdomen it was quite flaccid. There was no distension. Palpation of the whole abdomen was allowed without any complaints until the hand came to the right iliac fossa, where a small elongated mass, apparently about three inches in length, could be felt. This was very tender to the touch.

Patient was immediately put under chloroform, and the mass previously discovered could be still more distinctly palpated. Per rectum nothing could be felt.

Insufflation and massage were first tried, but without effect. Large enemata of hot water were next administered, but the tumour remained unaltered. The following operation was then performed:—

An incision three inches long was made over the seat of the swelling, and as soon as the abdomen was opened the cæcum was drawn out, and an intussusception discovered of the ileo-cælic variety. Dr. McGregor, who assisted me, held the small intestine close to the intussusception to steady it, and grasping the colon beyond the intussuscepted portion, I was able, by manipulation, with comparative ease to release about one foot of gut. To prevent recurrence, the mesentery of the intussusception was shortened by inserting a few fine silk sutures parallel with the gut, as advised by Senn. The abdominal incision was closed with three layers of silk sutures, and the patient put back to bed in twenty-five minutes, apparently little the worse for the operation.

*After-progress and Treatment.*—Patient was kept for the first twenty-four hours on raw beef juice and white wine whey. Small doses (♏ iij) of liq. morph. mur. were given every four hours. There was no sickness or diarrhœa after the operation. The bowels acted naturally twice on the fourth day, and morphia was given to check a tendency to diarrhœa.

The subsequent history was uneventful. The highest temperature was 99 6 degs. on the evening of the operation. The dressings were first removed and the wound found healed on the tenth day.

### Remarks.

The four cases recorded illustrate four possible terminations of intussusception.

Case I. is an example of recovery without operation, a result which statistics say occurs in 3 per cent. of cases, and one consequently as rare as it is fortunate.

Case II. may be regarded as a typical example of the disease allowed to run its natural course, with the usual result—an agonising death. The pathological interest of the case lies in a point which, perhaps, does not appear sufficiently clear in the record. An invagination of the ileum into the cæcum at the ileo-cæcal valve had been the primary leison. Then the intussusception and the ascending colon were invaginated into the transverse and descending colon, sigmoid flexure, and rectum, so that a section through the mass at the rectum would have shown:—First, the wall of the rectum; second, a layer of ascending colon; third. another layer of ascending colon near the cæcum; and fourth, the ileum. In other words, it was an intussusception of an intussusception.

Cases III. and IV. both illustrate the failure of injections. Case III. the disadvantages of postponed, and Case IV. the advantages of early, operation

So far as I have had opportunities of judging of such cases, they should be regarded as more related to strangulated hernia than to intestinal obstruction. In both, intestinal obstruction, due to a mechanical cause, exists; in either, delay in the removal of the cause is equally serious. Both can only be treated properly by mechanical measures, and in both an accurate and early diagnosis is possible. The surgical rule for the treatment of irreducible and strangulated hernia is to give the patient chloroform at the earliest possible moment, to try gentle taxis, and, if this fails, to operate at once—without allowing the patient to recover from the anæsthetic This rule, it cannot be doubted, has been the means of saving many lives. A similar rule should have as beneficial results when applied to the treatment of intussusception.

In Case IV. chloroform was administered with the understanding that injections were first to be tried, and, these failing, operation was to be at once proceeded with.

I believe that the mortality of cases operated upon for intussusception has been greater than that of cases operated upon for strangulated hernia, only because in the former, operation has been delayed, in the latter has been promptly performed. Why should the operation for intussusception be delayed? I can find no reason. When the symptoms are such as have been described—vomiting, paroxysmal pain, passage of blood-stained mucus, and tenesmus—careful examination of the abdomen and rectum are likely to lead to a correct diagnosis, and this should evolve definite action. Probably the bad reputation acquired by ordinary operations for intestinal obstruction, and the uncertainty of prognosis without operation in such cases, has had some influence in delaying the acceptance of prompt operative treatment for intussusception; but in an ordinary intestinal obstruction case the diagnosis of intestinal obstruction may not be arrived at for some days; the prognosis may remain uncertain; and then comes the difficulty of ascertaining and locating its cause; in the majority of cases operated upon a large opening has to be made in the middle line of the abdomen; a considerable amount of troublesome and dangerous work has to be done to find the cause, and, if that is found, there is frequently no possibility of dealing with it.

In intussusception, as in hernia, a tumour is felt. A small incision can be made over it, the lesion can be discovered without difficulty and reduced—in the early stages readily—without serious disturbance to the patient's condition.

Without drawing further conclusions in parallel lines, as could easily be done, I would again emphasise the comparison between strangulated hernia and intussusception, to express my belief that, as in the treatment of hernia, taxis is gradually losing ground; so in intussusception, injections and such-like measures will in the future be less employed, for early operation in both I believe to be the safest and most satisfactory treatment.

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# NOTES ON THE PLAGUE. (a)

COLLATED

By Sir CHARLES A. GORDON, K.C.B., M.D.,

Surgeon-General (retired), Hon. Physician to Her Majesty the Queen.

(*Continued from page* 399).

### 11. Other Methods.

Mr. J. V. Ramasamy Naidu, of Madras, treated plague on the old successful plan by neem and olive oils. The "Baroda plague pills," largely believed in by the natives, consist of quinine 2 grs., camphor gr. ¼, ipecacuanha gr. ¼, carbolic acid minim ¼. They were used by thousands as a preventive; from the date of their being so the disease began to decline and speedily disappeared Captain Wilkinson believed that patients treated did better than those untreated. Dr. Seymour used the following prescription which had effected 75 per cent. of recoveries against 21 where the patients were not so treated:—Acid carbolic liquid, 3 minims; quin. sulph. 5 grains; acid sulph dil., 10 minims; glycerine (?) minims; aqua to one ounce every four hours. Colonel Maconachie said that no treatment stopped the course of the disease. As already observed, inoculation was in certain instances supplemented by the administration of stimulants.

### 12. Segregation.

Dr. Hossack stated that segregation was abandoned. The forcible removal of patients to hospital had practically ceased. He had not found cases recurring in one room, and thought that the abandonment of segregation had not produced bad results. Dr. Banerje said that the natives were opposed to isolation and segregation. Women would object to leave their homes for the short time necessary for disinfection, but they would prefer that to segregation. Mr. Winter that in the segregation camp for the Hurdwar Union very few cases of plague occurred, and the disease soon ceased. Colonel Crofts stated that measures of segregation and evacuation in the village of Khandraoni were successful. Mr. Giles: that during the epidemic at Kurrachee evacuation was the most effective measure; universal segregation was dangerous and unnecessary. At Bombay Major Roughton recommended the adoption of the system employed in London during the plague of 1665 as related by Defoe, of locking up the houses and confining the inhabitants inside unless the natives underwent segregation.

### 13. Disinfectants.

The rules at inspection camps were elastic, and disinfection of goods was evaded. At Calcutta it was said that plague cultures had been found in the clothes supposed to have been rendered sterile by disinfection. The natives were educated up to disinfection, and carried it out themselves. The disinfection measures of the authorities were insufficient in face of the opposition of the people Dr. Banerjee said that disinfection was impossible owing to the nature of the dwellings. The inhabitants mixed indiscriminately. Only the highest classes disinfected their dwellings; the poorer were not used to taking proper steps for disinfection. A *bustee* could be disinfected as a whole, but not partially. The people objected to disinfection because they thought their goods would be destroyed.

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(a) From reports principally in the *Times* and other papers.

Surgeon-General Harvey said that wholesale disinfection was not thorough because of the lack of European supervision; the natives shirked it. Captain Clark advocated the use of disinfectants, and suggested that steam disinfectors should be provided. Captain Jenny, at Kurrachee said that disinfection of ships' cargoes had proved unsuccessful.

At Baroda, nitric peroxide was deemed the best disinfectant, as it destroyed both the smell and the infusoria of sewage. At Satana evidence went to show that chemical disinfectants had not proved successful.

### 14. Sanitary Measures.

At Calcutta Dr. Justice believed that plague did not spread because the native huts were better ventilated and lighted than those of Bombay. Dr. Bose considered that persons cooped up in ill-ventilated houses were generally infected; those living in the open air escaped. Dr. Hossack disagreed with Dr. Justice as the cause of plague not spreading being the better description of native huts. They were being gradually removed. Surgeon-General Harvey considered that evacuation was theoretically excellent, but in large towns impossible. Colonel Fullerton said that passengers and crews were subjected to observation before landing on the Baluchistan coast. Passengers by railway underwent medical inspection only at first. When plague spread to other localities besides Kurrachee a segregation camp was established at Sibi, and passengers were detained ten days. Captain Bingley said that municipal camps had been tried at Bombay but were not successful. A camp in his own district at Calcutta was very successful.

Colonel Thomson said that medical inspection of railway passengers, segregation and disinfection gave to Agra a remarkable immunity from epidemic diseases generally. At Hurdwar evacuation was the chief measure adopted. Mr. Winter, that the measures taken were evacuation of infected blocks, segregation, burning of houses, disinfection of houses and property. These measures were completely successful. Colonel Adams, that cordons were placed in the infected area in Sirohi, the result astisfactory Captain Grant said that in the Agra district the infected were sent into camps, and the epidemic stopped. Infected huts were burned; houses unroofed, floors burnt, walls limewashed. Captain James, of Lahore, had known a case where the people had returned to a house after the lapse of thirty-four days, before the house was disinfected, and a number of the family were attacked. The most satisfactory measure was evacuation.

Captain Wilkinson said that in the Punjaub the measures adopted were segregation of patients and their friends, evacuation, disinfection of holes and roofs, and whitewashing; removal of floors, of huts, and burning them. Mr. Giles, that during the first epidemic at Kurrachee only the ordinary measures were taken. It ceased in July, 1897. During the second epidemic the measures adopted were segregation, hospital treatment, and voluntary camps. Colonel McCloghry said that at Kurrachee the whole town proper was evacuated, and the result was successful. Mr. Kaka, that after voluntary camps were formed the plague declined. Mr. Giles believed the continuance of cases among people who fled to the date plantations to be due to the insanitary nature of the ground. In January, 1897, the inhabitants of Kurrachee were encouraged to leave. Seventy-five thousand went from the city then badly infected, but the people in the afflicted area were restricted from leaving.

In the Cutch district evacuation, disinfection of clothes with carbolic acid, of houses with quicklime were the measures employed. At Nasik and Melegaon evacuation took place, and the epidemic stopped. Partial evacuation was inefficient when the plague was indigenous, but successful when the disease was imported. At Ahmedabad the houses were fumigated with sulphur; the walls washed with lime. In Baroda registration of deaths, removal of sick to hospitals, isolation of contacts, disinfection, proper disposal of dead bodies, voluntary inoculation, and evacuation. Nasik town was successfully evacuated. At Daman the salt frontier force was successfully used as a cordon, and kept infection from British territory. The epidemic was of short duration, owing to evacuation measures. At Mazagon, after the population were removed into camp, few cases of plague occurred. In Kolalba district European supervision overcame the disease, *i.e.*, its second epidemic. At Poonah and Kirkee, the measures adopted were the removal of the sick, the segregation of contacts, evacuation, disinfection, the establishment of a sanitary cordon, and inoculation. In Satara there was immunity among those living in the open air, and among Europeans. Fresh air prevented the disease. There also the unroofing of infected houses was found to be the best measure. Kiln burning was neither theoretically nor practically sound. After evacuation no houses were re-occupied in less than four months. At Ahmednuggur, plague and cholera ceased after disinfection of the city.

*To be concluded in our next.*

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## Clinical Records.

### ROYAL HOSPITAL, BELFAST.

*Ulcer of the Œsophagus.* (*a*)

By Dr. J. A. Lindsay,
of Belfast.

I wish to bring before you a case of ulcer of the œsophagus, resulting in abscess of the posterior mediastinum, rupture into the lung, emphysema of the face and neck, and death. The patient, a male, æt. 59, was admitted to the Royal Hospital, Belfast, suffering from abdominal pain, distension, and collapse. A few hours before admission, as the result of drinking a bottle of stout, he had been seized with severe pain in the epigastrium, and had vomited. There was a history that the patient had suffered for some weeks from pains in the abdomen, to which he had not paid much attention. On admission to hospital he complained of pain in the epigastrium, and weakness. The abdomen was moderately distended, and tender on palpation in the epigastric and in both lumbar regions. There were signs of a large effusion into the right pleura. The temperature was 100 degs., the respirations hurried, and the urine contained much sugar and a little albumen. Towards midnight of the day of admission the patient's state began to change for the worse. For the first time a puffiness of the left eyelid was observed, which rapidly extended over the left side of the face and neck, and the upper portion of the left chest. This was found to be superficial emphysema. The pulse was now 120, weak and irregular, the respirations 56, and the patient much collapsed. The diagnosis presented great difficulties. The possibility of a gastric ulcer which had ruptured through the dia-

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(*a*) Read before the Royal Academy of Medicine in Ireland March 10, 1899.

phragm into the lung was considered, but the history was, on the whole, against gastric ulcer. The abdominal pains had been vague, shifting in position and not severe, and there had been neither hæmatemesis nor melæna. The indications were held to be too obscure to justify operative interference. The patient gradually sank on the following day and died at 11 o'clock p.m., thirty-seven hours after drinking the bottle of stout, and twenty-three hours after the first appearance of emphysema of the face and neck. An autopsy was made twenty-two hours after death. Emphysema was found to be well marked in both mediastina, especially the left. The right pleural cavity contained 50 ozs. of serum, rather flocculent in character. There were also a few ounces in the left pleural cavity. Signs of acute pleurisy were well marked on both sides. Two inches above the cardiac orifice of the stomach there was an elongated ulcer, 1½ inches long, in the œsophageal wall. In the lower part of its extent it involved only the mucous membrane. The edges of the ulcer were thickened but not indurated. There was no evidence of any malignant deposit around the ulcer or elsewhere in the œsophagus, and no secondary deposits in any of the viscera. A sinus connected the ulcer with an abscess in the posterior mediastinum between the œsophagus and the aorta. This abscess had ruptured into the lung at its root, and air had extravasated along the deep fascia, and also along the superficial fascia of the neck. There was no communication between the abscess and the pleural cavity. The aorta was atheromatous, as were the arteries of the base of the brain. There was chronic thickening of the pia and arachnoid, general congestion of the meninges, and œdema of the brain substance. The puncta cruenta were well marked. The kidneys were much congested and the liver fatty. The pancreas was normal. The view taken was that the ulcer in the œsophagus was probably of syphilitic origin. The patient had suffered some years before from what he called "blood poisoning"—which may have been syphilis. No definitely syphilitic lesions were found at the autopsy, but the state of the brain lent some support to the theory of syphilis.

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# Transactions of Societies.

## BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, APRIL 13TH, 1899.

H. MACNAUGHTON-JONES, M.D., President, in the Chair.

### ABDOMINAL CAUSES OF DEATH AFTER CŒLIOTOMY.

DR. W. J. SMYLY read a paper, which will be found in another column, introducing a discussion on this subject.

The PRESIDENT observed that the paper was one of great practical importance and interest. It touched on all those vital points in the post-operative period which made even the most experienced operator anxious, and the interest in them was universal, because no surgeon knew beforehand whether he might not have to face one or other of the complications mentioned. There were other accidents, to which Dr. Smyly had not referred, but which would, no doubt, be mentioned in the course of the discussion.

Professor JAPP SINCLAIR (Manchester) said that he had not heard a paper dealing better or more concisely with its subject than that of Dr. Smyly; and on all essential points he found himself in entire accord with the author. With regard to *shock* he had nothing to say to its nervous origin, as to which he did not feel very convinced; he took the view that hæmorrhage played a predominant part in its causation. All the cases of shock which he had seen had been due to hæmorrhage, the result in some cases of accident, in others of blundering. He therefore looked on shock and hæmorrhage as equivalent, with a very few exceptions such as cases of heart disease. One cause of death was a want of tone in the bowel, which in some cases was chronic, the result of chronic constipation; and he always operated on such cases with great anxiety. These patients might go on all right for a few days, then symptoms of intestinal paresis came on and the patient succumbed. Examination after death showed nothing to indicate ileus, pressure on the bowel, or any other form of intestinal obstruction; and before death there was no indication for re-opening. In one case he was told by the nurse that almost the whole of the contents of the bowel came away half-an-hour after death. Another cause of bowel trouble was pressure, such as that of a hæmatoma in the broad ligament. He had a case of this kind, and it was only by the exercise of great force, such as only extreme necessity would justify, that he was able to get a rectal tube past the swelling and the symptoms then subsided, and the patient got quite well. He agreed with Dr. Smyly's remarks about *ileus*, but would add that as regards prophylaxis, he thought they were often too late in giving aperients. When there was any doubt, peristaltic action could almost always be set up by calomel, which he gave on the day after operation, in hourly grain doses. In cases where raw surfaces had to be left, through the separation of adhesions or removal of portions of peritoneum, he always liked to leave some saline solution in the peritoneal cavity; this allowed the bowel to float and diminished the risk of bowel adhesions. Of course, in this case they must not drain. With regard to *peritonitis*, he believed that there was a non-septic form, and in these cases purgation was successful; but he did not believe that purgation succeeded when the peritonitis was septic; on the contrary, it might make matters worse. As far as he knew, no micro-organism except the streptococcus led necessarily to a fatal result. His experience of anti-streptococcic serum coincided with that of Dr. Smyly; the serum might reduce temperature, but he had not seen a case where it had saved the patient's life. He thought that Dr. Smyly gave undue credit to Tait and Bantock in the advocacy of cleanliness; he remembered being very shocked at a description of the way in which Tait flushed out the peritoneum, teaching that it would do no harm to flush out with Birmingham tap-water. Judging from the agitation to secure purer water in that city, he thought the tap-water there was not above suspicion. Such teaching was not one of cleanliness, and was likely to encourage carelessness among young operators. He had just received a pamphlet advocating the flushing of the peritoneum with saline solution, as if it were a new thing; his impression was that he had recommended this some twenty years ago.

Dr. WILLIAM WALTER (Manchester) thought Dr. Smyly was right in drawing attention to shock as in itself a cause of death. When he was a student, a surgeon never did an ovariotomy without first asking a physician to test the condition of heart and kidneys; he thought this precaution was neglected now-a-days. Too often a patient came in one day and was operated upon on the next. Delay was especially necessary when a patient had been badly fed and came from unhealthy surroundings. He must confess to making a mistake sometimes in this matter, owing to the exigencies of hospital practice. The best way to prepare against the tendency to shock was to fortify the heart's action with strychnine, and to operate in a warm room, guarding against cooling of the intestines with warm compresses, &c. Perhaps the best thing of all was the Trendelenburg position; since this had been introduced patients seemed to bear difficult operations much better. It was often difficult to diagnose shock from internal hæmorrhage. In guarding against the latter, he thought they were sometimes not quite careful enough. For instance, if the pedicle had been cut too near the ligature, the surgeon was apt to think it might do, even if he did not feel quite satisfied about it; whereas he ought not to be above tying it again. He would remark in this connection that the Staffordshire knot tended, in his opinion, to cause hæmorrhage, for it often cut through the tissues almost like a knife. Proper attention to the pedicle was one of the most important safeguards against hæmorrhage. Another mistake was in having a transfixion needle with too large a point. This might lead to tearing of a vein and fatal hæmorrhage. He had lost one patient in this way. He believed that death might be due to violent emotion. Thus he had a case in which the patient had recovered so far as to be sitting up. She was told some bad news, and hæmorrhage coming on suddenly led to a fatal result. Hæmorrhage from adhesion sites was always difficult to deal with, especially as at the time of operation there might be no sign of it, and on the return of consciousness it might come on. When secondary hæmorrhage occurred he thought that, unless one were actually on the spot, it was almost impossible to save the patient. If it were necessary to reopen for hæmorrhage, he advocated the plan of opening the vagina instead of the abdomen, washing out with very hot water and packing with gauze. This procedure saved time, and was attended with less shock. In any case, the less one could do the better. By trying too much they might lose the patient. For septic peritonitis, reopening the abdomen did not answer, for the patient was seldom able to stand a second operation. He did not believe in opium and morphia in the treatment of peritonitis, for they only tended to increase the intestinal paralysis. He preferred calomel and salines given early.

Dr. **GEORGE ELDER** (Nottingham) observed that any one experienced in abdominal work must always approach a case with some anxiety. He agreed with Dr. Walter that in some cases bad results might have been due to too great hurry in operating before the patient was fit to stand it. It was well to wait three or four days, and to employ the time in learning the patient's habits, in getting her accustomed to her surroundings, and in seeing to the condition of bowels and kidneys; he regarded the latter as most important. To illustrate the value of the patient's history, he might mention a case he saw 15 or 20 years ago. He performed ovariotomy, and after doing well for a few days the patient collapsed. The matron, a most competent woman, discovered that the patient had been in the habit of taking large doses of laudanum; whereupon she gave her a drachm at once, and the patient rallied and eventually got well, the laudanum being continued for several days. Shock was not so often seen at the present time because operations were done more quickly and under better conditions. He did not like to operate on any woman who had made up her mind that she was going to die. No doubt many deaths formerly put down to shock were really due to hæmorrhage. There was one symptom which he had not seen described, but which he believed to be pathognomonic of hæmorrhage — viz., intense pain, of a shooting character, uncontrolled by morphia. Dr. Walter had said that his experience of reopening the abdomen had been unfavourable, and he had compared the results with those of reopening for peritonitis. But he did not think that the cases were comparable; he had rarely seen a case in which the abdomen had been reopened for hæmorrhage, where the patient did not recover. As regards peritonitis, he believed that fatal cases were due to sepsis. He was surprised to hear Dr. Smyly give the credit of aseptic surgery to Bantock and Tait. He was himself an old pupil of Lister, and he felt sure that what they knew of asepsis was due entirely to the untiring efforts of Lister during the last twenty-five years. There was one kind of sepsis which no antiseptic precautions could get rid of, and which only time could render harmless, and that was the sepsis arising from operations for puerperal peritonitis or for the clearing out of a putrid placenta. He had lost two patients through operating too soon after such cases: one was an ovariotomy which he did four days after an operation for puerperal fever.

Mr. J. W. **TAYLOR** (Birmingham) said that they might gather from Dr. Smyly's paper that the cause of death after cœliotomy was in many cases shock; but he did not think that he had ever seen a death due directly to shock, though he had seen cases where death was due to sepsis, predisposed to by hæmorrhage and shock. As regards ileus, he thought the use of dry sponges might lead to it; for he had had more difficulty in getting the bowels open after the use of dry than after moist asepsis. The discussion seemed to have centred round the question of asepsis; he believed that the three chief factors in the production of sepsis were sponges, hands, and the breath of the operator. He had had the opportunity of seeing work in Birmingham under conditions that could not be considered aseptic; and this experience had helped him to see which details were of more and which were of less value. He had not seen a death due to the use of tap-water; nor had he seen one attributable to clean instruments, even when these had not been boiled; but in the three factors he had mentioned he believed the chief danger lay. With regard to treatment, he agreed with what had been said as to the value of calomel; he always tried to get the bowels open by six o'clock on the morning following the day of operation; if they were not open then, he gave small doses of calomel. There was another way to combat sepsis in cases where the kidneys were acting badly, and that was by means of the hot air-bath; he believed he had seen this treatment save several cases. In watching two or three outbreaks of peritonitis, he had seen that the characters of the outbreaks varied; probably there were several kinds of peritonitis due to different kinds of micro-organisms; and they might hope for further light on the subject when they were able to distinguish not only between the clinical types, but also between the micro-organisms concerned. In conclusion, he expressed his thanks to Dr. Smyly for his valuable and interesting paper.

Dr. **HEYWOOD SMITH** said that a point which Dr. Smyly had omitted was the question of the idiosyncracy of the patient. There were some patients who were described as slow healers, and who tended to go to the bad; and it was well to keep such cases some days in hospital before operation. With regard to sepsis, he would observe that there were many different practices with regard to ligature material; he was sure catgut had caused inflammation in some cases. He agreed with Dr. Doyen's dictum, *operer vite et bien*, and as every time-saving detail was of importance, he thought that Greig Smith's forceps-needle was a useful thing; it was a fine forceps, passed through the tissues as a pedicle-needle; it was then opened, and the ligature could be rapidly seized and drawn through.

Dr. **DUDLEY BUXTON** said that there was one aspect of anæsthetics which bore upon the discussion, viz., the relation of chloroform to shock. The shock of operation was, to a great extent, caused or enhanced by the physical effect of chloroform, which was most marked in anæmic persons, and in those who had lost much blood during operation; and the explanation of the action of chloroform under these conditions was to be found in the alteration of pressure of the abdominal contents after the abdomen had been opened. For the maintenance of intra-abdominal pressure the action of the recti and of the diaphragm was needed; and during cœliotomy this action could not be exerted. When, in addition, the action of the nerve centres was weakened by anæmia the effect of chloroform in lowering blood pressure through the filling of the "abdominal pool" was greatly enhanced. Consequently, the mere opening of the abdomen made the patient more liable to shock from chloroform than was the case in any other kind of operation. The Trendelenburg position minimised shock by assisting gravity in the prevention of cerebral anæmia. Another important point about chloroform was its liability to cause post-operative hæmorrhage. Some operators preferred chloroform because they got less bleeding during the operation, but the lesser hæmorrhage was due simply to the depressed state of the circulation, and as soon as the anæsthetic was eliminated from the system hæmorrhage was liable to come on. These two points came fitly within the scope of the discussion, but the general question of the choice of an anæsthetic was too large to enter into then.

Dr. T. **EASTES** (Folkestone) mentioned two cases of pseudo-ileus. The first was a patient suffering from myoma and ovarian cyst. The latter was removed by ovariotomy, the myoma being left. After a few days symptoms of ileus came on. He opened the abdomen and put a tube into the colon, but she died, and he thought the death was due to the myoma acting as a ball-valve, and keeping up the obstruction. In the other case the obstructive symptoms were due to hæmatocele, and he carried out a much more active treatment; thus, he stopped all feeding by the mouth, gave nutrient and aperient enemata, and small doses of calomel. The result was satisfactory, and he believed that in such cases a similar plan should be adopted.

Dr. R. T. SMITH believed that patients might die of simple shock. Thus he had a case of double ovariotomy; the operation presented no difficulty, but an hour after the patient's pulse was 160, and she died in two days. The autopsy showed no hæmorrhage nor other cause of death, and he believed that it was due to vasomotor paralysis. But she had also had a good deal of nervous disturbance. For the prevention of ileus calomel was good, begun early, but he thought it was even better to give it three or four days before operation.

Mr. CHARLES RYALL said that there were cases where the shock was quite out of proportion to the time taken by the operation, especially operations involving the mesentery, and hysterectomy. There was always shock at the moment when the uterus was being severed. In the preventive treatment of shock, flushing the abdominal cavity was a good thing. For acute obstruction he held that the proper treatment was to open the bowel and relieve it of its contents, in just the same way as tracheotomy was done for respiratory obstruction. He was in the habit of giving calomel in the evening of the day of operation and an enema next morning. If septic peritonitis came on, the treatment was that of an abscess: drugs were useless.

Dr. SMYLY observed that he had no idea of detracting from Lord Lister's fame: antisepsis came first, asepsis later, and in consequence of antisepsis. But Mr. Tait first showed that antiseptics were not only useless, but injurious to fresh wounds; he also emphasised the importance of avoiding contamination of the operator's hands, and this teaching had led to the modern aseptic methods.

The PRESIDENT said that he did not know when Mr. Tait first laid stress on the importance of clean hands, or showed that antiseptics might be toxic; but he was sure that when Lister first introduced the antiseptic treatment, 25 years ago, cleanliness was laid down as one of the most important points. Moreover, every modern aseptic operation included antisepsis at some time before or during the operation. He believed that death from shock was almost always due either to hæmorrhage or to operation on a patient whose condition was not good enough for operation. One of the most important points in an operation was the arrangement of the peritoneum and omentum. He had recently had a case of death after hysterectomy from peritonitis arising in the track of the wound, although every possible care was exercised: and so it was important that the possibility of this should be borne in mind. The possibility of auto-infection also should be remembered. Dr. Sinclair's remark that the streptococcus was the only harmful micro-organism was not in harmony with the views of bacteriologists, and he thought Mr. Taylor was right in saying that there were several kinds of pyogenic organisms. The question of the operator's breath was an important one; in Vienna, Chrobak and his assistants operated with a kind of facial mask on. The kind of case that he most dreaded operating on was not the patient who thought she was going to die, but rather the nervous woman who threw herself about after operation; to tie her down and to give her freedom both had drawbacks; in the former case the patient got worse, in the latter she might break open the wound. Kelly thought that the lesser evil was to give her freedom. In conclusion, he thanked Dr. Smyly for his valuable paper.

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## ROYAL ACADEMY OF MEDICINE IN IRELAND.

### SECTION OF MEDICINE.

MEETING HELD FRIDAY, MARCH 10TH, 1899.

The President, Dr. J. W. MOORE, in the Chair.

### ULCER OF THE ŒSOPHAGUS.

DR J. A. LINDSAY, of Belfast, read notes of a case of ulcer of the œsophagus, which will be found under "Clinical Records."

Dr. FINNY said he could not understand how mediastinal emphysema could reach the eyelids, though, of course, there were records of emphysema of the eyelids from rupture of the air passages.

Dr HAYES related the case of a young man dying of rapid general tuberculosis, who two days before death complained, after drinking some milk, of intense pains over the sternum. An autopsy showed the extravasation of milk surrounding the œsophagus, which had two ruptures about half-way down.

Dr. COLEMAN referred to the case of a boy who, after swallowing a large fish bone, developed not only pus, but also air in pericardium, due, no doubt, to the fish bone, ulcerating through the œsophagus. He believed that the gas in the pericardium was due to decomposition, and this was also a possible explanation of the emphysema which was present in Dr. Lindsay's case.

The PRESIDENT suggested that the lesion was syphilitic.

Dr. LINDSAY, in reply, said that it was the condition of the vessels of the brain that had suggested to him its possibly syphilitic origin

### TUBERCULOUS MENINGITIS (?)

Dr. LINDSAY also read notes of a case of probable tuberculous meningitis which terminated in recovery. The patient was a young lady, æt. 19, seen in consultation with Dr. King Kerr, of Knock, Belfast. There was tubercle on both sides of the house, and patient's mother and younger sister are sufferers from phthisis at the present time. The patient had had tuberculous glands excised from the neck a few years ago. She had suffered from periodic headaches, but had been otherwise healthy. In November, 1898, she took an attack of ill-defined pleurisy, with some effusion in the right side. This pursued a slow course until December 3rd, when she first complained of headache. Next day the headache was more severe and vomiting set in. On December 5th the headache was severe and continuous, vomiting frequent, tongue thickly coated, temperature 101·5 degs., pulse 96, weak and regular, pupils sluggish, patient very restless, signs of fluid in the right pleural cavity. Next day the patient was delirious, tempera- 101 degs. in the morning, and 102 degs. at night, *tache cérébrale* well-marked, pupils dilated and almost immobile, continuous vomiting, double optic neuritis. Late at night the patient became comatose and began to pass all evacuations involuntarily. The pulse remained frequent, weak and regular. The patient could swallow her milk, and sometimes showed signs of slight consciousness on being spoken to in a loud voice. This condition lasted from Tuesday, December 6th, to Friday, December 9th, when the coma began to abate. By Sunday, December 11th the patient was much better, and thenceforward made an uninterrupted recovery. The treatment consisted in the continuous application of cold to the head by means of Leiter's tubes, and the administration of bromide and iodide of potash, with an occasional mercurial purge. The grounds for suggesting the possibility of the meningitis being tuberculous were—(1) the fact that mother and sister were sufferers from phthisis; (2) the presence at an earlier stage of tuberculous glands in the neck; (3) the existence of an ill-defined pleurisy, which may have been tuberculous.

Dr. DRURY questioned the diagnosis of tuberculous meningitis, and gave his reasons. He suggested that it was a case of rheumatic pleurisy with some rheumatic meningitis.

Dr. FINNY also dissented from the diagnosis of tuberculous meningitis.

Dr R. TRAVERS SMITH asked whether the choroid coat of the eye had been examined for the presence of tubercle.

The PRESIDENT thought as cases of tuberculous peritonitis could recover without operation so might tuberculous meningitis. He suggested that they should try the tuberculin test in these cases, and believed that both pleural effusion and the head symptoms were possibly due to the micro-organisms of pneumonia, which sometimes produced a very dangerous form of meningitis.

Dr. LINDSAY, in reply, said that the President's suggestion of pneumonia had also occurred to him.

Tubercles were not found in the choroid, but the patient was restless so that the examination of the eye was accomplished with difficulty.

### NON-FEBRILE PNEUMONIA.

Dr. **Lindsay** also read notes of a case of non-febrile pneumonia. The patient, a gentleman, æt. 33, was seen in consultation with Dr. M'Kisack, of Belfast. There was a history of alcoholism. The patient first sought advice upon October 13th, 1828, for headache, sickness, abdominal pain, and malaise. The temperature was 98 8°, pulse 80, respirations 20; no abnormal signs in the chest, tongue very foul. Next morning the patient felt better; the chest was examined with negative results; in the afternoon the patient sat for some time in the dining-room and talked with friends. About 9 o'clock p.m. it was noticed that his breathing was becoming hurried. He passed a restless night Next morning he was much worse, respirations 36, temperature in the mouth and in the groin 96·5°, well marked signs of consolidation of the right lower lobe—viz., dulness, bronchial breathing, and increased vocal fremitus; at 4 o'clock p.m. the temperature was 98° in the groin and 99° in the rectum, respirations 36, pulse 106 and very weak, patient much collapsed, but quite conscious. Crepitus was now audible over a considerable portion of the right lower lobe. The sputum was rusty. Towards evening the temperature for the first time began to rise, and at 8 o'clock p.m., it was 101°. Death took place at 9.30 o'clock, within twenty-four hours of the first advent of definite pulmonary symptoms. Alcohol, strychnine, carbonate of ammonia, digitalis and oxygen were administered, but without effect.

The **President** observed that there was nothing new in the apyrexia. He considered that the hypodermic administration of strychnine was one of the best remedies in all the collapsed fevers.

Dr. **Cosgrave** mentioned a case of pneumonia in which the temperature remained subnormal throughout. He had tried hypodermics of strychnine, but they had had no effect.

Dr. **Lindsay**, in reply, said he always gave strychnine in these cases.

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## SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

### Meeting held Thursday, March 30th, 1899.

Dr. Hunt, Vice-President, in the Chair.

Dr. **Arthur Hall** showed a case of linear ichthyosis hystrix.

Dr. **Sorley**, a case of muscular atrophy from polyneuritis, following influenza.

Mr. **Archibald Cuff** exhibited and made remarks upon:—1. A case of hemi-hypertrophy. 2. A tumour of the cerebellum.

Dr. Hunt, Dr. Arthur Hall, Dr. Hargreaves, Dr. Gwynne, Dr. Burgess, Dr. Keeling, Mr. Snell, Mr. Richard Favell, Dr. Martin, Mr. Sidney Barber, and Dr. Sinclair White made remarks.

Mr. **Simeon Snell** introduced two patients. 1. Recurrent third nerve palsy, associated with migraine. The patient was shown first before the Society in 1884, and the case is reported in the *Transactions* of the Ophthal. Society, 1885. The patient, a woman, is æt. 23. The attacks of severe pain and sickness have recurred every three or four months, but recovery from the associated third nerve palsy has become increasingly imperfect. 2. Embolism of central artery of retina in a young woman, æt. 23.

Dr. **Martin** gave the notes of a

### CASE OF CÆSARIAN SECTION.

The patient was a primipara, æt. 23, a dwarf, and deformed Her heighth was 3 feet 10 inches. She had a large square head, short arms, and thickening of the cartilages, and the ends of the long bones, especially at the wrists; the tibiæ were bowed. From measurements carefully taken before the patient left the hospital it was found that the distances were: between the crests of the ilium, 10¼ inches; between anterior superior spines, 10 inches; ant. post. diameter, 6 inches; inf. conjugate (with callipers), 1 inch; thickness of sacrum (with callipers), 3⅜ inches. She was admitted into the Jessop Hospital for Women at 2.30 a.m., April 13th, 1898, and was in labour at the time, The deformed condition of the pelvis was at once noted by the house surgeon, Mr. S. Barber, and the necessity for operation recognised. After consultation with the other members of the staff, Dr. Martin did a Cæsarian section successfully, the life of both mother and child being saved, the operation lasting thirty-five minutes. There was a smart dash of hæmorrhage after the patient was put to bed; this seemed to be controlled by the subcutaneous injection of the 1-150th of a grain of citrate of ergotine. There was some bronchial trouble, and rise of temperature for four days after the operation, but both speedily subsided, and the patient made an excellent recovery, being discharged May 7th, 1898.

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## France.

[From our own Correspondent.]

Paris, April 21st, 1899.

### Diffuse Hypertrophy of the Bones of the Face.

At the Académie de Médecine, M. C. Dentu read a paper on diffuse hypertrophy of the face and of the cranium, which he said was generally bilateral, but could be also limited to one group of bones. To well understand the nature of the affection it should be remarked that its evolution was marked by subacute or acute phases, which had, for consequence, the exaggerated development of certain portions of bone already abnormally developed generally. His personal observations lead him to formulate the following propositions:—The lesions are not always symmetrical; generally the superior maxillary was the centre of unilateral hypertrophy, but he had also seen the temporal bone attacked. On the other hand, the symmetry belonged sometimes to pediculation, having no relation with the diffused hypertrophy. Sometimes also the lesions commence within the cranium. Far from being constituted solely by osseous substance, the tissues could present to histological examination, fibrous and embryo plastic elements. The malady lasts generally several years. The prognosis is usually benign, but the affection could abridge life by grave functional troubles of the mouth (difficulty in mastication of the nose (obstacle to respiration), the head (compression of the brain and irritation of the membranes). In his personal cases he observed pseudo-meningitis, convulsions, epileptiform seizures, delirium, and dementia.

Partial extirpation of the osseous masses gave good results in his hands. He considered, then, that in future diffused hypertrophy might be arrested by practising at the outset abrasion of the parts, combined with the application of the thermo-cautery.

### Tuberculosis of the Testicle.

M. Berger spoke on the treatment of tuberculosis of the testicle, and said that where the lesion was limited, castration should be performed, as frequently a definite cure was the result; where the tuberculosis was advanced, and the patient presented pulmonary lesions, an operation was useless.

### Peruvian Balsam and Scabies.

At the Société de Dermatologie, M. Hallopeau related two cases of death in children after the application of the treatment of scabies by balsam of Peru. He thought that these fatal results were due to impurities of the drug, but it was possible that the child presented as regards that agent a much greater susceptibility than an adult.

M Fournier said that he constantly employed pure balsam of Peru in the treatment of scabies in adults and children, and never met with an accident. Another speaker said that he had renounced the use of pure balsam on account of its too adhesive properties, in favour of a 30 per cent. mixture with vaseline.

### Trycophyton Tonsurans.

Ringworm of the scalp is, as the majority of skin diseases, difficult to treat. All kinds of anti-parasitic remedies have been tried with variable success; iodine liniment, chrysophanic acid, acetic acid, sulphurous acid, corrosive sublimate, carbolic acid, &c. Recently M. Balzer, of the St. Louis Hospital, has employed strong solutions of lactic acid, and recommends it highly. After washing the parts with alcohol and ether, he applies a solution of lactic acid ℥ss., and alcohol ℥j., rubbing it in until redness is obtained. The pain resulting is not very sharp, and subsides in a quarter of an hour. The solution is applied twice a day. To complete the treatment, the patient is recommended to wash the parts with a sublimate solution (1 – 2,000). Out of nineteen cases thus treated fifteen were cured in less than three months, three others were improved, while one resisted the treatment.

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## Germany.

[From our own Correspondent.]

Berlin, April 22nd, 1899.

At the Society for Innere Medizin Hr. Hirschlaff reported a

### Fatal Case of Leucæmia.

A woman was admitted into hospital in September last. For some months past she had suffered from steadily increasing weakness. There was leucæmia, with enlarged deeply notched spleen. The patient had died the day previous to the meeting. Three weeks before, pleuritic exudation took place, after which her condition became very bad. On the day of her death she complained of difficulty of swallowing, from pain in her neck. Examination showed extreme swelling, of a snow white uvula, although no decoloration had been observed before. (The throat was examined daily in all cases of leucæmia.) The swelling increased rapidly, in an hour the left palatal arch was affected and then the tonsil. Two hours later extreme stridor came on and the patient died from suffocation. As regarded the blood the condition was one of myelogenous leucæmia. The proportion of white to red blood corpuscles was 1 to 6, there was great increase in the polynuclear cells and nucleated red blood corpuscles, the mononuclear cells were not very numerous, and there was neurophile cornification. The change in the medulla of the bones was considerable, it was a reddish grey, the spleen weighed 5¼ lbs., the liver was large, and all the lymphoid organs were much swollen. The microscopic preparation showed only medullary cells. The case appeared strongly to support Ehrlich's theory, according to which the spleen played only a secondary part in the elaboration of the blood, the first being played by the medulla of bones.

Hr. Litten would also draw attention to the latter point. The clinical features were rendered interesting by the rapid tumour formation leading to suffocation, which was so rapid that there was not time for tracheotomy. In an acute case he had seen an equally rapid formation on the hands, but in a chronic case like the one before them he had never observed such changes.

Hr. Benda did not agree with the previous speaker as to the nature of the swelling in the throat. It was œdema in a mucous surface changed by leucæmia. Such a rapid development of a tumour did not appear to him to be quite possible.

Hr. Litten agreed that there was œdema, but the principal change was thickening of the tissues.

Hr. Hirschlaff added an explanation of the condition of the blood that with the advance of the disease of the bone marrow, at last only the unripe cells, the mononuclear were carried into the blood current.

At the Surgical Congress Hr. Koing read a paper on the

### History of Free Bodies in Joints,

in which he attributed them to a dissecting inflammation. He was not the first to account for their origin in this way, but lately he had been able to study them both clinically and ætiologically more sharply. During the last twenty years he had had seventy cases of free bodies in the joints, three in consequence of arthritis deformans, sixteen after injury; there were ten cases to exclude as the elbow or knee-joints were not the site of the bodies, there were then left thirty-six cases, to which the above ætiology did not apply. A number of the cases had had rheumatoid affections, that had also attacked other parts than those in which the free bodies were. Then there was pain and crackling in the joint, then certain movements could not be performed. He would not go further into the well-known symptoms peculiar to free bodies in the joints, but he would observe that their occurrence was generally preceded by injury. He then went on to describe the bodies themselves, and to mention various conditions that had led to their origination.

Hr. Kocher, Berne, read a paper on

### The Conditions of Successful Operation in Epilepsy.

He thought pessimism in regard to operation for epilepsy had been carried too far. From recent experience he had concluded that the method of operation practised had not been the right one. V. Bergmann had introduced an improvement by removing the cortical portion from which the epilepsy started. About 10 per cent. were cured in this way. Since the eighties the speaker had operated after a theory of his own, and had obtained six complete cures in traumatic epilepsy. He had collected 175 cases of operation, only calling those cures that remained well at the end of three years, although epilepsy sometimes returned even later than that. In this investigation he was able to determine that that treatment was successful that attacked the cause of the epilepsy direct. After extraction of foreign bodies from the skull, and especially from the brain, 88 per cent. of recoveries took place. In the latter cases, where the dura was incised, the results were the best. He assumed that an essential cause of the occurrence of attacks was tension, which was relieved by incision of the dura. Perhaps this reduction of tension was the factor in these cases that had been cured after incision of the cortical centre, and also in those cures in which the centre could not be determined by electricity.

In his successful cases the covering over the opening had remained soft, so that "giving" could take place on pressure, whilst in the unsuccessful ones, the covering had become bony or at least of tense connective tissue. If the principal factor of the attack was assumed to be a cicatrix or adhesions, operations should not be performed, as a cicatrix was always left by them. But these need not be feared. Aseptic soft cicatrices, even when they projected into the brain, almost never caused epilepsy. Guinea pigs could be made epileptic by a simple blow on the head, and in these cases the blood pressure was increased fourfold. If the animals were then operated on and a lateral ventricle opened, the epilepsy ceased. An ætiological connection between increased pressure and epilepsy had thus been experimentally proved. In this way cysts and collections of fluid of all kinds within the brain easily gave rise to epilepsy.

According to these views, we had first of all in our operation to remove all local irritation, such as foreign bodies, and then take measures for reducing local and general blood pressure within the calvarium. The dura when incised should not be sutured, but should rather be excised, and the defect should not be covered by bone. In penetrating wounds of the head, the damage was not caused by the opening, but by the firm closure of the skull.

Hr. V. Bergmann said it was yet to be determined what was the nature of epilepsy? and then there was the proposition that there was no epilepsy without spasmodic changes in the brain. This condition was congenital, and it would not be too much to say that in nine-tenths of the cases of epilepsy, whether traumatic or not, there was a hereditary tendency. If we took from the remaining tenth all the cases in which infective diseases were the cause, the remainder would be very small. Hereditary disposition could not be assumed when the attacks began after the 20th year. As to the cases operated on it was very difficult to determine whether they had a hereditary predisposition or not. There were two categories of causes of epilepsy—1st, the supposed epileptic change in the brain, which could be treated by operation, bromides, and section of the sympathetic, and 2nd, those where the disease was caused by localised peripheral injury, and here we must satisfy the *indicatio causalis*. If excision of the cortex did not always succeed, it was because general epileptic changes had already been set up in the brain. For fulfilment of the *indicatio causalis* operation should not be too long delayed. A definite judgment as to results of operation could only be given years after they had been performed.

## Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, April 22nd, 1899.

### DEATH FROM VASCULAR DEFICIENCY.

Under this title Pal has prepared a long article with experiments, to prove that death in many cases assigned to heart failure is principally due to vascular deficiency, and not to any heart impairment. The presence of a vascular tonus is generally admitted, while experiments on the vaso motor centres demonstrate the fact beyond dispute. To defend this argument we need only consult the writings of Le Gallois (1812), and more recently, those of Goltz. When the lower portion of the cervical region is quite severed in a dog the animal does not die immediately, but the breathing will go on for some time quite spontaneously; the blood pressure gradually sinks; the arteries of the extremities become narrower, and the pulse constantly declines till it finally disappears, finally the animal sinks into a deep coma, and will probably die within 24 hours. The clinical diagnosis in such a case would be given as "heart enfeeblement," while the post-mortem bears witness that the cardiac muscle is in good condition, though greatly contracted, and containing little or no blood, while the bowel is hyperæmic.

Analogous conditions are met with in cases of hæmorrhage, when the central nervous system is involved and œdema occurs. Examination of the heart during life does not reveal all changes in that organ, notwithstanding the presence of dangerous, morbid alterations, as in typhus or typhoid. Briefly stated, two conditions are present in these vascular cases: (*a*) Inadequacy of the heart itself; or (*b*) insufficiency of the supply to the heart.

His own experiments with phosphorus poisoning proved that in subacute poisoning cases the heart muscle was normal, and no degeneration present, while the vascular system was paralysed. The clinical area of the heart was small, the pulse good, but apparently the return from the vessels to the heart was deficient, as proved post-mortem.

Romberg, Bruhns, and Pässler have adduced similar testimony from experiments on animals with bacillus pyocyaneus, pneumococcus Friedlander, and the bacillus of diphtheria. In their conclusions they state that the vasomotor system must be considered in conjunction with the heart's enfeeblement.

Pal states that during the last two years he has had seven cases of poisoning from phosphorus in his wards. The post-mortem revealed a normal empty heart in four of these cases; two were not quite, though nearly empty; while one was acute poisoning, and not to be classed under the morbid effects of phosphorus changes. The two chronic cases with the heart partially filled with blood on post-mortem had been treated during life with injections of a suprarenal extract, which may account for the presence of the blood post-mortem.

The results obtained from these cases prove the existence of an enfeebled heart during life, out of all proportion to the physical signs; in many cases before death the cardiac area is decidedly less than normal, while the post-mortem reveals an empty or nearly empty heart. These facts are not alone in our clinical investigations, but are analogous in many infectious diseases, as tuberculosis, typhoid, &c., as well as non-infectious, such as nephritis, pseudo-leucæmia, &c., which led to a conviction that we have a vascular death ("Gefästodes"), or death due to an impaired condition of the vessels concerned and not at all attributable to heart failure. This condition would be better described as vaso motor paralysis.

This subject has been further demonstrated on animals by drugs by Pässler, who first paralysed the vaso-motor system and subsequently by vascular stimulants stimulated the tonus. The suprarenal extract has the same power.

### BALNEOLOGICAL ASSOCIATION.

The members of the Association, after a few weeks discussion, were invited by Lantin to visit his "Curanstalt," or hydropathic institution, which is one of the finest in the monarchy. The surprised visitors were sumptuously entertained at a banquet which will long be remembered as that of the first Balneological Congress in Austria.

### “PHYSICATS” EXAMINATION.

According to the recent Acts passed in January for the security of competent “physicats,” the test examinations will commence this month in Vienna, followed during the year by the other universities. These examinations will consist of special chemistry, ‘ pharmacognosia,” and general hygiene.

Sanitary law is also compulsory. The examinations are written and oral.

### ACCIDENT INSURANCE

Owing to the large number of accidents which the various insurance companies have dealt with since the Workmen's Compensation Act has come into force the Minister of Education has ordered that all universities teaching medicine shall devote two to three hours every week during a winter or summer session to the special study of such accidents as come under the compensation law, so that no medical practitioner will be able in future to plead ignorance of his responsibilities in this department of medicine. These additional classes must be given without any extra fee from the medical student.

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## The Operating Theatres.

### WESTMINSTER HOSPITAL.

**SUPRA-PUBIC LITHOTOMY.**—Mr. DE SANTI operated on a boy, æt. 5, who had been admitted with symptoms of vesical calculus. On examination under chloroform with a sound a hard and large stone was detected free in the bladder. The boy had the usual symptoms of stone, but his mother stated he had only complained of them quite recently. The urine contained a little pus and blood. It was decided to do a supra pubic lithotomy. The patient having been anæsthetised and sounded again, the bladder was gently washed out with warm boracic lotion; then three ounces of the same lotion were injected and retained by a ligature round the penis. An incision two inches long was next made in the mid-line well over the pubes, the fat covering the anterior part of the bladder exposed, some rather large veins hooked aside, and the anterior wall of the bladder defined. The peritoneal reflection was well seen, and was a little lower than normal the bladder was fixed with a sharp hook, and incised in the middle line with a scalpel from above downwards. On introducing a finger into the bladder a pair of pressure forceps having been applied to each side of the viscus, the stone was felt quite loose at the base of the bladder; the calculus was very rough and large. The vesical incision had to be enlarged downwards for some distance, in order to allow of the extraction of the stone with a small pair of lithotomy forceps. The bladder was then explored to see if there were any other stones, and then gently irrigated with boracic lotion. The wound in the viscus was sutured with fine silk by Lembert's method, it was found impossible, however, to suture the lowermost part of the opening into it without unduly dragging on the bladder, so an india-rubber flanged tube was inserted into that part of the wound in the viscus, being brought out at the lowermost part of the skin wound. The upper part of the skin wound was closed with silkworm gut, and collodion gauze dressing applied with a peat pad over it. The stone removed weighed 500 grains, was slightly oval in shape, and measured 4½ inches in its greatest circumference; it was extremely hard and tuberculated on its surface. Mr. de Santi said that the size of the stone, if for no other reason, contra-indicated such an operation as lateral lithotomy, it therefore became necessary to consider the operations of litholopaxy and supra-pubic lithotomy; he decided on the latter being the better method of operating in this case for three reasons: first, the age of the patient; secondly, the size of the stone; and thirdly, its extreme hardness. If litholopaxy had been the operation chosen, only a very small lithotrite could have been employed, and there would have been extreme difficulty with so small an instrument in crushing so hard a stone; moreover, there would have been considerable more risk of inflicting injury on the vesical mucous membrane. The operation of supra-pubic lithotomy in such cases had given, he pointed out, in experienced hands extremely good results, and, with ordinary care there should be no risk of wounding the peritoneum. Where the condition of the bladder and urine permit of it complete closure, by Lembert's method, of the wound in the bladder was, he thought, the soundest treatment. In this case, on account of the rather low reflection of the peritoneum and the size of the stone, the incision into the bladder had to be prolonged downwards and the lower part of it could not well be sutured; in all cases, even when the bladder wound is completely closed with sutures, it is safer, he considered, to leave the lower angle of the skin wound open, and to keep a drainage tube in for three or four days.

### WEST LONDON HOSPITAL.

**INTRA-CEREBRAL INJECTION FOR TETANUS.** — Mr. BIDWELL operated on a man, æt. 35, who had been admitted suffering from acute tetanus. A fortnight before the patient had run a nail into his right foot. He had been under treatment outside the hospital, and the wound had healed. On the day before operation he could not open his mouth, and had twitchings of the right leg; he was, therefore, immediately brought up to the hospital, After admission 10 c.c. of anti-tetanic serum were injected hypodermically under the skin of the abdomen. On the morning of operation, however, the tetanus had increased, with marked opisthotonos, and the abdominal muscles were quite rigid, breathing being thoracic; it was therefore decided to inject the antitoxic serum into the cerebral hemispheres. The patient was put under chloroform, and the area of the wound in the foot freely dissected away, the scalp was then shaved and purified. The points at which the skull should be drilled were defined in the following way:—An imaginary line was taken over the head from one auditory meatus to the other, another line was taken from the base of the nose to the top of the head, crossing the first line at right angles, and a third line was carried from the outer angle of the orbit to where the first two lines crossed each other; the centre of this last line is the point where the skull should be drilled. This point was marked on the skin, and a small curved incision made just external to it, the pericranium elevated, and a hole drilled with an ordinary bradawl; the needle of the antitoxin syringe was then plunged downwards and backwards into the substance of the cerebrum, and 5 c.c. of antitoxic serum very slowly injected. This injection took about

15 minutes. The syringe was then withdrawn, and the skin flap fixed with a couple of horsehair sutures. An incision was next made at the same point on the opposite side, the bone drilled, and the antitoxin (5 c.c.) injected as before, this second injection taking 10 minutes. This wound was also closed and dressings applied. Mr. Bidwell said that when tetanus has once developed the toxin has already been fixed in the central nerve cells; these cells are not influenced by antitoxin injected hypodermically; but it has been proved that animals can be cured by intercerebral injections of antitoxin. It is well known he pointed out that hypodermic injections of antitoxin are quite satisfactory in early cases, but have proved very disappointing in more advanced ones. This method he said, had been advocated by MM. Roux and Borrel, and about twenty cases had been treated in the neighbourhood of Paris by it with encouraging results. The first case treated in this country was by Major Semple, R.A.M.C., whose directions both for point of injection and slow method of injecting the fluid were followed in the case he (Mr. Bidwell) had just done. The reason for this slowness is to avoid breaking up the brain tissue, the object of the surgeon being to allow the antitoxin to soak in drop by drop. The object of the measurements is to select a spot where no injury can be done to any part of the motor area. He commented on the necessity of freely removing the area of the original wound, as at this point there is a colony of bacilli, from which fresh doses of toxin will be absorbed. He should continue the hypodermic injection of antitoxin daily until the stiffness had gone.

It is very satisfactory to state that the patient made an uninterrupted recovery, and left the hospital three weeks after operation.

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### Vital Statistics.

The deaths registered last week in thirty-six great towns of United Kingdom corresponded to an annual rate of 19·5 per 1,000 of their aggregate population, which is estimated at 11,404,408 persons in the middle of this year.

Birkenhead 17, Birmingham 24, Blackburn 18, Bolton 19, Bradford 17, Brighton 27, Bristol 17, Burnley 20, Cardiff 11, Croydon 14, Derby 19, Gateshead 21, Halifax 19, Huddersfield 21, Hull 19, Leeds 16, Leicester 17, Liverpool 24, London 18, Manchester 28, Newcastle-on-Tyne 17, Norwich 18, Nottingham 18, Oldham 24, Plymouth 19, Portsmouth 18, Preston 18, Salford 21, Sheffield 17, Sunderland 22, Swansea 18, West Ham 13, Wolverhampton 26. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, in Manchester; from scarlet fever, 1·1 in Halifax and in Bradford; from whooping-cough, 2·1 in Plymouth, and 2·3 in Birkenhead and in Burnley; and from diarrhœa, 1·4 in Salford. In none of the large towns did the death rate from "fever," reach 1·0 per 1,000. The 59 deaths from diphtheria included 20 in London, 7 in Sheffield, 4 in West Ham, 4 in Liverpool, 3 in Portsmouth, and 3 in Leeds. Two deaths from small-pox were registered in Hull, but not one in any other town.

### Mortality in Foreign Cities.

The following are the latest official returns, and represent the last weekly death rate per 1,000 of the several populations:—Bombay 149, Madras 36, Paris 27, Brussels 17, Amsterdam 17, Rotterdam 24, The Hague 21, Copenhagen 20, Stockholm 23, Christiania 24, St. Petersburg 26, Moscow 25, Berlin 18, Hamburg 18, Dresden 21, Breslau 24, Munich 26, Vienna 25, Prague 29, Buda-Pesth 25, Trieste 30, Rome 20, Venice 37, Cairo 32, Alexandria 35, New York (including Brooklyn) 19, Philadelphia 21.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 26, 1899.

## THE RADICAL CURE OF HERNIA.

The habitual use of the term "radical cure of hernia" is probably largely responsible for the very prevalent belief that surgeons can be trusted to obviate a very disabling condition with but trifling risk to life; but, judging from a paper recently read before the Medical Society of London by Mr. Langton, the ultimate results are by no means all that could be desired or expected. The surgeon is but too apt here, as elsewhere, to consider his responsibility at an end when the wound has healed and the patient has been authorised to resume his ordinary avocation, but in such a matter as the cure of hernia it is obvious that the experiment has only begun when the patient leaves the surgeon's hands. It is of vital importance that we should know whether the permanence of the cure is such as to render it worth the patient's while to undergo the inconvenience of such an operation and the risks inseparable from a surgical intervention of this magnitude. The mortality attending the operation has steadily improved since 1880, until at the present time it is almost *nil*, though it must not be forgotton that the results are not equally good at all hospitals and in the hands of all surgeons. But the very freedom from danger effected by modern improvements in surgical *technique* may have created in the minds of practitioners a certain recklessness in advising recourse thereto, hence the importance of rendering available statistics which will show whether or not it is really a radical cure or merely an operation for the radical cure, two very different things. Unfortunately, such statistics are very difficult to obtain. Two years have been laid down as the minimum period at which it is possible to form a trustworthy opinion as to the permanence of the expected cure, and, in hospital practice at any rate, it is almost impossible to keep one's patients under observation for this, and *a fortiori* for a longer, period. It appears, however, that during the last six years no less than 242 operated patients have applied to the City of London Truss Society for relief, from which it may be inferred that the total number of instances of the hernia recurring after operation in the metropolis must be considerable. It would be an interesting object lesson for surgeons to scan the list of patients thus applying for relief for this would enable them to form some idea of the success attending their intervention, and, incidentally, of the value of the particular procedure adopted by them Each surgeon has his own pet way of operating, and each, no doubt, flatters himself that his results leave little to be desired This is a delusion which it might be well to destroy, but we will not be cruel enough to advocate the publication, even among medical readers, of the list which Mr. Langton holds over them *in terrorem*. The paper gave rise to a very interesting debate in the course whereof various technical points were discussed, notably the frequency with which suppuration occurred in the wound and the age limits within which the operation might safely be advised. While some surgeons seldom or never witness suppuration as a complication it appears to be tolerably frequent in the hands of others. Doubtless, the age of the patients had something to do with this, for it must be vastly more difficult to obtain asepsis in the very young than in older patients. This, indeed, is a cogent argument against operation in very young subjects in the absence of urgent indications. Apart from this, suppuration is probably due in many instances to inadequate cleansing of the skin, a point which the modern surgeon might reasonably be expected to attend to. The operation, moreover, appears to be attended by small success in cases where the hernia is so large that it cannot be controlled by moderate pressure, a state which implies a large and patulous opening in the abdominal wall. Lastly the ultimate results appear to be greatly influenced by the condition of the peritoneum after operation. The existence of any fossæ or depressions must necessarily favour a recurrence of the infirmity, and surgeons understand this well enough to make every endeavour to leave the peritoneum tense and smooth, so much so indeed that the torsion of the sac resorted to for the purpose of obliterating any tendency to pouch-formation is occasionally carried so far as to drag in the bladder, a very disconcerting accident in truth. The outcome of the discussion is to leave a doubt in one's mind as to the permanent value of the so-called radical cure of hernia. The operation has, however, a recognised place in surgical therapeutics, and it cannot well be abandoned, but it behoves surgeons jealous of their reputation to study how best to obviate the insufficiencies of the procedures at present in vogue, so that practitioners may conscientiously recommend their patients to seek relief from an infirmity which entails very tangible risks and much discomfort.

## MILITARY AND NAVAL SURGERY OF THE FUTURE.

THE civilised world has lately witnessed a movement in favour of peace that may well be regarded not only as the shadow of a coming event, but as one of the most notable occurrences of a notable century. The great cause of universal peace espoused by the Czar of Russia was prompted in the first place by M. Johann von Bloch, a Russian Councillor of State. In a ponderous treatise of six volumes von Bloch argues that the development of war will one day render the arbitration of the sword impossible, owing to the vast armaments, the enormous destruction of life, and the damage to commerce that must be involved. The main thesis of this epoch-making book is worked out with an elaborate detail that bears the stamp of indefatigable energy and thoroughness, and to no small extent accounts for the way in which the author has stirred up the mind of the nations. So far ar the medical profession is concerned the statements are full of interest. In the battle of the future there will be a terrific hail of artillery fire at a distance of 6,000 metres; while at 2,000 metres the bullets of the infantry will sweep the field. Already within the last thirty years the efficacy of rifles has been increased fourteen-fold, and there is no sign that the limit of destructiveness has yet been approached by the ingenuity of inventors. It seems clear that with modern arms there must be an area of at least a thousand metres between the opposing armies so swept by missiles that no man could live therein. Beyond that would come zone after zone of diminishing danger, with corresponding effects upon the human targets. The effect of the new nickel-coated, small-bore projectile is described as frightful, resembling that of an explosive bullet. It splits up bones into a mass of fragments, which tear through the body. It has a small wound of entry, and a great gaping wound of exit. It pierces three human bodies, and is stopped only by a fourth. It pulverises heart, liver, kidneys, and other internal organs, and tears muscles to shreds. At a distance of over 1,000 metres, it causes a radiated wound of entry. At 1,600 metres, it has still the power of causing dangerous, and sometimes comminuted, fractures. The natural result of all this terrific and deadly fire is that a great many more soldiers must be killed outright on the spot. Another inevitable rider is that it will be impossible for non-combatants to venture within the fatal zones, so that the wounded must lie untended during the time that the battle is waging. Delay of that kind in attending to casualties must mean a vast increase in the death-roll. Another point is that, in coming warfare, an enormously increased number of men will have to to be put in the field, which will mean that the present ambulance corps will have to be multiplied by at least tenfold. From an English reviewer's translation of Von Bloch's views we gather that "Owing to the longer range of modern weapons, ambulances must remain at a greater distance than ever from the field, and as future battles on a large scale will certainly last longer, the wounded and dying may be obliged to remain for two or three days in the open without a drop of water or morsel of bread." In naval warfare, even under present conditions, it is impossible for the wounded to be immediately removed when a ship is engaged at close quarters, so terrific is the storm of missiles that sweep her decks. Out of all this sad desolation of human savagery issues the fixed idea of universal peace, one of the greatest conceptions that has ever seized upon the mind of man. Those who are the friends of peace have long preached an unpopular doctrine, but Von Bloch has suddenly opened to them a road to salvation. He has shown the absolute unwisdom of the nations of the earth devoting their accumulated cunning to the task of mutual extermination. He has done more for the advancement of the principle of international arbitration than any one man whose lot has been cast in this universe of unceasing upward stress and struggle towards the ideal perfection not less of the individual than of the community.

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## THE JUSTUS TEST FOR SYPHILIS.

To decide whether an ulceration of a given part of the body is syphilitic, tuberculous, or malignant is in some cases extremely difficult. An ulcer affecting the tongue, for example, may be either cancerous or syphilitic, and the external appearances of each disease being nearly similar in the early stages, the surgeon cannot at first be absolutely certain as to the differential diagnosis. Justus, however, an assistant in Schwimmer's clinique at Budapest, two or three years ago, designed a test which he claims will determine the diagnosis in doubtful cases of syphilis. The test depends upon the sensitiveness of the red blood corpuscles in syphilitic persons to the action of mercury administered by inunction, or by subcutaneous or intravenous injection. Justus holds that this sensitiveness is greater in syphilis than in any other disease, so much so that the administration of the drug is followed a few hours afterwards by a sudden fall in the percentage of hæmoglobin. In 300 cases of syphilis observed by Justus in which mercury was given, a sharp fall of 10 to 20 per cent. was recorded in the hæmoglobin, while among control cases, in which syphilis was not present, no such fall was noticed. The subject is fully discussed in an interesting paper by Drs. Cabot and Mertins, published in the *Boston Medical and Surgical Journal* for April 6th last, in which they record their own experience of the test. The authors state that in the summer of 1898 they tried the test in the out-patient department of the Massachusetts General Hospital in 98 cases of undoubted syphilis, 4 cases suspected of being syphilitic, and 33 control cases of various other diseases, a total of 44 cases. From fifteen to forty grains of the unguentum hydrargyri were "inuncted" into each patient, with the result that all the syphilitic cases reacted strongly and characteristically, while in 33 control cases there was but one genuinely positive reaction. In seven active syphilitic cases the loss of hæmoglobin after one inunction averaged 21 per cent. In brief, the experiments of these two observers tended to confirm the conclusions at which Justus had arrived, with two exceptions. One was the case of a girl suffering from chlorosis. Despite the fact of the complete absence of syphilis in her, a typical positive reaction was obtained with a loss of 13 per cent. of hæmoglobin. The other was in a case of tertian ague, where a loss of 10 per cent. of hæmoglobin was noted. The latter condition, the authors believe, could be accounted for by the agueish attack occurring just after the administration of the mercury. With regard to the first case, however, the authors offer no explanation as to the cause of the loss of the hæmoglobin, nevertheless they express the opinion that so far as it goes the case certainly tends to diminish the value of the test which Justus has introduced. These experiments, however, are undoubtedly valuable, showing as they do that further investigation in the same direction might establish greater certainty as to the usefulness of the new test. That some test of the kind is needed goes without saying. If subsequent observers can prove that the Justus test is to be depended on, a distinct advance will have been made in the subject of syphilis.

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# Notes on Current Topics.

### Increase of Lunacy in Norfolk.

Here as elsewhere, we hear of a steady increase of lunacy and a growing demand for additional accommodation. In Norfolk the demand seems to be more for female patients, and the County Council following the recommendations of the Committee of Visitors of the county asylum have decided to build new accommodation for males at the auxiliary asylum. The Committee of Visitors were guided to a decision by a report furnished by the medical superintendent, Dr. Thompson, who has gone into the question most thoroughly and considered not only causes of increase, but means of meeting the difficulties of the situation. He observes that the yearly increase is produced in several ways, but speaking generally it is the annual increase difference between the admissions on one hand and the deaths and discharges on the other. It is curious how unanimously superintendents of asylums write regarding causes of increase. Here again we have repeated an old tale of accumulation of senile and workhouse cases in asylums. There can be no question that patients are much too readily sent to asylums, and that their friends shunt them off whenever they become the least troublesome. Moreover, recovery rates cannot be so high when such flotsam and jetsam as senile cases, congenitally paralytics, and other incurable forms are accumulating and being sent to asylums. Moreover, as others have pointed out, the death-rate tends to diminish, owing to sanitary and other improved conditions of treatment, and here we have another element in the increase of lunacy. Dr. Thompson suggests five ways of meeting the difficulty; two of these need only be considered, as the others are merely of a temporising character, One of them is to board out quiet and harmless patients. This, although successfully carried out in Scotland, for some unknown reason has never succeeded in England. It would be interesting to know what the views of the Commissioners in Lunacy in England are with regard to boarding-out. Certainly, if they showed one quarter of the energy and zeal which the Scotch Commissioners have shown, boarding-out would not have been an unknown quantity in England, and much money would have been saved. Dr. Thompson's other proposal, the one which has been adopted, is to build new accommodation for males at the auxiliary asylum, making the latter a separate institution for males only. Dr. Thompson gives details of how he would carry this out, and these details seem very satisfactory. He mentions several advantages likely to arise by such a departure from an administrative point of view. With some of these we are quite in accord, though it may be matter of discussion regarding some of the others.

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### Essentiality of "Sanction" for an Irish Dispensary Election.

The curious deadlock of the election of a Medical Officer of the Dundrum (Dublin) district has unexpectedly raised a question of vital interest to the Poor-law Medical Officers of Ireland. It will be recollected that, after a fierce contest between the only two possible competitors, one, who had held the neighbouring district for about twenty years, was elected by a majority of one vote. It then became known that such majority was secured by the sending of a bogus telegram to one of the voters hostile to the elected competitor, which telegram kept the voter away and turned the scale. A sworn investigation was held by the inspector of the L.G.B., and the facts were established beyond question, except that no serious attempt was made or evidence presented, to show that the elected officer had anything whatever to do with the telegram transaction or any privity to it at any time, which he indignantly denies. Under these circumstances the Local Government Board ordered a new election, but it departed from precedent inasmuch as it did not supply the guardians, as has always been done, with a *precis* of the facts or a statement of the reasons for invalidating the election, but confined itself to declaring that "irregularities" had occurred. The effect of this decision may be to deprive the Medical Officer of the position to which he was elected by a majority, because the constituency who are to elect on the next occasion are quite different in religion, politics, and personality from those who elected the last time, and we say that it is very hard on him that he should lose his appointment because of the offence of a third party with which it has not been shown that he was, in any way, cognizant of or responsible. The question thus arises whether the Local Government Board has power to invalidate an election by the simple process of omitting to give its sanction thereto. Assuming that it has such power under ordinary circumstances, we do not see how it can justify the proceeding under the circumstances of this case, because, as a matter of fact, the gentleman elected has served the neighbouring district for about twenty years *sans reproche*. We do not, for a moment, dispute the moral right of the Local Government Board to bar the entrance into the service of a man who has disqualified himself by misconduct, but it is entirely another matter whether it can exclude a man admittedly suitable in all respects. Needless to say that we speak in the interests of justice, not having the faintest interest in either competitor.

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### Proposed Inquiry as to the Prevalence of Venereal Diseases.

Some time since we mentioned that a movement was being organised by a number of influential ladies who are devoted to philanthropic and rescue work among women, in the hope of inducing the Government to investigate by Royal Commission the prevalence of venereal diseases in the civil as well as the military population. Among other public bodies the organisation asked the help of the Irish College of Surgeons, and that College has responded by forwarding the following Memorial for presentation to Parliament, or to the Government authorities, as may seem best: –

> The Memorial of the President and Council of the Royal College of Surgeons, sheweth—That your memorialists, having been brought into intimate relation to the treatment of venereal diseases not only in this country but elsewhere, and, being thus enabled to form a judgment as to the frequency of occurrence of such diseases in both the military and civil populations, feel it their duty to urge upon the Government the necessity for a thorough examination of the question by Royal Commission or otherwise, as may be thought best.
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> That your memorialists would find it difficult to exaggerate the prevalence of these forms of disease in one or other form, and they testify from prolonged experience of both hospital and private practice that primary venereal disease is wide spread among the community, and that the dissemination of the secondary forms of the disease by these primary sources of infection is calamitous and is undermining the constitution of the nation and weakening the working capacity of thousands of innocent individuals.
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> That your memorialists, for these reasons, urge upon the Government the necessity for a thorough investigation of the subject, being fully confident that evidence can be produced by the medical profession which will convince the Government of the necessity of seeking a remedy.

We are quite certain that the great majority of our readers will sympathise with the purpose of this organisation, and with the view expressed by the Irish College, and will desire every success for the effort which these humane ladies are making.

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The Marchioness of Zetland opened, last week, the Victoria Hospital, in commemoration of the Diamond Jubilee, at Richmond, Yorkshire.

## Nurses and Nostrums.

FROM time to time the fact is brought forcibly home to medical men that nurses have it in their power to work an almost endless amount of mischief among patients. With the ordinary indiscreet woman who would never learn her craft from a hundred years of training and experience we are all familiar. She tells the languid invalid with ghastly detail of all the fatal cases she has attended, she pours forth the history of her own woes, or she laughs, weeps, is lively, restless, active, still, present, absent, assertive, elusive, colourless, sharp, abrupt, decisive, inquisitive, reticent, all in the wrong places. The particularly michievous minister in mind was rather she who poses as an authority on physic and matters medical, she who always knows more than the medical attendant, and is ready with an opinion upon any surgical or medical treatment, no matter how complicated or technical. Like all half-trained minds, she yearns for the specific cure, and not infrequently surrenders her belief to the blandishments of the quack medicine vendors' smoothly-worded assurances. That would not so much matter if things rested there, but, unhappily, as often as not she goes on to recommend her favourite nostrums to patients under her charge, who naturally place more trust in the advice of a trained nurse than they would in that of an ordinary layman. This evil is no shadowy one; but it may happily be believed that it is confined to a comparatively small section of a sisterhood that in its higher aspects both deserves and earns the thanks of mankind. This much may be said for their excuse, namely, that patent medicines are not unknown within the walls of our great hospitals.

## The Doctor in the Witness Box.

AN action was tried last week in the County Fermanagh Assizes before Chief Baron Palles, which turns a good deal on a matter of medical evidence. Mr. Thompson, a Fellow of the Irish College of Surgeons and Surgeon to the Omagh Infirmary, sued a solicitor for defamation by words spoken at an Orange meeting. The defamatory speech represented that Mr. Thompson, having offered himself as a Unionist candidate for the representation of the county, and having failed, tried to "hedge" with the Nationalists, for the next election, by the evidence he gave at the trial of certain persons for the murder of a man named Funston. It seemed to be admitted that this simple murder issue was, by the religious rancour of the locality, converted into a politico-religious wrangle all the Orangemen being for the conviction of the accused and all the Nationalists for their acquittal. Be this as it may, the evidence of two or three medical practitioners who had made post-mortem examination being that the man was undoubtedly beaten to death, and that of Dr. Thompson, that he lay down and died on the roadside from natural causes, the accused were acquitted, and the defendant in this suit appears to have suggested that Mr. Thompson's evidence was influenced by his anxiety to please the Nationalist party upon whom he was supposed to be dependendent at the next election. The trial resulted in a verdict for Dr. Thompson for two separate sums of £25. Wherever the merits of this case may be, it is, manifestly, a fact disgraceful for all concerned that a murder should be made the subject of political wire-pulling, either to convict innocent men or to protect murderers.

## The Prevalence of Tuberculosis among Cattle.

THE announcement made some time since that thirty-six out of forty cows belonging to the Royal herd at Windsor proved to be suffering from tuberculosis on the application of the tuberculin test, the results being subsequently confirmed by post-mortem examination, is very startling, and brings us face to face with some very grave problems. It is evident that sanitation alone cannot be trusted to avert contamination, and we are told that the only effectual way of keeping herds free from this disease is to rigorously test each animal before allowing it to associate with its fellows. It has been computed that probably a third of all the adult animals in the country are more or less affected with tuberculosis, a proportion which must for the time being paralyse any effort to eradicate it from our midst Fortunately there is no reason to suppose that the milk and flesh of cows suffering from localised tuberculosis are necessarily infective, but as it is a progressive disease it is obviously impossible to lay down any hard and fast limit, for the localised tuberculosis of to-day may become generalised to-morrow, or the disease may spread to parts, such as the udders, under circumstances which would confer infective properties on the milk and, later, on the flesh of such animals. Now that we are in possession of a means of ascertaining for certain whether an animal has latent tuberculosis it will be possible to exercise more effectual control in the matter of segregation or isolation, but in the meantime it becomes imperative to warn the public of the ever present danger of consuming uncooked milk.

## Magisterial View of the New Inebriates' Act.

A HOMELESS woman, of ill repute, was last week brought up at the North London Police Court on a charge of being drunk and disorderly. It was given in evidence that she had been convicted of drunkenness five times already during the present year, and an application was made by the Court Missionary that the prisoner's consent should be asked to her being placed in a home under the provisions of the recently-enacted Act of Parliament. Mr Fordham, the magistrate, however, held that the prisoner was not the sort of habitual drunkard contemplated by the Act. In vain the missionary pointed out that she was comparatively young and might, after a suitable period of detention, stand a chance of reformation. The magistrate laid it down that, in his opinion, the Act only applied to respectable women who had fallen victims to the craving for drink. But these so-called respectable women who are chronic inebriates, usually indulge their craving in the privacy of their homes. They do not blazon forth their ignominy by getting drunk in public-houses and proclaiming the fact in the public thoroughfare, hence they are not likely to incur the repeated conviction which an over-scrupulous legislature has made an indispensable condition of compulsory treatment. Mr. Fordham's view, if generally acted upon, would inevitably stultify an Act which is generally recognised to be of a most beneficent character. So serious is this decision that, either by question in Parliament or by appeal to a higher court, immediate steps should be taken to have it rectified, or otherwise all the labour which this Act entailed will have been wasted, and no progress will have been accomplished in the reform of this large and distressing class of social delinquents.

### No Fees.

Our legislators have not yet consented to remedy the anomaly of refusing fees to medical men for giving evidence at inquests when the subject of the inquiry has died in hospital. We have frequently insisted on the unreasonableness of this provision, which is as unjust as it is contrary to public policy, but at an inquest held last week by the Coroner for East Middlesex, the absurdity of the rule was made even more glaring. Dr. Tomlin was called in to attend an epileptic girl who had been seriously burned, and, in view of the gravity of the injuries he had her removed to the neighbouring cottage hospital, where she died in spite of every care. Dr. Tomlin was, of course, called upon to give evidence at the inquest, yet, on the ground that the patient had died in the hospital, his fee was disallowed. We should not have supposed that the rule would have applied in such a case, the witness not being the resident medical officer of the institution, but the coroner held that it did, and so Dr. Tomlin had to go without his fee. Why medical men, alone among members of the learned professions, should be constrained to render so many gratuitous services to Society and to the State, it would be a difficult task to explain, and it behoves them as a body to take steps to have all such anomalies redressed.

### "Trailing Skirts."

A correspondent to a morning contemporary resuscitates the objections to the fashionable "clinging and trailing skirts." Nothing, of course, could be conceived more unhygienic and uncleanly than this form of apparel. Not only do women thus become the means by which much gratuitous street sweeping is done, but worse than all their clothing gathers up, during the process, a large and varied assortment of infective abominations, which are ultimately conveyed into houses and distributed in the form of dust. From this point of view a visitor with a trailing skirt is a distinct source of danger to a household; quite possibly the infection of measles, for example, and other zymotic diseases, has thus frequently been conveyed. In this connection mention may be made of the fact that it is so usual to think only of the apparent channels of the transmission of such infection that other possible means are quite overlooked or ignored. To suppose, however, that the fashion-mongers will ever pay any attention to what is hygienic and what is not, in their designs for dresses, is contrary to the experience of centuries. Unfortunately a "fashion" is only designed with a view to its commercial success, and this explains how it is that women have to take everything as it comes in this regard, however much they may have to suffer in consequence.

### Failure of a Manchester Malpraxis Action.

The Medical Defence Union has to add another to its long list of distinguished successes in the protection of members. The plaintiff in the action, heard last week in Manchester, was a coachman past middle age. In the course of his work he was thrown from the box of a carriage, and sustained a bad compound comminuted fracture of the forearm. His injury was treated at the Stockport Infirmary, where the house surgeon described it as the worst fractured forearm he had ever seen. Shortly afterwards he passed under the care of Dr. Gunn, of Droylsden, from whom he ultimately claimed damages for improper treatment. According to the evidence of well-known hospital surgeons who had seen the arm in question, the issue of the injury was doubtful from the first, while the normal plastic operations could not be attempted from the nature of the case, and on account of the age of the patient. A radiogram figured prominently in the course of the evidence. Without hearing the address of counsel for the defence, the jury at once gave a verdict for the defendant, Dr. Gunn. As the plaintiff was unable to pay the costs of the trial, the whole of the large outlay involved in the defence would have fallen upon Dr. Gunn had he not belonged to the Defence Union. As unjustifiable "speculative" actions of this kind hang potentially over the head of every practitioner, the moral is clear, namely, to join the Association that will help them in the hour of need.

### A Stupid Canard.

Some really astonishing "facts" find their way into the newspapers, and, perhaps, the most absurd thing of the kind which has come under our notice is the statement that the late Mr. Gladstone possessed a membrana nictitans in each eye, which he frequently made use of to paralyse his opponents in argument. It would be just as true to say that the present Prime Minister is able to make his opponents squirm by the aid of his vermiform appendix. How any editor could have allowed himself to be gulled by such nonsense entirely surpasses our comprehension. Every educated person should know that the membrana nictitans is only found in birds and certain mammalia. At all events, we should have imagined that, to any one of ordinary intelligence, the impossibility of any such anatomical peculiarity as that claimed for Mr. Gladstone would have been apparent at once. However, such is the gullibility of many persons that, although the statement has been absolutely contradicted, quite possibly in years to come the public will again be told that the late Mr. Gladstone had remarkable eyes, which were especially distinguished by having a nictitating membrane.

### Retribution.

**Mrs. Longshore Potts** the *soi-disant* Yankee M.D. who has been touring this country as a lecturer on indecent subjects to women who call themselves ladies, and who has practised extensively on the vile bodies of such persons, has, we are gratified to note, been mulcted in £175 and full costs, at a trial last week in Manchester, for damage inflicted by her on a foolish, young unmarried woman. This person not only went to the lecture, but brought her sister with her, and visited the quack next day at her own house, where she was examined and frightened out of her life by being threatened with nameless evils if she did not submit to the adaptation of one of Mrs. Potts' pessaries for which, though valued at 2s. 9d., she was charged £5 10s. From it she suffered so much injury that she had to go to several doctors, all of whom concurred that she had never suffered from the alleged disease, and she then brought this action We do not suppose that quacks can be prevented from trading on the erotic sensibilities of certain women, but the worst of this woman's trade is that she has been enabled to carry it on successfully because a considerable number of well-known public men, including the Bishops of Manchester, Landaff, and other places, the Lord Mayor of Manchester, an ex-Lord Mayor of Dublin, and many others lent her their names. Her ruse is an extremely clever one. Before she opens her campaign in a certain district, her agent makes a tour with her sham diploma (we have ascertained that it is not recognisable by any official authority even in America) and other documents. He calls on Bishops and other leading people, most of whom never heard of this woman in their lives, but he does not ask them to testify anything but the fact that they have seen the said documents, which statement Mrs. Longshore Potts circulates in such form as to lead the public to believe that these important individuals know her and guarantee her honesty and respectability. It is astounding that responsible public officials should allow themselves and their public status to be dragged through the mire at the tail of a female whose lack of medical qualification is the least of her disabilities.

### The Public and Lock Hospitals.

**Theoretically**, no doubt, the object which contributors to hospital maintenance funds have in view, is the relief of the deserving and suffering poor, though, in truth, the latter quality is the only recognised claim to medical relief. In practice, however, the great charitable public holds aloof from institutions which are, of their nature, destined to the treatment of persons guilty of the heinous offence of incontinence. It follows that hospitals for the treatment of venereal cases have always received niggardly and altogether inadequate support; and, in respect of lying-in charities, their benefits are largely restricted to women duly provided with "marriage lines." This inopportune intrusion of Mrs. Grundy into the domain of medical charity is much to be regretted in view of the wide-spread misery and disease accruing to innocent persons from the prevalence of contagious diseases conveyed by sexual infection. The idea, no doubt, is that this very prevalence acts as a deterrent to the weak-kneed and potentially incontinent, and if only the guilty suffered we should be content to leave them to their fate. Everyday experience, however, shows but too painfully to what a great extent the innocent suffers not for, but with, the guilty. When we consider the important part which marital gonorrhœa plays in the production of tubal mischief, and the wholesale damage to generations as yet unborn caused by parental syphilis, we cannot but feel that the innocent are unjustly and unwisely made to pay the penalty for the misdeeds of others. If the public cannot be persuaded to support Lock Hospitals, the duty of providing treatment should be discharged, as in other countries, by the municipalities, especially as our general hospitals are not accessible to patients suffering from the primary disease, however grievously affected. Why sexual misconduct should be so severely dealt with while the victims of alcoholic abuse, for example, are treated with indulgence, it is not easy to explain.

### Reading in Bed.

**Should** the average man read in bed? is a query that is certain to be put from time to time to the medical adviser. A little inquiry shows that, as usual, there is something to be said on both sides of the question. Some medical men advocate the practice as a treatment for insomnia, while others condemn it. Life is so rapid nowadays that many folk have no opportunity of seeking solace from books in their hurried passage through the hours of the working day. In such a case it is not unthinkable that a short course of some standard author taken in bed might act as a composing sedative, and lead up through easy stages of drowsiness to the deeper and fuller calm of sleep. But the book must be well chosen, avoiding all extremes of wit, melodrama, comedy, tragedy, or philosophy. It must be like a good supper, neither too heavy nor too stimulating. What is the other side of the question? Many worthy people condemn utterly and outerly the practice of reading in bed, and we think that on the whole most physicians will be found on their side. Bed was made for sleep, and healthy persons should as far as possible keep ordinary pursuits and recreations away from the bedroom, just as they take their meals elsewhere. Under conditions of moderate healthfulness a man should fall asleep soon after he assumes the horizontal posture, with a view of knitting up "the ravelled sleeve of care."

**The** Council of the British Medical Association has voted, for the third time, a sum of £100 to the Jenner Society towards the expenses of the work of that society.

### The Centenary of the Royal College of Surgeons, England.

The committee appointed by the Council of the Royal College of Surgeons of England to consider the advisability of commemorating the centenary of the College have recommended that the occasion should be celebrated upon some date between March 22nd and June 30th next year. They also regard it as of cardinal importance to the success of the undertaking that power should be granted the Council to confer diplomas of honorary fellowship. The Council, however, have been advised that before this can be done a supplemental charter will have to be obtained, and accordingly the legal advisers of the college have been instructed to draft the necessary petition and charter. It has been determined to call a meeting of the "body corporate" for the purpose of submitting the question of applying for power to confer honorary diplomas to their consideration. But no date for this meeting has yet been fixed. If the charter be subsequently agreed to and obtained, we presume that the first Honorary Fellow who will be elected will be the Prince of Wales.

### The Election of Examiners in the Royal College of Surgeons, Ireland

These elections will take place on next Tuesday, May 2nd, and the list of competitors has closed. The chief contest will arise in connection with the surgical subject. Professor Stoker and Mr. Glasgow Patteson, the outgoing examiners, offer themselves again, and in addition, Mr. Conway Dwyer, surgeon to Jervis Street Hospital; Mr. MacFeely, Mr. Pratt, also of Jervis Street; and Mr. Edward Taylor, surgeon to Sir Patrick Dun's. For the anatomy examinerships Professors Bermingham and Fraser seek re-election, and Mr. MacFeely also offers himself. For the physiology and pathology subjects there will be practically no change in the court. For the Midwifery examinership, held by Mr. Alfred Smith, there will be three additional candidates—Professor Kidd, Mr. Hearn, and Mr. Stevens, of Jervis Street Hospital. For the ophthalmology subject Mr. Benson will take, as the colleague of Mr. Maxwell, the place vacated by Mr. Story. For the courts in sanitary science and in dentistry and in preliminary education there will be no material change.

### Dublin Appointments.

We understand that, upon the resignation by Mr. Harrison Scott, surgeon to the Adelaide Hospital, Dublin, of his position as chief medical officer to Guinness's brewery, Mr. Lumsden, visiting physician to Mercer's Hospital, who has heretofore served as Dr. Scott's assistant, has succeeded to the full responsibility of the department. We learn, also, that Dr. Scott has resigned the office of medical officer to the Bank of Ireland, but no day has yet been fixed for the election. There are about ten competitors in the field, the names of Dr. Gordon, who has been acting as locum tenens, Dr. Lennon, Dr. Brunskill, and Dr. Henry Oulton being prominently mentioned. These appointments are both of them rather attractive, for, though they entail a good deal of work and punctual attendance to business, they are fairly well paid, and they afford young men an excellent lead into private practice.

### The Health of the City of London.

It is a bitter irony that in the city of London where wealth is accumulated beyond the dreams of avarice the death-rate for the last month was equal to 29·3 per 1,000 of the population, a population so small morever that there were only forty-one births which were more than counterbalanced by sixty-three deaths. The rookeries of this limited territory will hold their own with any, and however well the city may be administered in other respects the sanitation of the dwellings of the poor is evidently not a subject which commends itself to the serious consideration of its pampered corporation.

The daily press, in discussing Dr. Bra's alleged discovery of the parasite of cancer, has, with few exceptions, made a hopeless mess of the technical terms employed by this observer. We are told, for instance, that the parasite in question is a "fungas," an "assomycus," and "alga," and much of the same kind. The result in respect of the education of the public is not perhaps all that might be desired, though even if the terms had been given correctly the average reader would probably not have been much "forrarder."

An outbreak of small-pox has occurred at Hull, some fifteen cases having so far been admitted to hospital. There have only been three serious cases, all in unvaccinated persons. The inhabitants are hastening to avail themselves of the protection afforded by revaccination. It is "hoped" that the measures taken to circumscribe the spread of the disease will save the town from the loss which even a mild epidemic necessarily entails.

### PERSONAL.

Mr. Lawson Tait will be one of the speakers at the meeting of the London Anti-Vivisection Society at the St. James's Hall on the 26th inst.

Mr. H. G. Howse, F.R.C.S. of Guy's Hospital, has been chosen the Bradshawe Lecturer for the ensuing collegiate year at the Royal College of Surgeons, England.

Madame Termoshoff, a medical graduate of the University of St. Petersburg, has taken up her abode at the Court of the Ameer in order to attend the inmates of his harem at the special request of his Majesty.

Mr. Frederic H. Madden, who for the last ten years has held the Secretaryship of the Medical School at St. Mary's Hospital, Paddington, has been appointed Secretary to the Asylum for the Education of Deaf and Dumb Children.

Mr. Thos. F. Chavasse, of Birmingham, and Mr. F. S

Dennis, of New York, both members of the Royal College of Surgeons, England, were elected last week Fellows of the College under Section 5 of the Charter of 15 Victoria relating to members of twenty years' standing.

**Lord Lister** was among the large number of friends assembled in the Mersey, on Saturday, to bid adieu to the new Governor-General of Lagos, Sir Wm Macgregor, M.D. It may be mentioned in connection with this event that His Excellency was a former pupil of Lord Lister.

**Surgeon-General J. A. Marston**, M D., C.B., has been selected to fill the vacancy of Honorary Surgeon to the Queen, in succession to Deputy Inspector-General Lee, deceased. Dr. Marston entered the Army as Assistant Surgeon in 1854 during the Crimean War; was present at the battle of Tel-el-Kebir in 1882, was mentioned in despatches, and promoted Deputy Surgeon General.

## Scotland.

[FROM OUR OWN CORRESPONDENT.]

**Glasgow University**.—Last week the Graduation Ceremony took place before a very large audience. The Earl of Stair, Chancellor of the University, presided, who referred in very feeling language to the loss the University has sustained in the death of the late Principal Caird, Professor Coats, and Dr. King, remarking that the University was fortunate in having secured such able successors in Professor Muir and Sir James Bell. The students on this occasion, in response to the request of their representatives, acted like reasonable beings, giving vent to their exuberance in a rational manner, so that the ceremony passed off most pleasantly for all concerned. It is needless to say that when Dr. James Finlayson came up for his honorary degree the applause was of the heartiest description. We wish him many years in the enjoyment of his distinction. It is pleasing to state that the Principal was listened to during his address with marked attention and decorum, which differed so markedly from the treatment accorded to him when he made his first appearance, when, on account of the turbulence and childishness of the students, he left the hall with his lecture undelivered. Legacies to the University of £450, £1,650, £3,064, £1,000, £500, and £18,000, for the foundation of scholarships and bursaries, were announced, and the proceedings closed with a hearty vote of thanks.

**Glasgow University Lord Rectorship**.—The University Court has decided that the election of the Lord Rector shall take place on October 28th ensuing. By this arrangement, namely, the first Saturday of the winter session, the authorities hope that the shouting and excitement consequent on the election will have ceased, and are anxious that the classes should be disturbed as little as possible. Up to the present there are no rumours of retirement on either side, and both parties have settled down with the determination to work for their side, each convinced that their candidate will be returned.

## Liverpool.

[FROM OUR OWN CORRESPONDENT.]

### OPENING OF THE NEW WARD AND LABORATORIES FOR TROPICAL DISEASES IN LIVERPOOL.

This new development of an important department of medicine reached a further stage on Saturday last, when the new ward for the reception of patients suffering from malarial and other tropical diseases, and the laboratory fitted up for scientific inquiry into their ætiology and pathology were formally opened by Lord Lister in the presence of the Lord Mayor and a large number of distinguished visitors and leading citizens of Liverpool. Among the guests invited for the occasion there were present, *inter alia*, Professor Michael Foster, Professor Haffkine, Sir J. Crichton Browne, Sir Charles Cameron (Dublin), and Dr. Moore (Dublin). The ward for the reception of the cases contains twelve beds, which were already filled by patients from almost every quarter of the globe, including China, India, United States of America, Russian Finland, and Ireland. The ward, which is a handsome one, is on the top floor of the hospital building, and has a large window looking to the west, a view from it which is very extensive, and equally attractive, embraces the magnificent river Mersey, the pride of Liverpool, and naturally of all Liverpudlians, carrying as it does on its bosom the vessels of all nations; beyond the beautiful Wirral peninsula with its crowning wooded ridge of Bidston and Stourton, and beyond this again the mountains of Wales with old Moelfama overtopping all. By the bye, a low raised platform at the west end of the ward would enable those patients who are able to sit up to lounge in their easy seats, and with their eyes take in all the beauty of the landscape before them.

The proceedings, which were very brief, were commenced by a short speech by Mr. Adamson, the President of the Hospital, in which he sketched the inception of the scheme and its unfolding. He said that within the past few years 460 cases of tropical disease had passed through the hospital, as many as 19 having been admitted in one day in the year 1877. He alluded to the great service rendered to the cause by Mr. A. L. Jones, who had taken the subject to heart, and done much to bring about the present issues.

He then introduced Lord Lister, asking him to declare the ward now open.

Lord Lister said he held it to be a peculiar privilege to be invited to open the ward and laboratory. It was a distinct advantage to patients to be treated in teaching institutions There was better supervision, and when a number of eyes were looking on, and when criticism was abundant, there was less likelihood of the work being of a slipshod character than when there was no school attached. He bestowed a high eulogium on Major Ross, of the Indian Medical Service, whose services have been acquired in connection with the new school. He said his work in that special department of medicine had been of the highest importance, and had received professional recognition in France, Germany, and everywhere. He then declared the ward and laboratory open, with the wish expressed that the widest hopes of the founders would be amply fulfilled, one in which every friend of humanity will join.

## MEDICAL SOCIETY OF LONDON.

At the meeting of the Society on Monday evening last, Mr. Betham Robinson read a paper on some complicated cases of appendicitis in which the abscess in relation to the appendix was attended later by suppuration in the neighbourhood of the liver. He remarked that this infection of the peritoneum was very liable to spread along the ascending colon when the adhesions were defective, aided possibly by the recumbent position and the natural curve of the lumbar region. He showed that the pus collected in the right hypochondrium in the space between the inferior space of the liver, the upper part of the right kidney, and the hepatic flexure of the colon, with a possible extension over the anterior and superior surfaces to form a sub-diaphragmatic collection, and he related four cases illustrating this sequence of events.

Mr. Battle referred to three cases of supposed sub-diaphragmatic suppuration, remarking that these collections tracked up along the surface of the bowel and not in the cellular tissue.

Dr. Hanley mentioned a case of localised peritonitis in the upper part of the abdomen, which ultimately proved to have started from a cæcal abscess.

Mr. Macadam Eccles related a case of suppuration in the right iliac fossa, which was opened, but a subsequent incision had to be made in the loin to evacuate another (intra-peritoneal) collection, a complication which he suggested might be forestalled by making a counter-incision in the loin in the first instance.

Mr. W. Armstrong (Buxton) read a paper on the effects of the free nitrogen contained in the Buxton water on the excretion of uric acid and urea, and on the flow of urine.

Dr. Bain read a paper on "The Relative Excretion of the Nitrogenous Waste Products in a Case of Liver Abscess."

Dr. Luff confirmed the statement as to the diminished excretion of uric acid early in gout, and agreed that under certain circumstances free nitrogen might produce active effects.

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## Parliamentary News.

The University Degrees Bill has been "blocked" by General Laurie, who announces his intention, on the second reading, of moving an amendment to the effect that the House declines to place a stigma on foreign or colonial universities by enacting that any graduate or holder of a degree of such university shall be required to add to his name the derivation thereof, while graduates in the United Kingdom are exempted from such requirements. This seems likely to prevent any further progress being made with the Bill during the present session.

The Midwives Bill, after several postponements, was adjourned till yesterday (Tuesday) when Mr. Weir was announced to move the following motion: "That no measure dealing with the question of midwifery can be considered as satisfactory which does not provide for female medical practitioners to have equal representation with men on the General Midwives Board which it is proposed to appoint under the Bill."

The Public Heath Acts Amendment Bill was read a second time on Wednesday, and was referred to a Select Committee.

The Lunacy Bill, introduced by the Lord Chancellor in the House of Lords, was read a second time early last week without discussion. It embodies the clause for the temporary treatment of insanity suggested by the Medico-Psychological Association. It has since been discussed in a committee of the House, and Clauses 1 to 20 were agreed to. In reference to Clause 21 enjoining on County Councils the duty of granting superannuation allowances to officers and servants having charge of lunatics, the Marquis of Ripon announced his intention of opposing the clause whereupon the Lord Chancellor agreed to omit it. Clause 22 (grant of allowance or gratuity in case of injury) was also omitted. The remainder of the Clauses passed through committee, and the Bill was reported to the House.

The Aldershot Sewage Farm. - In the course of the discussion on the Army Estimates, Mr. Jeffreys moved to reduce the vote by £100 as a protest against the conversion of the sewage farm at Aldershot into a dairy farm for the supply of milk to the troops. A number of well-known Service members took part in the discussion, and, after a little pressure by Sir H. Campbell-Bannerman, Mr. Powell Williams stated that if the report of the expert advisers of the War Office should cast any suspicion or doubt upon this milk supply it would be discontinued and the farm would be put to some other use. The inquiry, he added, would take place at once.

Army Medical Service. On the vote of £305,800 for the medical establishment of the Army, Dr. Clark asked whether sufficient candidates for the Army Medical Service were now forthcoming, and Mr. Powell Williams replied that there were now two candidates for every vacancy. Colonel Welby urged the War Office to consider the expediency of attaching a senior medical officer to every regiment in the country, and other members raised once again the question of the nursing arrangements for the troops at Cairo and Alexandria after the battle of Omdurman. Captain Norton, being dissatisfied with the Ministerial explanation on this subject, moved to reduce this vote, but this amendment was negatived on a division.

## Obituary.

### SIR WILLIAM ROBERTS, M.D., F.R.C.P., F.R.S.

The profession has sustained a great loss in the death of Sir William Roberts, which took place last week at his residence in Manchester Square. This distinguished physician was born at Mynddygop, Anglesey, on March 18th, 1830; he was, therefore, at the time of his death in his sixty-ninth year. Having received his education at Mill Hill School, he entered at University College Hospital where he passed through the ordinary medical course, becoming a member of the Royal College of Surgeons and a Licentiate of the Apothecaries Society in 1853. In the following year he graduated at the University of London, taking the degree of M.D. Shortly afterwards he was elected to the post of house-surgeon at the Manchester Royal Infirmary, and less than two years later, at the age of twenty-five, he was appointed a physician to the infirmary. This post he held for thirty years, during which period he made for himself a great reputation as a sound, practical teacher of clinical medicine. In the Victoria University he was the first to hold the post of Professor of Medicine. In 1885 the honour of knighthood was conferred upon him in recognition of the position to which he had attained as a distinguished provincial physician. Sir William's connection with the Royal College of Physicians was especially noteworthy. He obtained his Fellowship thereof in 1866, and soon afterwards he was selected to deliver the Goulstonian lectures; again, in 1880, he delivered the Lumleian lectures before the college, on the subject of "The Digestive Ferments and Artificially Digested Food;" and in 1892 he was appointed Croonian lecturer, giving a course of three lectures on the "Chemistry and Therapeutics of Uric Acid, Gravel, and Gout." Furthemore, in 1897, he was invited by the College to give the Harveian oration, in which he discussed "Science and Modern Civilisation." From the subject matter of the former lectures the profession soon gathered that Sir William had made himself a specialist in dietetics, and there is no doubt that the good work which he did in this direction added greatly to his reputation. But his college, in addition to conferring upon him the honour of the various lectureships, also recognised his worth in other ways. He was appointed to the Council of the College in 1882, and in 1889-1890 he was elected one of the censors. In 1877 Sir William received the honour of election to the Fellowship of the Royal Society, while in 1879 the University of Edinburgh awarded him the Cameron Prize in recognition of his work upon the subject of digestion. In addition to other public posts he was elected the representative of the University of London on the General Medical Council, in succession to Sir Samuel Wilks, who retired on being appointed President of the Royal College of Physicians. Up to 1889 Sir William enjoyed a large and lucrative practice as a consulting physician in Manchester; in the course of that year, however, he decided to leave that city and come to London. Socially his genuine geniality made him many friends, both within the profession and outside of it. As a hobby he was exceedingly fond of botany, and in the pursuit of this he made interesting collections of various plants. Again, one of his pastimes was angling, and this he had great facilities for enjoying at his country seat in North Wales. In his long and busy life Sir William found time not only to enrich his profession with original work, but also to break away from his professional labours and indulge in pursuits which some of the wisest and best of men have made famous by the passion which they evinced for them.

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### MR. JABEZ HOGG, M.R.C.S, F.R.M.S.

The death of this distinguished member of our profession was so sudden and unexpected that not many hours previously a member of our staff, who was an old and intimate friend, received a letter from him, written in his usual cheerful strain. Now he is no more. A painless death has closed a laborious and useful life at the ripe age of 82, and we who have been fellow workers with him, and the readers of this journal likewise, who have from time to time perused his thoughtful and painstaking articles, both signed and editorial, will join with that wider circle of microscopists all over the English-speaking world in the pious ejaculation, "Requiescat in pace." Mr. Hogg, before he retired some few years, was engaged chiefly in ophthalmic practice, and several books and papers on the subject emanated from his pen. For many years he occupied the post of surgeon to the Royal Westminster Ophthalmic Hospital, of which he was consulting surgeon at the time of his death. He was a vice-president of the Medical Society of London, and corresponding member of many foreign learned societies. But it is principally in connection with microscopy that his name was known; he was one of the founders of the Medical Microscopical Society, its first president, and a Fellow of the Royal Microscopical Society. But a few months since he had the privilege of passing through the Press the 15th revised edition of his work on "The Microscope: its History, Construction, and Application," a work of upwards of 700 pages with 900 illustrations. No work on the subject has we believe ever attained to such popularity, and we received a letter from him at the time testifying to the great pleasure it had given him. On Saturday last, we understand, he was busily occupied with his autographs, of which he was a well-known collector. On Sunday, without apparently anything ailing, heart failure took him quietly away to his eternal rest.

### DR. WM. ALEX. CARTE.

News reaches us while at press of the sudden death of Dr. Wm. A. Carte, Medical Superintendent of the Royal Hospital, Kilmainham. Previous to the occupation of his present post he was Surgeon-Major in the Grenadier Guards, Surgeon to the Coldstream Guards, and Surgeon to the Royal Hibernian Military School. He was exceedingly popular in medical circles, and will be much missed.

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## Correspondence

We do not hold ourselves responsible for the opinions of our correspondents.

### MEDICAL AID ASSOCIATION.

*To the Editor of* The Medical Press and Circular.

Sir,—I may be allowed to say, in answer to the query of "Another General Practitioner," that I am prepared to do my best to convince the General Medical Council, the British Medical Association, and other medical bodies of the necessity for taking effective steps to put an end to the medical aid work of the industrial insurance companies. I would suggest that any practitioner who possesses accurate information respecting the mode of working of these association should write either to the Registrar of the General Medical Council or to one of the direct representatives of that body. It may be of interest to "Another General Practitioner" to know that the following resolution will be proposed at the next quarterly meeting of the Manchester Medical Guild:—

"The attention of the Medical Guild having been called to the methods pursued by certain industrial insurance companies, which combine medical aid work with ordinary life insurances, hereby expresses the opinion that it is inimical alike to the public weal and to the interest of the medical profession for practitioners to give their services to such companies in the furtherance of medical aid. The Guild is of opinion that the serious attention of the General Medical Council should be given to the matter."

As a committee of the General Medical Council is now sitting to discuss the question at issue, members may rest assured that these communications will receive full consideration.

I am, Sir, yours truly,
T. Garrett Horder.

Cardiff, April 22, 1899.

### CONSUMPTIVE PATIENTS IN SOUTH AFRICA—A CAUTION.

*To the Editor of* The Medical Press and Circular.

Sir,—There is a growing practice among medical men in this country of recommending consumptive patients to go to Natal and other parts of South Africa, and under certain conditions the advice is good, but there have been cases in which that advice has been followed by lamentable consequences.

In those cases where the disease is only threatened, or has become but slightly developed, and there is a reasonable prospect of recovery, provided that the patients have sufficient means of their own for their support, let them go to South Africa by all means but not otherwise.

The facts should be known that, as regards Natal (and the same may be said of other parts of South Africa) there is no provision for the treatment of consumptives otherwise than in the hospitals; that the expenses in cases of sickness are greatly in excess of the expenses in Great Britain, and that the private benevolence of the small European community is apt to be overstrained.

It is, therefore, extremely undesirable that invalids in the last stage of consumption should be sent out there to die, or to be sent back in a dying condition.

I write this letter by desire of the Government of Natal, in the hope that by its publication in your columns medical men in this country may realise the position more clearly.

I have the honour to be, Sir,
Your obedient servant,
Walter Peace,
Agent-General for Natal.

Natal Government Agency,
26, Victoria Street, London, S.W.,
April 20th, 1899.

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### "REMODELLING OF POOR-LAW DISTRICTS."

*To the Editor of* The Medical Press and Circular.

Sir,—Kindly permit me through the medium of your paper to advise all medical officers, from whose districts one or more divisions are being taken in regulating the county boundaries, to at once write to the Local Government Board impressing on them the justice of so arranging the compensation that the present holders of such districts shall not suffer any diminution of salary. It seems only fair that such reduced salary for reduced work should commence with the successors of the present occupants of these posts.

I am, Sir, yours truly,
F. C. Fitzgerald.

Newtownbutter, April 17th, 1899.

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### REGISTRATION OF COLONIAL DEGREES.

*To the Editor of* The Medical Press and Circular.

Sir,—A paragraph, in the report of the proceedings of the Executive Committee of the General Medical Council on February 27th last, under the heading "Colonial Degrees," deserves the attention of all colonial practitioners and also of all those interested in the higher education of women.

In 1897 Calcutta University conferred its M.B. Degree on a woman graduate, who was then awarded the "Elgin" Scholarship, on condition that she obtained a registerable British qualification. Finding that women are not yet admitted to the Fellowship of the Royal Colleges of England and Scotland, she passed the examination of the Royal College of Surgeons, Ireland, and received the Diploma of Fellow in May, 1898. Application was made to the Registrar of the General Medical Council, who registered the M.B. Degree, but refused to register the Fellowship Diploma on the grounds that "A colonial qualification, can be added to a name on the General Register, as an additional qualification, but British qualifications cannot be so added to names on the Colonial List," this is the opinion of Mr. Muir Mackenzie.

Part 2, section 14, of the 1886 Act states that the provisions of the Medical Act, 1858, shall apply in the case of colonial practitioners when registered under the Act of 1886.

This lady was registered under the Act of 1886, and therefore appears entitled to have an additional qualification added to her name on the *Colonial Register* under section 30 of the 1858 Act. As the non-registration of this Fellowship diploma debars the holder from appointments to which she legitimately aspires, and the Registrar informs me that similar applications have been refused on previous occasions, I have applied to the Privy Council for a direction to the General Medical Council, so that the question may be definitely decided, though, as it affects many colonial students, I should have preferred the application to have been made by the Irish College of Surgeons or the Scottish Association for the Medical Education of Women.

I am, Sir, yours truly,

Charles Frederick Knight, M.D.

Edinburgh, April 20th, 1899.

# Laboratory Notes.

## BELLADONNA PLASTERS, B.P.

We have received from Messrs. William Mather, Limited, of Manchester, several samples of Belladonna Plasters prepared by this firm, which we have examined, in all cases with satisfactory results. The method employed for estimating the alkaloids (which according to the B.P. 1898, must be ·5 per cent. of the plaster mass), was that of C. E. Smith, as given in the *Analyst* of August, 1898, page 214. The plasters were found to contain ·48 per cent. of alkaloid, which corresponds closely to the B.P. requirement.

There have lately been a number of prosecutions under the Food and Drugs Acts, and as there are undoubtedly many plasters offered which do not come up to the requirements of the *Brit. Pharm.*, physicians would be wise in warning their patients to insist on purchasing only such plasters as are guaranteed to be of B.P. Strength.

## EUCALYPTUS GLOBULUS OIL.

We have duly examined the sample of eucalyptus globulus oil, "Platypus Brand," prepared by the Tasmanian Eucalyptus Oil Company, 138, Leadenhall Street, London. It possesses a pleasing aromatic odour, and is of a slight yellow colour, and on examination gave the following figures:—

Sp. gr. at 15·5 per cent., ·9194;
Optical rotation (100 mm, tube) + 1·5°;
Eucalyptol, 63·8 per cent.;
Phetlandrene, absent;
Alcohol solubility number, 410;
Residue, 0·2 per cent.;
Acidity, none.

The eucalyptol was estimated by the phosphoric acid method, and the residue by heating 10 grams. over a water bath until the weight was constant. These figures show that this oil more than satisfies the requirements of the tests given for eucalyptus oil in the latest edition of the *British Pharmacopœia.*

It will be probably within the knowledge of our readers that a large quantity of the eucalyptus oil of commerce does not come up to the requirements of the B.P., which, though they may be too stringent in the case of oils sold for other than medicinal purposes, should certainly be fulfilled by all oils offered for sale for such use, and the various prosecutions that have recently taken place under the Food and Drugs Act show that the question of the purity of this oil is attracting the general notice of public analysts.

# Literary Notes and Gossip.

A very handy little book is published by Messrs. John Wright and Co., of Bristol, labelled "Private Formulæ with Posological Tables." It comprises a number of blank pages with thumb index, wherein the practitioner can jot down such formulæ as he considers worthy of that distinction. A posological index, antidote chart, &c., serve to complete this "waistcoat pocket remembrancer."

⁂

"The Health Resorts of Europe," by Dr. Th. Linn, is described as a *medical* guide to the mineral springs, &c., of the Continent, but if so it was hardly necessary for the author to explain that amenorrhœa signifies "stoppage of menses," or dysmenorrhœa "difficult and painful menstruation." It gives useful information as to the therapeutic properties of the various waters, &c., and on the means and cost of travelling thither.

⁂

The "Medical Officers' of Schools Association" has been well advised in reissuing, in book form, their valuable "Code of Rules for the Prevention of Infectious and Contagious Diseases in Schools" (J and A. Churchill), a copy whereof should be in the hands of everyone in any way responsible for the sanitary supervision of schools and similar institutions. The present is the fourth edition, and advantage has been taken of the opportunity to revise and complete the already ornate but practical instructions, the outcome of collective expert experience.

⁂

The "Year-book of Treatment" for 1899 (London: Cassell and Company, Limited) is characterised by Dr. Barton Fanning's article on the Open-air Treatment of Phthisis. Of the remaining articles we can only say that they are fully equal to those which for the past fourteen years have been familiar to the medical profession; and have built up the reputation of the Year-book as a convenient, useful, and trustworthy summary of the year's work in medicine and surgery.

⁂

The hon. sec. of the forthcoming International Otological Congress, to be held in London in August, asks us to announce that Baron Léon de Lenval, of Nice, has given 3,000 francs to found a "Lenval Prize," the interest on which sum will be awarded at each meeting of the Congress to the author, who evinces the most marked progress on the practical treatment of deafness. Prospective essayists are requested to apply to Mr. Cresswell Baber, F.R.C.S., 46 Brunswick Square, Brighton.

⁂

Volume IV. of the *Edinburgh Medical Journal*, edited by G. A. Gibson, M.D., F.R.C.P.Ed. (Edinburgh: Young J. Pentland) is now before us. The new series of our contemporary is fairly on its way, and from the excellence of the material in this, the fourth volume, the large staff of able writers associated with it, the many excellent illustrations, we have no doubt of the success that awaits it. Of the thirty-seven original articles in the journal there is not one which may not be read with interest and profit. We are glad to see the Scotch Medical School so worthily represented.

⁂

The first number of the *Manchester Medical Chronicle* of the new series has just appeared. New editors, new publishers, and new dress have not, however, modernised the general substance. The current number is particularly noteworthy for its numerous topographical errors. It is reassuring to read that "no attempt will be made to deal with medical politics or subjects of ephemeral or merely local interest; the journal will be conducted from a scientific standpoint." We hope that the standard of this journal will not be lowered, but that it will continue to be a trustworthy chronicle of medical progress.

⁂

The latest issue of the "Archives Internationales de la Pharmacodynamie" is devoted to a very valuable and interesting article by Prof. T. R. Fraser and Dr. Joseph.

Tillie, late lecturer on Experimental Pharmacology in the University of Edinburgh, on acokanthera Schimperi, a new heart tonic, allied in action to digitalis and strophanthus. Dr. Fraser, as is well known, has for some months past been away in India in connection with the Plague Commission, but he has certainly not neglected his pharmacological work, for the present paper is quite up to his old standard, and is a credit to the Edinburgh school. We do not know whether Dr. Tillie at present holds any official appointment, but he ought to be heard of again.

⁂

Part II. of "Aids to Materia-Medica," by Dr. W. Murrell, is devoted to drugs of vegetable origin. It, to quote the preface, consists of a considerable basis of materia-medica with a certain amount of pharmacology, as an adjuvant or auxiliary, and a dash of therapeutics as a corrective. This little volume contains all that the student could possibly be expected to know of the subject, and the information is conveyed in an agreeable and convincing manner. As the subject is one that calls for much "grinding," the student can carry it about in his pocket, and dip into it as and when an opportunity presents itself.

⁂

"The Nursing Profession: How and Where to Train" Edited by Sir Henry Burdett, K.C.B. (London: The Scientific Press, Limited) This is an encyclopædic guide-book for all those who are ambitious to become trained nurses, and a directory for those who have passed through that tedious ordeal. Home and foreign training hospitals and infirmaries are gazetted, described and indexed, and much useful information is given concerning preliminary training, monthly, fever, village, mental, and private nursing which will be appreciated by those for whom the book is designed.

⁂

"Notes on Surgery for Nurses," by Joseph Bell, M.D., F.R.C.S.Edin. (Edinburgh: Oliver and Boyd), as a convenient little volume is already too well known to require any examination at our hands. The rapid sale of previous editions is the best possible proof that the author has supplied a want by its preparation. In the present issue "the author has again thoroughly revised the work and added an appendix treating of the important and interesting question raised as to the Relation of the Trained Nurse to the Profession and the Public." We have no doubt whatever that it will maintain the well-deserved popularity of its predecessors.

⁂

Dr. Edward Blake has done a literary *tour de force* in writing close upon forty pages on "The Study of the Hand for Indications of Local and General Disease" (Glaisher, London). We learn that "artistic persons usually have slender and mobile fingers," and, further, that "musical people have sensitive hands." If so, then the exceptions we have come across must be regarded as proving the rule. It must be useful to know what etiological indications we may draw from particular appearances, but when carried to the bitter end the utility is less obvious. For instance, we are told that petechiæ on the dorsum of the hand might be due "to the bite of a flea, to senility, scurvy, rickets, gonorrhœa, syphilis, small-pox, scarlatina, septicæmia, malignant endocarditis, pyæmia, jaundice, cancer, typhus, measles, albuminuria, and Hodgkins' disease, as well as many toxic agents." If a practitioner comes across petechæ on the back of the hand, we should advise him to consult a specialist, who will proceed to the diagnosis by elimination. On the whole, the monograph is disappointing, for it gives either too much or too little. It falls short of a scientific treatise, and it is too diffuse for practical clinical purposes.

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# Medical News.

### French Hospital and Dispensary.

The thirty-first anniversary dinner in aid of the funds of this institution is announced to take place at the Hotel Cecil on May 6th, when the chair will be taken by his Excellency the French Ambassador supported by the Lord Mayor and the Sheriffs of London.

### Charitable Indulgence.

Some misguided testator not long since bequeathed his fortune, amounting to £11,000, to the London Homœopathic Hospital, leaving a near relative totally unprovided for. Under the circumstances the managers of this institution have decided, as an act of grace, to pay this relative £50 yearly so long as it is duly applied for, and is needed, though care is taken to repudiate any legal claims on the part of the disinherited one.

### The Proposed Manchester Asylum for Epileptics.

A deputation from the Corporation of Liverpool recently waited upon Mr. Chaplin at the Local Government Board, to protest against the sale of the Anderton Park Estate to the Corporation of Manchester for the purpose of an asylum for epileptics, on the ground that the water supply from the Rivington watershed might thereby be contaminated. The Liverpool people are willing to take over the bargain at a reasonable price in order to obviate this contingency. The matter is to receive due consideration.

## PASS LISTS.

### University of Durham.—Faculty of Medicine.

At the examination held during April, for the degree of Bachelor in Medicine (first examination), the following candidates have satisfied the examiners:—

Chemistry with Chemical Physics (Old Regulations).

Herbert Lovis Noel-Cox, St. Thomas's Hospital.

1.—Elementary Anatomy and Biology, Chemistry, and Physics (New Regulations).

Honours—First-Class.

Charles Harold Crass, College of Medicine, Newcastle-upon-Tyn.

Pass List.

John Frederic Dover
Charles William M. Hope
Janet Lane-Claypon
Lucy Selina Molony
Thomasina Georgina Prosser
Thomas Rowell
Frederick William Ritson
Briton Smallman Robson
Andrew Smith
Frank Tomisman Simpson
William Clayton Smales
Otho Boyle Travers
Marmaduke C. Wetherell
Hugo Wolfenden

2.—Chemistry and Physics.

S. C. Clapham, M.R.C.S., L.R.C.P.
Harold Linton Currie
John James Grant
Alfred Herbert Heslop
Lizzie Evelyn Kendal
Wharram H. Lamplough
John Herbert McDowall
Harry Tudor Newling
Thomas Eben Pemberton
John Malcolm Shaw
Francis Rupert Snell
Basil Edward Spurgin
S. D. Turner, M.R.C.S., L.R.C.P.
Thomas Nicholson Wilthew

3.—Elementary Anatomy and Biology.

Arthur Budd
Walter Donald Carruthers
John Cooper, B.Sc., F.C.S.
Wilfred R. L Drawbridge
Margaret Douglas French
Arthur Henry Fullerton
Bryden Glendinning
Charles Robert Lease
George Ed. Victor Morris
Flora Murray
Christie Muthuswamy-Anthony
John Robert Wylie
Herbert Hoyle Whaite
Auburn Lawrence Wilkinson

4.—Elementary Anatomy, Chemistry, and Physics.

Ernest John Manning.
Douglas Montague Brooking Snell

5.—Elementary Anatomy.

Lætitia Norah Ede.

At the second examination during April for the degree of Bachelor in Medicine, the following candidates have satisfied the examiners:—

Anatomy, Physiology, Materia Medica.

Honours—Second-Class.

Vincent Blumhardt Nesfield
William Greenwell Robson

Pass List.

Anthony B. Bradford
Mary Evelyn De Rusett
Alice Maud Dodd
Mary Jane D'Vaz
Lætitia Nora Ede
Henry Wallace Furnivall
James Alfred Giles
Chella Mary Hankin
Katharine M. H. Hawkins
W. C. Hayward, M.R.C.S., L.R.C.P.
Guy Hannah Kirby
Hugh Robert Kendal
Kenred Manson
Leonard Montgomery Markh
Leonard Clark Newton
Ernest Edward Norman
Hermann Heinrich Ruffmann
David Rees Roberts
Carl Anders Ryman
Hugh Widdas
Frederick George Wilson
Thomas Wilson

# Notices to Correspondents, Short Letters, &c.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

"Here's some pills, Murty, that Mrs. Hogan was afther sindin' over for yez. She says dey'll aither kill or cure yez." "Begorra, did she say which dey would do foorst?"—*Puck.*

**S. S. Esq.**—Accidents will sometimes happen in the best regulated families, especially when authors write illegibly and proof readers are careless We are obliged to you for calling attention to the vagaries of the printer's imp, the which we deprecate.

**M. R.**—You should join the Medical Defence Union and then you would have little to fear from threats of this kind, assuming, of course, that the allegations are inspired by mere malevolence and have no serious basis.

### THE MEDICAL PRESS IN AUSTRIA.

One of the vexatious restrictions on the circulation of class journals in Austria has been the sur-tax levied on each copy delivered to subscribers in any part of that Empire. Our own journal, as well as our contemporaries, has suffered for years past in this connection, the reason for which, with our ideas of a free press, seems past comprehension Fortunately, we have "a friend at Court" who has taken a kindly interest in this journal, and through his intervention we had the pleasure of receiving an official announcement last week from Vienna, stating that in future The Medical Press and Circular would pass as a *privileged* journal throughout the Empire, without any tax or restriction of any kind. We beg to tender our correspondent our most sincere thanks for his efforts on our behalf.

**Dr. S. J. J.**—We thank you for the marked copy of the local paper you have sent. We have dealt with the matter in the current issue.

**Perplexed.**—When in doubt as to the propriety of a certain step it is safer to abstain. Your plan, without being absolutely objectionable, lies on the border land. It is not enough to conform to the letter of the code which requires to be construed conscientiously, in other words, your object should be how to apply it, and not how best to evade it.

**Matron.**—A medical man is not liable under such circumstances.

**Pace.**—Small lumps of charcoal placed inside a coffin by the side of the body will effectually prevent any unpleasantness arising from the decomposition processes.

**Omega.**—There can be no possible objection to the course which our correspondent proposes to take.

## Meetings of the Societies and Lectures.

### Wednesday, April 26th.

**Hunterian Society.**—8.30 p.m. Paper:—Dr. B. Harris: On the Influence of Ozone on certain Micro-organisms. Dr. T. G. Lyon will show a New Method of Ventilation by a working model.

### Thursday, April 27th.

**Dermatological Society of Great Britain and Ireland** (20 Hanover Square, W.).—4.30 p.m. Informal Exhibition of Cases. 5 p.m. Ordinary Meeting.

**British Balneological and Climatological Society** (20 Hanover Square, W.).—9 p.m. Sir Hermann Weber: The Climates of England Compared with those of the Continent. Followed by a Conversazione.

### Friday, April 28th.

**Clinical Society of London** (20 Hanover Square, W.).—8.30 p.m. Clinical Evening. The following cases will be shown:—Mr. W. Turner: A Case of Achondroplasia. Mr. S. Boyd: Solution of Continuity of both Femora. Mr. A. E. Barker: Revolver Shot of the Brain through the Hard Palate, Discovery of the Bullet on the Corpus Callosum by Roentgen Rays, Removal on 69th day through the Vertex, Recovery. (To be illustrated by demonstration of lantern slides). Mr. E. W. Roughton: Tumour of the Upper Jaw. Mr. Pearce Gould: Spontaneous Cure of Recurrent Carcinoma of the Breast. Dr. A. Morison: (1) A Case of Unilateral Hypertrophy of the Accessory Muscles of Respiration; (2) A Case of False Accentuation of the Second Sound of the Heart. Mr. M. Biggs: A New Splint for Fractured Clavicle. Mr. S. Boyd and Dr. Bond: A Case after Excision of the Posterior Half of the Tongue and Epiglottis. Dr. Batty Shaw: Injury to the Roots of both Brachial Plexuses in an Infant. Dr. N. Dalton: Pulsus Paradoxus. Dr. B. Thorne: A Case of Aortic Disease with a Musical Bruit to which "Competence" has been restored by Baths and Exercise. Mr. W. G. Spencer: A Patient after Excision of a Meningo-Myelocele, with a Skiagraph of the Condition before Operation. Mr. Battle: A Case after Removal of a Tumour of the Frontal Bone (read at meeting in March). Patients will be in attendance at 8 p.m.

**British Laryngological, Rhinological, and Otological Society** (11 Chandos Street, Cavendish Square.).—3 p.m. Cases will be shown by Dr. Dundas Grant, Dr. Milligan, Mr. Lennox Browne, Mr. Wyatt Wingrave, and others.

### Monday, May 1st.

**Odontological Society of Great Britain.**—8 p.m. Mr. C. B. Keetley, F.R.C.S., on "Limitation of the Gape after Operations on the Cheek and Jaws." Mr. Mayo Collier, M.S., F.R.C.S., on "Deformities of the Upper Jaw, Teeth and Palate, due to Nasal Obstruction.

## Vacancies.

Birmingham.—Assistant Resident Medical Officer at the Workhouse Infirmary. Salary £100 per annum, with apartments, rations (no alcoholic liquors), and attendance. Apply to the Clerk to the Guardians, Edmund Street.

Cheltenham General Hospital.—Assistant House Surgeon, unmarried. Salary £80 per annum, with board, lodging, and washing.

Chorlton Union.—Senior and Junior Resident Medical Officers for the Workhouse Hospitals. Salary, senior appointment, £130 per annum, junior, £120 per annum, with apartments and attendance (but not rations) in the Workhouse. Applications to the Clerk, Chorlton Union Offices, Manchester.

County Asylum, Shrewsbury.—Junior Assistant Medical Officer, Salary commencing at £130 per annum, with board, lodging, and washing (no liquors).

Fisherton Asylum, Salisbury.—Assistant Medical Officer. Salary commencing at £100 per annum, with board, lodging, and washing. Apply to Dr. Finch, The Asylum, Salisbury.

Lewes Dispensary and Infirmary and Victoria Hospital.—Resident Medical Officer. Salary £90 per annum, furnished apartments, board, coals, gas, and attendance.

Royal Mineral Water Hospital, Bath.—Resident Medical Officer, unmarried. Salary £100 per annum, with board and apartments in the hospital.

Victoria Hospital for Children, Chelsea. House Physician for six months. Honorarium at the rate of £50 per annum, with board and lodging in the Hospital.

## Appointments.

**Arnold, E. G. E.** M.B., B.S.Durh., M.R.C.P.Lond., Senior Assistant Medical Officer to the Workhouse, Toxeth Park, Liverpool.

**Eyre, J. W. H.**, M.D.Durh., D.P.H.Camb., Bacteriologist to the Charing Cross Hospital, London, and Lecturer on Bacteriology in the Medical School.

**Johnston, T. L.**, L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Senior Medical Officer for the Bracebridge Asylum, Lincoln.

**Morgan, D. N,,** L.R.C.P.Lond., M.R.C.S., Medical Officer to the Tonyrefail and Gilfach Sanitary District of the Pontypridd Union.

**Newsholme, A.**, M.D.Lond., F.R.C.P., M.R.C.S., President of the Incorporated Society of Medical Officers of Health.

**Norman, F.**, M.D.Brux., L.R.C.P.Lond., M.R.C.S., Medical Officer to the Eighth District of the Parish of St. Mary, Lambeth.

**Norwell, J. S.**, B.Sc.Edin., M.B.Edin., Assistant Surgeon to the Perth Royal Infirmary.

**Pearce, G. H.**, L.R.C.P., L.R.C.S.Ed., Medical Officer and Public Vaccinator to the Fourth District of the Barnsley Union.

**Reed, J. Arthur**, M.B., Ch.B.Vict., Assistant House and Visiting Surgeon to the Stockport Infirmary.

**Shapland John**, M.A., M.B., B.S.Durh., Medical Officer to the Exmouth Dispensary.

**Spencer, E. M.**, M.D.Toronto, L.R.C.P., L.R.C.S.Ed., Medical Officer to the Penarth Sanitary District of the Cardiff Union.

## Births.

**Burnett.**—On April 19th, at 20 The Drive, Hove, Brighton, the wife of James Compton Burnett, M.D., of a daughter.

**Johnston.**—On April 19th, at 95 London Road, Reading, the wife of David Richmond Johnston, B.A., L.R.C.P., of a daughter.

**Pearse.** On April 17th, at Ripley, Surrey, the wife of F. Edward Pearse, M.R.C.S., L.R.C.P., of a daughter.

**Waller.**—On April 16th, at London Road, Stroud, the wife of A. W. Waller, M.R.C.S., L.R.C.P., of a daughter.

**White.**—On April 22nd, at Westlands, 280 Upper Richmond Road, Putney, the wife of E. F. White, F.R.C.S., of a son.

## Marriages.

**Colby—Mandell.**—On April 19th, at St. Cuthbert's Church, Haydon Bridge, Carlisle, J. G Ernest Colby, M.A., M.B.Oxon, F.R.C.S.Eng,, of Malton, Yorkshire, eldest son of Wm. Taylor Colby, M.D, of Malton, to Grace Adela, third daughter of the Rev. J. H. Mandell, M.A., vicar of the parish.

**Hancock—Sweet Escott.**—On April 19th, at the Parish Church, Leigh, Worcester, William Ilbert Hancock, F.R.C.S.Eng., of Wiveliscombe, Somerset, to Margaret Hay Sweet-Escott, daughter of the Rev. W. Sweet-Escott, rector of the parish.

**Pauli—Williams.**—On April 18th, at Kilsby, E. H. Churton Pauli, M.R.C.S., of the Albyns, Bristol, to Clara Penelope Turville, second daughter of Dr. Williams, Guilsboro', Northampton.

**Pearce—Sutcliffe.**—On April 20th, at St. John's Church, Barnsley, George Harper Pearce, L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., to Nora, third daughter of the late H. S. Sutcliffe, Esq., of Barnsley.

**Reith—Machin.**—On April 20th, at the Parish Church, Erdington, Williamson Rust Reith, M.A. M.D., Erdington, second son of Alexander Reith, M.D., Aberdeen, to Helen Constance, elder daughter of Edmund Spooner Machin, M.R.C.S., Erdington.

## Deaths.

**Cotton.**—On April 18th, at 7 Rupert Street, Hampstead, Wm. Mitchell Cotton, M.R.C.S., L.R.C.P., aged 38.

**Frazer.**—On April 16th, at his residence, 20 Harcourt Street, William Frazer, F.R.C.S.I., M.R,I.A., after a long illness.

**Hogg.**—On April 23rd, at his residence, 102 Palace Gardens Terrace, Kensington, Jabez Hogg, M.R.C.S., in the 83rd year of his age.

**Kidd.**—On March 20th, at Dinapore, India, Henry Alexander Kidd, M.D., late Civil Surgeon of Mandla, C.P., aged 70, of pneumonia.

**Medcalf.**—On April 15th, at Church Road, Hove, Ernest Sexton Medcalf, M.R.C.S., Medical Officer of Health, Borough of Hove, aged 48.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXVIII. WEDNESDAY, MAY 3, 1899. No. 18.

## Original Communications.

# MALFORMATIONS OF THE KIDNEY AND DISPLACEMENTS WITHOUT MOBILITY,

## WITH ILLUSTRATIVE CASES AND SPECIMENS.

By DAVID NEWMAN, M.D., F.F.P.S.,
Surgeon, Royal Infirmary, Glasgow.

ANOMALIES of the kidney have until recently been looked upon simply as pathological or anatomical curiosities; but now that many of the diseases of the kidney come to be placed under the surgeon for treatment by operation, all departures from the normal, whether in respect of number, form, size, or situation, must be considered of moment to those who have frequently to operate upon the renal organs. The amount of literature on the subject published within the last ten years is a testimony to this.

Since early times anomalies in size, situation, and form of the kidney have been recorded, but very often only as curiosities, and little attention was given by the authors to points of detail. Recently, however, the records of cases have been carefully given, and much interest has been shown in the subject from the surgical, as well as from the pathological, standpoint.

Vesalius, Spigelius, Duretus, Valsalva, and Sylvaticus were about the earliest authors to describe the anomalies we are about to consider; since their time many hundreds of cases have been recorded, so that now we have a considerable basis to work upon.

We shall not endeavour to reconcile the various classifications of malpositions and malformations of the kidney which have been advanced from time to time.

If we simply study the cases recorded it will be found that they group themselves together, and may be naturally classified under the following heads:—

A. DISPLACEMENTS WITHOUT MOBILITY: I. Congenital displacement without deformity; II. Congenital displacement with deformity; III. Acquired displacements.

B. MALFORMATIONS OF THE KIDNEY: I. Variations in number: (1) Supernumerary Kidney; (2) Single Kidney, (a) Congenital absence of one Kidney, (b) Atrophy of one Kidney; (3) Absence of both Kidneys. II. Variations in form and size: (1) General variations in form, lobulation, &c.; (2) Hypertrophy of one Kidney; (3) Fusion of two Kidneys; (a) Horse-shoe Kidney, (b) Sigmoid Kidney, (c) Disc-shaped Kidney.

C. VARIATIONS IN PELVIS, URETERS, AND BLOOD-VESSELS.

A. DISPLACEMENTS WITHOUT MOBILITY: I. Congenital displacement without deformity of the organ is by no means uncommon.

Perhaps no organs in the body vary more in their position than do the kidneys. Their relative dis- from the spine, and their position in relation to other organs, is observed to vary considerably. For instance, without any evident cause one kidney may be found close up to the spleen, almost touching the diaphragm and the vertebral column, while the other organ is situated considerably below the crest of the ilium, and removed some distance from the spine. From observations which I made regarding this point, it seems clear that malposition of the kidney within certain limits is of frequent occurrence, and may exist without causing any disturbance. In 1,000 post-mortem examinations, 24 instances occurred where the position of one or both kidneys might be described as abnormal. In nine of these cases there was also malposition of the suprarenal capsule. Malposition of the kidney does not therefore necessarily involve an alteration in the position of the suprarenal capsule, although the intimate anatomical relationship which exists between them might lead one to expect that any condition causing the kidney to occupy an anomalous position would also cause a disturbance of the corresponding suprarenal body.

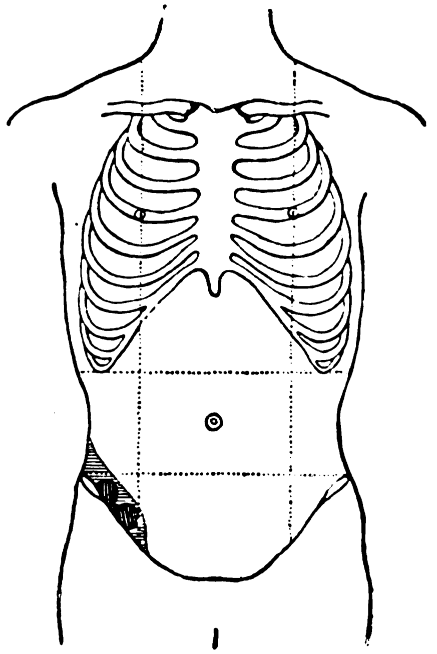

FIG. 1.

CASE 1.—*Fixed displacement of the right kidney above Poupart's ligament simulating a perityphlitic abscess.—Operation.* (a)

The patient was admitted to the Glasgow Royal Infirmary on November 2nd, 1894, complaining of pain in the right iliac region. In September, 1890, he began to complain of pain in the lower dorsal region, but although the pain continued with more or less persistence, he continued at his work till the winter of 1893. It then became so severe that he went to bed and remained there for over a month.

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(a) This case is published in detail in the *Scottish Medical and Surgical Journal*, Vol. I., No. 1, p. 53.

He first felt pain in the abdomen about this time, and for six months after this he could walk about only with the aid of two sticks; the swelling in the abdomen he noticed about seven months before his admission. There was a slight fulness of the abdomen in the right iliac and lower lumbar regions, and a rounded swelling was felt passing upwards and backwards. It appeared to be fluctuant. The dulness on percussion did not exactly coincide with the opinion formed of the size of the swelling as made out by palpation; it was obtained over an area of about two inches in breadth running parallel with Poupart's ligament. The swelling was cut down upon, and as soon as the muscles were cut through the sense of fluctuation was lost. The incision was then enlarged, when the swelling was found to have a rounded outline with a distinct hilum towards the inner and upper aspect, and being semi-elastic but firm, immediately suggested a displaced kidney (Fig. 1).

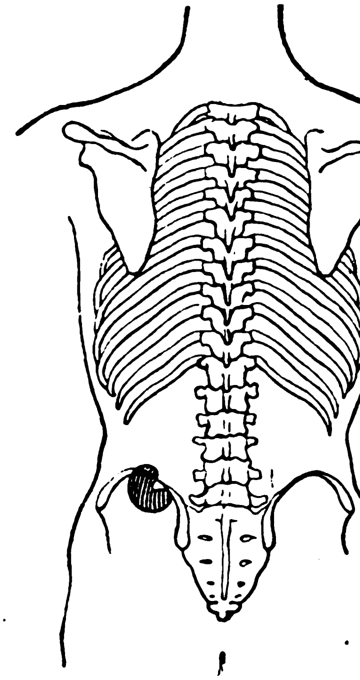

Fig. 2.

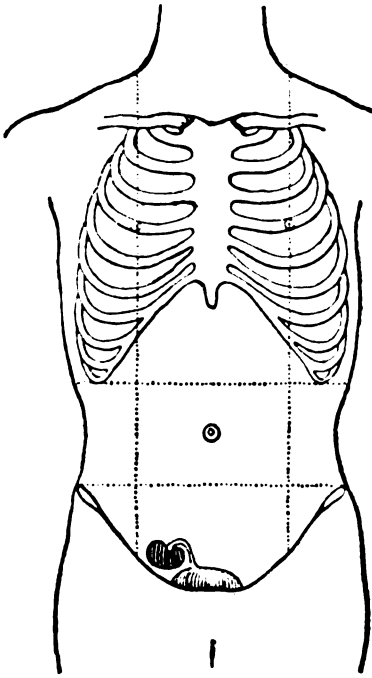

Fig. 3

A very thick adipose capsule was dissected through and the kidney exposed. It was quite immobile. There was no enlargement or hydronephrosis. The condition of the ureter could not be made out. The wound healed in a few days, after which the sense of fluctuation was again as deceptive as on admission.

Case 2.—*Left kidney displaced downwards and forwards in a patient upon whom lumbar colotomy was performed.*

The patient was admitted to Sandyford Nursing Home early in 1897, suffering from malignant disease of the rectum, and it was resolved to perform a lumbar colotomy.

On making an incision from the lower border and tip of the last rib on the left side to a point half an inch behind the centre of the crest of the ilium, the upper border of the left kidney presented itself at the lowermost limit of the incision. When first felt by the finger in the wound, some doubt was entertained as to the nature of the hard mass; but by drawing aside the surrounding adipose tissue, the renal cortex was easily recognised. The kidney, as far as could be made out, was normal in size and form, except that the surface was slightly lobulated (Fig. 2).

Case 3.—*Right kidney displaced downwards and rotated on its antero-posterior axis, shortened ureter entering upper aspect of bladder.*

The patient was admitted to the Glasgow Royal Infirmary in September, 1887, and died from severe abdominal injury with rupture of the liver and spleen.

At the post-mortem examination the right kidney was found to be displaced and firmly fixed, the pelvis of the kidney looked upwards, inwards, and forwards, while the convex aspect of the organ rested upon the brim of the pelvis. The kidney was normal in shape and size, and the vessels were natural in their distribution, with the exception that both the renal artery and vein were elongated, while the right ureter was shortened and entered the bladder close to the upper aspect of that viscus. The left kidney, with its vessels and ureter, was strictly normal (Fig. 3).

In the three cases above described, where the kidneys occupied abnormal positions, the fixed misplacements were not associated with any deformity of the organs.

## II. Congenital Displacement with Deformity.

The alteration in the form of the kidney seems in some instances to depend upon the situation occupied by it, as for example in a case described by M. Aubé where the left kidney was found between the common iliac arteries, close to their origin from the aorta. Pacoud narrates another, in which a kidney was found situated in the pelvis between the rectum and bladder, and somewhat similar instances have been described by Drouin, Bellini, Andral, Bonet, and others.

In my own cases, and in those referred to by these observers, alteration in form of the displaced organ undoubtedly to some extent depended on the situation occupied by it. For example in M. Aubé's case the kidney was flattened, and its anterior surface divided into three parts by two depressions formed by the passage of the two arteries. As a general rule, malpositions of the kidney are associated, particularly when the displacement is congenital, with some deviation from the normal in regard to the position of the large intestine and peritoneum, and, not uncommonly, the distribution and number of the blood-vessels, and the course and length of the ureters are found to be abnormal. Roberts states that in twenty-one cases of congenital malposition of the kidney, which he was able to collect and compare, the abnormality was in every instance confined to one kidney; and the left kidney was much more commonly affected than the right (left 15, right 6). Most frequently the kidney was found lying obliquely on the sacro-iliac synchondrosis. In some cases the organ was fixed beside the uterus, or transversely between the rectum and the bladder, or across the prominence of the sacrum.

As a rule the displaced organ has its long axis vertical or slightly oblique, but it may also occupy, as illustrated by a case published by Carshaw (*a*), a transverse position. In this case the left kidney was found lying on the fourth and fifth lumbar vertebræ, and the long diameter was transversely from right to left, three inches. The kidney was divided into two lobes by a fissure running on the anterior surface almost vertically. The ureter was double, one branch coming from each lobe, but these united while still in the hilum of the kidney. Two arteries supplied the kidney, one from the aorta and a second from the right common iliac, and corresponding with each artery there was a vein.

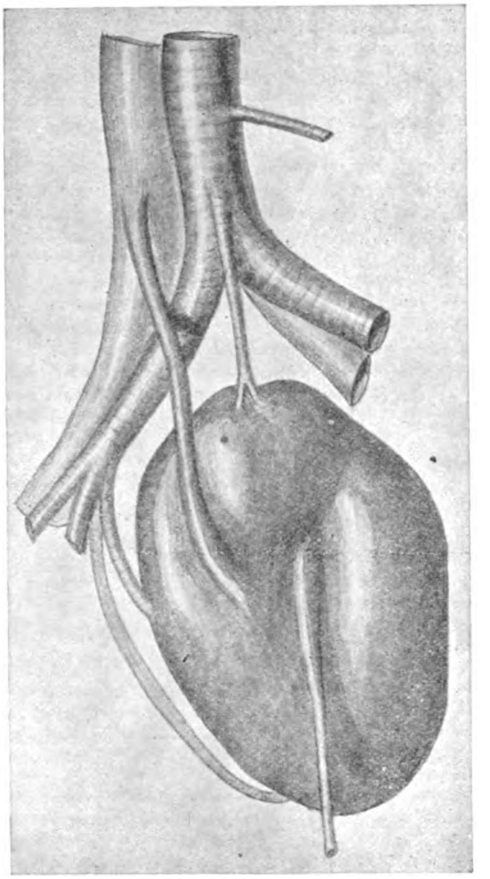

Fig. 4.

These congenital displacements will be more fully described under malformations of the kidney. At present we may give the following cases in illustration of the subject:—

Case 4.—*Right kidney at the brim of the pelvis, anomalous distribution of bloodvessels, and deformity of the kidney.* (*b*)

The right kidney was found lying on the brim of the pelvis. The anterior aspect of the organ is convex, the posterior surface slightly concave. The front of the organ is marked by a deep groove extending from its upper to its lower extremity. This groove is, roughly speaking, Y-shaped, the right limb of the Y being longer and deeper than the left. At the upper limit of the former an artery enters the kidney directly from the aorta, and before entering the substance of the organ it divides into two branches of equal size. In the centre of the groove, where the two limbs of the Y join, the pelvis of the kidney is seen, and the ureter passes directly down from it. From the kidney, close to the uppermost limit of the pelvis, a large vein passes directly to the vena cava. The posterior aspect of the kidney is flat or slightly concave and is penetrated by two vessels, one a vein which passes from the kidney up its lowermost margin to the common iliac vein, and the other an artery, which arises from the common iliac artery, and penetrates the kidney at the union of the lower and middle thirds.

Case 5.—*Malposition of both kidneys, one to the right of the promontory of the sacrum, the other in the iliac fossa. Right kidney small and with no hilum.* (*a*)

In this case the kidney was found to be situated about half an inch to the right of promontory of the sacrum, and the left kidney was discovered in the left iliac fossa two inches to the left of the sacro-iliac synchondrosis. The right kidney was small in size and so altered in shape that there was no hilum, and the ureter passed from the lower aspect of the organ. The parenchyma of the kidney was normal in appearance, and the arteries, two in number, came off from the aorta about one inch above its bifurcation. The left kidney was normal in every respect except its position. There was no evident cause for the abnormality; the other abdominal organs were practically normal, and there was no indication of inflammatory or other mischief within the abdomen.

Case 6.—*Right kidney flat, oval in form and situated at the brim of the pelvis, supplied with two arteries; one ureter from its anterior aspect.* (*b*)

In this case the right kidney was situated at the brim of the pelvis, half in the cavity, and half out. The preparation was removed from the body of a man, æt. 61, who died of erysipelas in the Royal Infirmary.

The right kidney forms a flat oval body about the normal size. It is marked by three grooves on its anterior aspect which correspond to the line of the entrance of the blood-vessels and exit of the ureter. The organ is supplied by two arteries which pass off from the aorta in the middle line in front, just above the bifurcation. These vessels pass slightly to the right, and enter the kidney on its anterior aspect, about one-third from the upper border. The arteries lie each in a separate groove as they pass along the upper third of the kidney, and the grooves demarcate a triangular piece of the organ. The right renal vein passes to the vena cava about one inch above the level of the bifurcation of the aorta, and the vein passes from the kidney along the same groove as the arteries enter it; the ureter also arises from the anterior aspect and passes down in front and has a somewhat tortuous course to the bladder, as if it were too long for the distance to be traversed. The right suprarenal capsule is in its normal position close to the liver. The right kidney was firmly fixed in its abnormal position. No other irregularities were discovered in the vessels. The inferior mesenteric artery came off just above the bifurcation of the aorta (Fig. 5).

The left kidney was normal in size and in its relations, but it showed a distinct tendency to lobu-

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(*a*) *Glasgow Medical Journal*, Vol. XXXI., p. 381.
(*b*) Royal Infirmary Museum, Series VII., No. 2.

(*a*) Newman, "Surgical Diseases of the Kidney," p. 7.
(*b*) Royal Infirmary Museum, Series VII., No. 1.

lation. The anterior aspect of the organ being marked by three distinct transverse grooves.

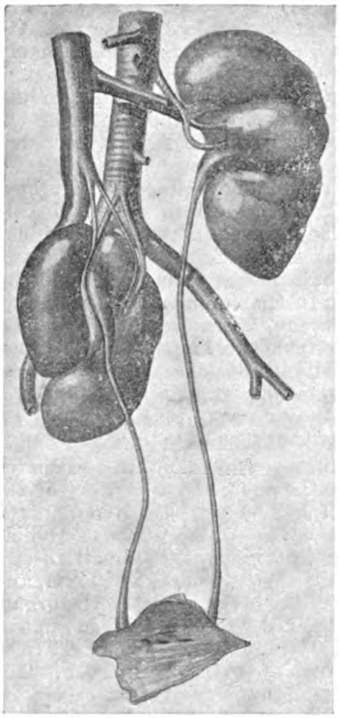

Fig. 5.

Two specimens, very similar to the above, will be found in the Western Infirmary Museum, and they are described in a recent paper by Dr. L. R. Sutherland and Dr. G. H. Edington. (*a*)

In the first case the right kidney, which was found lying at the brim of the pelvis, is greatly altered in form and in relations. The posterior surface is flattened, showing a groove accommodating the right common iliac artery. The anterior surface shows four prominent lobules surrounding the hilum, from which the pelvis springs; the ureter is normal. Two veins emerge, one on either side of the hilum, the left passes upwards in front of the aorta to empty into the left renal vein, while the right empties directly into the inferior vena cava. The right kidney is supplied by two arteries which arise separately from the anterior aspect of the aorta, and pass in grooves to the upper part of the hilum (Fig. 6).

In the second case the right kidney was found at the level of the bifurcation of the aorta, and to the right of that vessel. In this case also the hilum is situated anteriorly; and the bloodvessels, three in number, arise directly from the aorta. The veins unite to form a common trunk, which empties into the vena cava above the junction of the common iliac veins.

The pelvis is bifid, and the two limbs pass from the kidney at different levels, the left one being the higher. The ureter comes from the lowermost limit of the united pelvis. It passes downwards and inwards, lying in a shallow groove on the anterior surface of the lower lobe (Fig. 7).

These remarkable cases of malposition of the kidney seldom give rise to serious symptoms, and generally escape observation during life.

Cases, however, have been recorded where the misplaced kidney has been mistaken for an abdominal tumour, or, in the female, has from its position in the pelvis become a serious obstacle to parturition.

### III.—Acquired Displacement of the Kidney.

Besides being liable to congenital malposition the kidney may be displaced upwards, downwards, or laterally from the enlargement of other organs, such as the liver, spleen, suprarenal capsule, or pancreas, or from the pressure of tumours near them. When the right kidney is depressed by an enlarged liver—not an uncommon accident—it is most usually rotated on its short axis, the hilum is turned downwards, and the upper portion of the kidney is more depressed. Rayer mentions an instance where the right kidney was forced down by an enlarged suprarenal body, and cites a case of Hohl's where the kidney, situated deeply to the inner side of the psoas muscle, offered an obstruction to parturition by retarding the passage of the child's head; Laennec also describes a case in which the right kidney was pressed downwards to the opposite iliac crest by a greatly enlarged liver, and Morris mentions an instance where the left kidney was depressed on to the brim of the pelvis by a large cyst in its lower part, which contained a pint of yellow fluid. The cyst had dragged the kidney down, and itself occupied the greater part of the pelvic cavity.

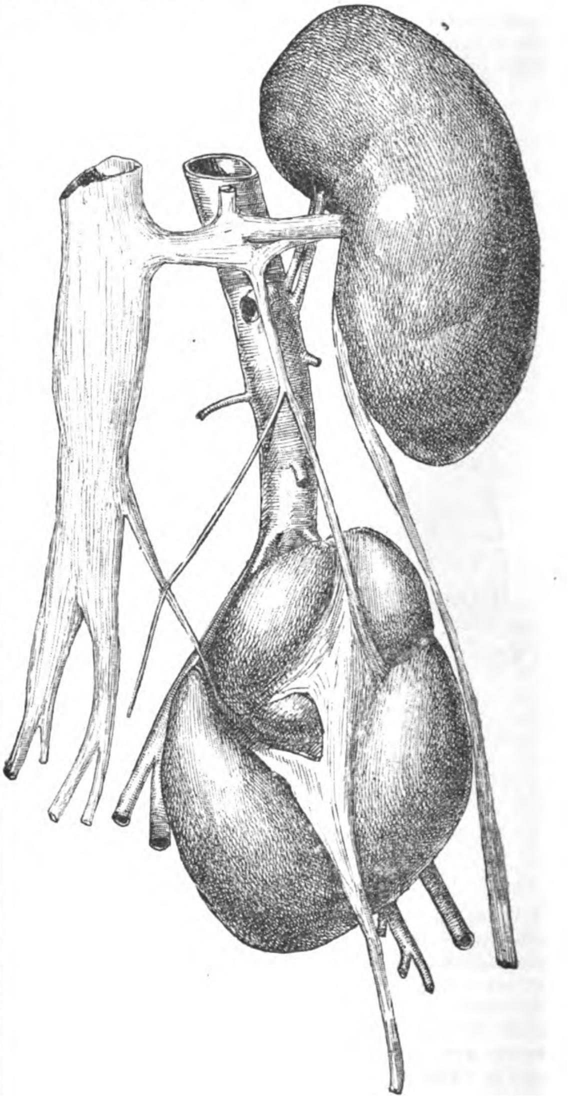

Fig. 6.

### Case 7.—*Acquired displacement of the right kidney by a perinephric abscess.*

In a case of perinephric abscess upon which I operated in 1890, on opening the abscess by a lumbar incision, after the pus was evacuated, great difficulty was experienced in finding the kidney. By enlarging the incision upwards, the kidney was discovered with its convexity looking upwards, and lying close to the diaphragm, while the pelvis was turned downwards. The kidney was quite denuded of adipose tissue, so that its contour could be easily made out, the organ was firmly fixed in its abnormal position, probably by inflammatory

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(*a*) *Glasgow Medical Journal*, February, 1898.

adhesions, and, as far as could be discovered by examination with the finger, the upper border of the kidney was resting on the vertebræ, while the renal bloodvessels and ureters must have been elongated.

Many similar cases have been recorded where the kidneys have been displaced in one direction or another and anchored by their vessels and ureter. The displacements naturally cause rotation of the organ in its short axis.

Probably the most important fixed displacements, either congenital or acquired are those where the kidney comes to occupy the cavity of the pelvis, or where the organ is placed in such a position as readily to be mistaken for an abdominal tumour.

When the kidney had been displaced and occupies the cavity of the pelvis, the swelling may possibly be made out by a rectal or vaginal examination, but in all cases the diagnosis is extremely difficult, as in many instances the organ is not only displaced but also malformed, so that the normal reniform outline is lost as a guide in diagnosis. When, however, the normal shape is maintained it is an important aid to the diagnostician, and when superadded to the presence of a reniform swelling in an abnormal situation there is a loss of the usual fulness and resistance in the loin, a suspicion of misplacement of the kidney may be aroused.

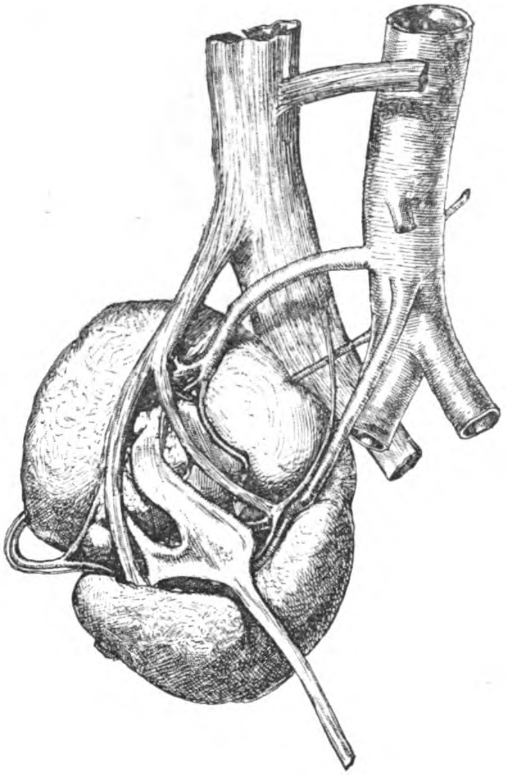

Fig. 7.

Fixed malpositions of the kidney have seldom been diagnosed, as they almost never give rise to symptoms or even to inconvenience during life. Up to the present time most of these anomalies have been discovered after death, but now that operations upon the kidney are of frequent occurrence, the clinical aspect of the subject is likely to be more fully recognised.

(*To be continued.*)

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Dr. Vidal, of Perigeux, has been awarded, by the Paris Society of Biology, its annual prize, for essay on the influence of chloroform on nutrition.

# NOTES ON THE PLAGUE.

Collated

By Sir CHARLES A. GORDON, K.C.B., M.D.,

**Surgeon-General (retired), Hon. Physician to Her Majesty the Queen.**

(*Concluded.*)

### 15. Stamping Out.

Although there was no epidemic, Dr. Hossack denied the inference that the measures adopted were sufficient. He believed that there was a factor in the environment of Calcutta inimical to the spread of the plague. The form of the factor was unknown. At Bombay, Major Boughton was of opinion that so long as overcrowding increased, and subsoil water and bad drains existed, the disease would never be exterminated. At Belgaum plague died out spontaneously in September, although the place was neither disinfected nor evacuated. In the latter days of March, 1899, the statement was made with reference to the Indian epidemic that as yet the efforts to stamp out the plague have not met with the success due to the devotion of the officials.

### 16. Native Opinion.

Dr. Bose stated that in the northern portion of Calcutta only could disinfection be carried out, elsewhere it was impossible, being repugnant to the people, who looked upon it as injurious to health. The natives objected to inoculation. He induced a few men to be inoculated; they were looked down upon by members of their caste. Both Mahomedans and Hindoos objected to corpse inspection, even in the case of males.

Dr. Hossack said that the people gave false information regarding plague, or refused it. The people had the greatest abhorrence of the plague measures and officials. This sentiment was mixed with a considerable amount of political feeling. The native doctors with Indian degrees rendered no assistance, but resisted the action of officials and concealed cases. Dr. Banerjee thought that native doctors did render assistance. But he admitted that there was some difficulty in getting information.

Surgeon-General Harvey said that the natives objected to inoculation because mutton was used in the preparation of the fluid. The principal necessity in inoculation was to overcome the prejudices of the natives with regard to European medicines. Mr. Winter said that in the Hurdwar towns the natives preferred corpse inspection to segregation. Colonel Adams stated that segregation and detention were less objectionable to natives than disinfection by chemicals or house visitation. Captain Grant said that in the Agra district all treatment was refused by the natives who feared poison, the people concealing cases owing to their aversion to going into camp. Lieutenant Niblock, at Kurrachee, said the removing of patients to hospital frightened them, and sometimes reduced their chances of recovery 50 per cent.

At Kolaba there was some resistance to the plague measures in the first epidemic; there was none during the second. No objection was made to corpse inspection.

### Summary and Conclusions.

In the preceding articles an endeavour has been made to collect and arrange such information regarding the plague in India as appears in the columns of the *Times* and other newspapers. From the summary so presented the following conclusions appear to be justified, namely:—

1. Plague in India, 1896-99, is said by some reporters to be a recurrence of Mahamari or Pati plague, by others not to be so. The forms and degrees of the present epidemic vary, in some instances mani-

festing characters of malignant endemic fevers; in others, of influenza. Cases of plague are stated to have been, in certain instances, recorded under other headings, statistics being thus vitiated.

2. On the one hand, the disease is described as being endemic; on the other, as imported. Endeavours were made by some reporters to connect the disease with particular geological formations and with the vicinity of rivers.

3. Attacks of plague are said to occur most frequently at night. By some reporters males are said to be more liable to them than females; the most general age from twenty to forty; by others that sex and age make no difference. In certain instances herdsmen are said to have been relatively exempt; Hindoos to have suffered more than Mahomedans; in others, Mahomedans more than Hindoos, and native Christians to a great extent. According to other reports, the incidence of the disease is equal among all races.

4. Outbreaks of plague occur at different places in each month of the year; thus there is no relative seasonal difference in that respect.

5. A recognised expert gave his opinion that a patient does not die of plague because he has bacilli in his blood, or recover because of their absence. Thus the presence or absence of such organisms becomes without value for purposes of prognosis. The germ said to be special to the malady is declared to be incapable of living in sewers; light to be unfavourable to it. Certain observers found bacilli in all cases examined; certain others failed to find them in any. In some instances where they existed they were variable and degenerate in size and shape.

6. The spread of plague was assigned respectively to clothes, goods, human agency, including travellers by road, rail, and sea; to windborne germs, to germs entering by abrasions, to grain, to animals, including fleas. Other reporters were unable to find the original source of infection, or relation of infected cases to each other. In Calcutta some native men employed in post-mortem rooms became affected, but neither nurses nor other ward attendants, nor friends visiting patients. Of persons living in the same house some remained exempt, while others were affected.

7. The possible transmission of plague by means of water or milk is not alluded to.

8. Diffusion of the epidemic was by some reporters assigned to rats; they observed also that in certain places monkeys and squirrels, in addition to those animals were contemporaneously affected. In one instance, dead rats were absent during an epidemic, their influence was accordingly doubted. In another, rats were the only victims, human beings not being affected. At one place mentioned, squirrels and cats suffered, the latter animal believed to have transmitted plague to man. Fleas, as transmitters of infection, have been already mentioned.

9. Several kinds of anti-plague liquids are said to have been used, the mode of preparing one only is given so far. In various examples of that liquid impurities, including pathogenic organisms were found. Another such liquid is described as useless. Experience gained on animals was not always verified on man. It was proposed to treat cases in hospitals by means of serum, and by ordinary methods respectively, also, to mix and average serums from different houses. So far, then, mistrust in the utility of the several liquids in use is implied.

10. Opinions of reporters differ in respect to the protective and curative properties respectively, assigned to inoculation against plague. Adverting to success claimed for that method the statement occurs that no one can say whether persons inoculated would otherwise have been attacked. Some reporters stated that the method reduced mortality by plague. Others that it did not confer immunity to the extent supposed, that the results from it were negative, that in pneumonic cases it failed, that in some instances plague occurred in persons inoculated, while those uninoculated remained unaffected. In certain places inoculation was supplemented by stimulants and by other means. In certain other places other means were found satisfactory to the exclusion of inoculation. The practice was but a makeshift, it could not take its place among the great sanitary laws.

11. Among methods of treatment mentioned were neem (melia azadarichta) and olive oils, red iodide of mercury, Baroda pills, and alcoholic stimulants, &c. On the one hand, the statement occurs that patients treated did better than those untreated. On the other, that no curative agents were beneficial, that no treatment stopped the disease.

12. In some instances segregation of patients was said to be successful. In others it was described as a mistake, and had to be abandoned.

13. Disinfection by various means was used. In some instances they were reported on favourably. In others they were impossible, or were evaded. When employed, they were said to be inefficient, to have been opposed by the people. In some instances inhabitants of houses disinfected were attacked with plague on returning to them. The practice is stated to have been abandoned.

14 It is said that in combating plague, measures of sanitation should be placed before inoculation. Superior sanitary conditions of Europeans are said to have preserved them from attack. Evacuation of infected places where practicable resulted in decrease of the disease in those places (by reason of diminished numbers to be attacked). In large cities the measure was impracticable. Municipal camps had varying degrees of success. In Bombay, and certain other places, epidemic plague recurred on several occasions after all sanitary measures had been applied. A British regiment became affected, notwithstanding its superior advantages in that respect. In various instances the sanitary methods employed resulted in the people concerned being left houseless for the time being. In others, the epidemic ceased, irrespective of such measures.

15. All efforts to stamp out the plague by the several methods described are considered to have been ineffectual for the purpose.

16. Protests against methods employed were made by the people concerned, in the Press, and otherwise; armed demonstrations occurred in certain places; in others, the people left infected towns, their object to avoid those methods. Some of the demonstrations thus alluded to were, in the first instance, connected with the bearing of measures in question on usages of religion and caste; there is reason to believe that to these political opinions became superadded.

## NOTE ON PROTARGOL IN URETHRITIS.

By JAMES MACMUNN, M.R.C.S., L.R.C.P.Lond.

IN reading the criticisms of other surgeons on the employment of this drug I find that although they often particularise their mode of treatment they fail to dwell on some important considerations, and on accessories to treatment by injection, without which no drug can have fair play.

Chief among these are the stage and degree of inflammation present, and the mode of injecting. Guided by this recent literature a novice would have no qualms in applying this new remedy in the presence of the most severe inflammation attacking any part of the urethra. This would be a great mistake, even with protargol. Inflammation and irritation, must as in the past, be subdued before or *pari passu*, whilst we attack the bacterial cause of them by rest, aperients, and certain internal means and external applications. I cannot help alluding to the good effects of lead lotion constantly applied in penile urethritis and rectal douches in deep urethritis.

Then, as to injections, these are best carried out by a special aseptic syringe made for me years ago by Messrs. Arnold and Sons. With it the patient cannot hurt himself, and its peculiarly-shaped nozzle allows of the prolonged retention of the solution, owing to the way it plugs the meatus.

I have found protargol most excellent, not only in anterior, but also in deep urethritis. Nitrate of silver was, up till lately, the almost indispensable salt for the latter, but its property of combining with albumen, and in this way actually forming protection shields for the deep-seated gonococcus, greatly detracted from its value. Now happily we possess a drug of superlative value devoid of such effects.

In urethritis I begin with $\frac{1}{4}$ per cent. solution. In deep chronic urethritis I often instil a 5 per cent. solution.

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# THE ATTENUATION OF SYPHILIS IN PORTUGAL IN 1812.

By GEORGE OGILVIE, B.Sc., MB.Edin., M.R.C.P. Lond.,

Physician to the Hospital for Epilepsy and Paralysis, Regent's Park, London.

DR. JOHN A. SHAW-MACKENZIE'S peace of mind has of late been repeatedly disturbed by several of my papers having been—to use his own words—"prominently noticed," and having received "considerable support" in the leading medical journals of this country. Much as I regret the discomfort which this has caused him, I cannot but feel gratified by the fact which has given rise to it.

A notice in the *Lancet* of January, 1898, on a paper of mine drew forth his first letter; a leading article in the *British Medical Journal* for November, 1898, on "Syphilis in the Army," was promptly followed by a lengthy letter from Dr. Shaw-Mackenzie's pen; and now the short notice which appeared last January in the MEDICAL PRESS AND CIRCULAR on the same subject has again aroused him to action. This time his reply (*vide* MEDICAL PRESS AND CIRCULAR, February 22, March 1) occupies not less than eleven columns. Of course, it is impossible to fully answer an attack so formidable by its length, within the space which could be allotted to me for the purpose; but I would like to draw attention to a few inconsistencies in his remarks. I should have done so before had I not had to ask Professor Neumann, of Vienna, for some information on a certain point which I shall have to refer to later on. Hence the delay.

Dr. Shaw-Mackenzie's attempt to "represent the work of Fergusson in its proper light" is a Quixotic adventure He is fighting for a chimera, viz., the attenuation of syphilis in Portugal in 1812, which cannot be substantiated by a single fact, which is not sustained by a single writer of competence, and which has been repudiated by Fergusson himself. Among the numerous surgeons, the evidence of whom I have collected, there is not one who, from his own personal experience, reports attenuation. Dr. Shaw-Mackenzie, with an air of profound erudition, says:—"But he (Dr. Ogilvie) does not mention Hennen, an equally prominent Peninsular surgeon, who, while subscribing to the non-mercurial treatment, thinks it 'proper to direct attention to the opinion of those who held,' like Fergusson and others previously, that syphilis has 'undergone great changes in its nature since the end of the fifteenth century.'" What is there in this quotation worth mentioning? Hennen does not report *his own experience*, he only directs attention to the *opinions of others*, and these opinions only refer to changes in the nature of syphilis as compared with the disease at the end of the fifteenth century. But the question with Fergusson was not whether syphilis in Portugal in 1812 was milder than syphilis in the fifteenth century, but whether Portuguese syphilis in 1812 was milder than English syphilis in 1812. As a result of Fergusson's personal experience in Portugal it certainly appeared to be so, but his experience was not of a kind to decide the question. Later on, when he thoroughly realised that the severe character of English syphilis was due to aggravation by "murderous and unnecessary courses of mercury," then the inevitable conclusion he arrived at was that the comparatively milder character of Portuguese syphilis could not be attributed to attenuation. This is the reason why Fergusson's later paper "makes no mention of attenuation." Dr. Shaw-Mackenzie's prophetic suggestion that "six years later, even had he lived, Fergusson again might have had reason to revert to his original opinion" can hardly be taken seriously. But the fact remains that Fergusson, whom Dr. Shaw-Mackenzie so gallantly defends against himself, totally abandoned his self-attenuation theory of syphilis, finding that there was not a tittle of evidence to support it.

It has been somewhat of a surprise to me to read that "in proof of the truth of Fergusson's views the similarity of the aggravated form of disease among British troops invalided home from India was originally adduced" by Dr. Shaw-Mackenzie. Until he quotes chapter and verse I am bound to consider this statement the production of a daring imagination, a fiction, "all carved from the carver's brain." I have only to add that when this "similarity" *was first pointed out by me* it was not done in "proof of the truth of Fergusson's views." This could not have been done seriously and reasonably by any one.

Of Dr. Shaw-Mackenzie's exegetical abilities I will give only one example, which is at the same time amusing and characteristic. In his text-book on syphilis Professor Neumann on two occasions states that he is not in a position to corroborate Fergusson's statement about the particularly benign character of syphilis in Portugal, while in his historical introduction to the same book he declares, that syphilis is particularly benign in Portugal, and that therefore he is in opposition to Fergusson who "pointed out the malignancy of syphilis in Portugal." This latter statement, I said, was evidently a slip of the memory on Neumann's part. On this point Dr. Shaw-Mackenzie, however, becomes very suggestive and deep, or rather abstruse. He says: "Among 'the well-known facts of Fergusson,' his notice of the 'very severe' disease in Lisbon among the Portuguese is referred to. Professor Neumann's later opposition to the 'malignancy(?) of syphilis in Portugal' is, probably, not 'evidently a slip of the memory excusable in so bulky a work,' as Dr. Ogilvie thinks, but founded on the statements of Fergusson, corroborated by Guthrie." I therefore wrote to Professor Neumann and asked him for an explanation. He has kindly replied that the statement in the historical introduction to his book is due to a misprint, which at the time my letter arrived had already been corrected for the second edition of his work. *Risum teneatis, amici?—Rideret Fergusson.* What a curious malady it must have been that he observed in 1812, this "very mild," "very severe," "attenuated," "malignant" syphilis "among the Portuguese."

If Dr. Shaw-Mackenzie is not altogether successful in the interpretation of the authors he quotes, he is still more unfortunate in the choice of his authorities. Formerly it was Aitkin's misstatements which were produced as final and crushing "testimony." Of late Dr. Shaw-Mackenzie's *piece de resistance* has been a communication made by Professor Tarnowsky, of St. Petersburg, at the last International Congress of Dermatology, relating to thirty cases of syphilis, in the "majority" of which both parents and children had acquired syphilis. Elsewhere I have shown that these observations do *not* in the least prove the attenuating influence of syphilis. Perhaps Dr. Shaw-Mackenzie would have hesitated to place himself under Professor Tarnowsky's protection if he had known the, by no means flattering opinion in which this author holds the adherents of the attenuation theory of syphilis. In his book, "Prostitution and Abolitionismus," he thus expresses himself: "Only those who form their opinions in a *most perfunctory* manner or who are *utterly ignorant* of medicine, can at the present day speak of attenuation of syphilis as a pathological process." Herbert Spencer once said that, "without going the length of Mr. Carlyle, and defining the people as twenty-seven millions mostly fools, one will yet confess that they are but very sparely gifted with wisdom" In the same way, "without going the length" of Professor Tarowsky, "one will yet confess" that those who, like Dr. Shaw-Mackenzie, proclaim that "the question of hereditary immunity and attenuation is absolute fact" are "but very sparely gifted" with discernment and knowledge.

*Sed hæc hactenus!* In conclusion, I have one practical suggestion to make to Dr. Shaw-Mackenzie in exchange for the many theoretical ones contained in his paper. In my first paper I had by mistake spelt Fergusson's name with one "s" only. *Heu misero mihi!* But: *solamen miseris socios habuisse malorum.* The same mistake is made by Dr. Aitken, Mr. Hutchinson, and, not last but first, by Mr. Henry Lee. Whenever Dr. Shaw-Mackenzie quotes from my first paper he makes it a point to place an alarming "*sic!*" in brackets after "Ferguson" while he does nothing of the kind when he has to quote the same mistake from other writers. If this mode of procedure is not exactly fair, there is a certain air of juvenility about it which renders it quite pardonable.

Dr. Shaw-Mackenzie tells us that "not long before his lamented decease" Mr. Lee "gave him permission to make use of or *even alter any* of his writings." This is certainly a most extraordinary testamentary deposition on the part of an author of original thought and personal experience. Should Dr. Mackenzie ever make use of this right it would be advisable not only to correct the spelling of "Ferguson's" name, but also to "alter" the conclusions drawn by Mr. Lee—and religiously espoused by Dr. Shaw-Mackenzie — for they were "obviously founded upon imperfect knowledge" of Fergusson's work.

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# Clinical Records.

## WESTMINSTER HOSPITAL.

### *Hysteria or Hemiplegia?*

Under the care of Dr. Murrell.

Amelia B., æt. 22, unmarried, was sent up from the country as a case of supposed hysteria, for which she had been extensively blistered in the ovarian regions. Three months ago, whilst in her usual health, she suddenly lost power all down the right side, and was insensible for several days. On regaining consciousness she spoke indistinctly, and was unable to move the right arm or leg. She gradually improved, and little by little the power of movement in the limbs returned. On admission it was noted that she presented none of the ordinary indications of hysteria. The right arm and leg were distinctly weaker than the left, although the paralysis was nowhere absolute. Her gait was hemiplegic, and she dragged her right foot slightly in walking. Her right arm and foot were warmer and moister than on the healthy side. The right knee-jerk was more marked than the left, there was ankle clonus on the right side only, and the right plantar reflex was exaggerated. There was right-sided hemi-anæsthesia of the face, trunk, and limbs. The patient had no idea that her sight was affected, but she was blind in the right half of both visual fields, the hemiopia being absolute. The optic discs, the pupils, and the external ocular movements were normal. There was no heart mischief, and there was no albumen in the urine. Menstruation had entirely ceased since the attack. The family history was good, with the exception that one brother and one sister were deaf and dumb. The patient had had no previous attack or seizure of any kind.

*Remarks by* Dr. Murrell.—To overlook a gross lesion of the nervous system and to attribute the symptoms to hysteria, is as bad a mistake as can be made. In this case there is not a single symptom pointing to the existence of hysteria. The disease is organic and not functional. In every case of organic brain disease there are two questions which have to be discussed—1. What is its situation? 2. What is its nature?

The position of the lesion is determined by the objective symptoms, and all that is required for its localisation is a practical acquaintance with the anatomy and physiology of the nervous system. The nervous system is a combination of an immense number of units called "neurones," each composed of a cell-body, of protoplasmic processes or "dendrites," and of the axis-cylinder process or "axone." A voluntary motor impulse starting from the brain cortex must pass through at least two neurones before it can reach the muscles, and we accordingly speak of the motor tract as being composed of two segments, an upper and a lower. The upper neuron extends from the motor cortex down through the corona radiata, internal capsule, and pyramidal tract to the dendrons in the anterior horns of the spinal cord on the opposite side. The lower neuron commences at the anterior cornual cells, and extends through the anterior nerve root along the motor nerve into the motor end organ and the muscles. The upper neuron exerts a restraining influence on the lower, and checks the overflow of nerve energy which proceeds from the lower neuron and produces their "tone." If one part of a neuron is injured the whole neuron suffers. If, for example, the cortical cell is injured the axis-cylinder process or axon also suffers and undergoes degeneration. In the same way if a motor nerve is injured the functions of the cortical nerve cell are impaired. If the upper neuron is damaged it can no longer exert its restraining influence on the lower neuron, so that the tone of the muscles is raised and we have exaggeration of the deep reflexes. If the lower neuron is injured the corresponding muscle fibres lose their tone and undergo degeneration.

Lesions of the motor tract may be divided into two great groups, those of the upper neuron and those of the lower neuron. A lesion of the motor tract, whether of the upper or the lower neuron, will produce motor paralysis, but the type of the paralysis differs in the two cases.

Motor paralysis due to a lesion in the upper neuron is characterised by:—1. Motor rigidity. 2. Increased deep reflexes. 3. Absence of muscular atrophy. 4. Normal electrical reactions.

Motor paralysis, due to a lesion in the lower neuron, is characterised by:—1. Flaccidity of the muscles. 2. Diminished deep reflexes 3. Muscular atrophy. 4. Electrical phenomena of degeneration.

Applying these considerations to the case now before us we have no difficulty in determining the site of the lesion. Absolute hemianopia, slight hemianæsthesia, and slight hemiplegia, all on the right side, point to a lesion of the left internal capsule, the knee-shaped band of white matter which is bounded on its outer side by the lenticular nucleus, and on its inner side by the optic thalamus and caudate nucleus. The lesion is probably far back where the fibres of the optic radiation are found behind the sensory tract.

The determination of the pathological nature of the lesion is a much more difficult matter, and in the elucidation of this problem we must be guided to a very great extent by the history of the case. A sudden onset indicates a vascular lesion, while a gradual onset points to an inflammatory condition or to a new growth. Our patient was attacked quite suddenly so that we have no hesitation in saying that the lesion was connected with some disturbance of the blood supply. The common vascular lesions are (1) Embolism. (2) Thrombosis, and (3) Hæmorrhage.

In embolism we have:—1. An absolutely sudden onset. 2. No unconsciousness. 3. A mitral murmur.

In this case there was the sudden onset, but the other indications were absent, so that we may put embolism out of court.

In thrombosis we have:—1. A gradual onset. 2. Unconsciousness rare. 3. Arterial disease such as atheroma or endarteritis of syphilitic origin. 4. Blood pressure at time of seizure low; may occur during sleep.

In this case the onset was sudden, and unconsciousness was of profound duration, so that this cause may be eliminated.

In cerebral hæmorrhage we have:—1. Onset less sudden than in embolism. 2. Unconsciousness. 3. Arterial degeneration probably associated with Bright's disease. 4. Blood pressure at the time of seizure, high; often following excitement or exertion.

This fits in closely with our case. The onset was certainly sudden, how sudden we do not know. There was prolonged unconsciousness, and there was probably high arterial tension due to the absence of the menstrual function. Cerebral hæmorrhage, it is true, is not very common in young women, but many such cases are recorded, and it has even been noted in children. From a consideration of all these circumstances I think we are justified in concluding that the patient was suffering not from hysteria, but from hæmorrhage into the left internal capsule.

She has continued to improve during her short stay in the hospital, but as she was sent in simply for diagnosis and not for treatment we do not think it necessary to keep her long.

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# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

Meeting held Friday, April 28th, 1899.

The President, Mr. Langton, F.R.C.S., in the Chair.

### Clinical Evening.

#### CASE OF ACHONDROPLASIA.

Mr. **Turner** showed a girl, æt. 10, who looked considerably younger, with no history of syphilis, born of young parents, with two sisters, aged respectively seven and three, in good health, she was only three feet high. The diaphyses of the bones were very short, and had not increased in length *pari passu* with the increase of growth of the epiphyses. The three year old sister was three inches taller than the patient. The clavicle, for instance, was as long as the humerus.

Dr. A. **Garrod** observed that the case was similar to one which he had shown to the Society last year.

Mr. **Barwell** said the lordosis was analogous to that occurring in congenital dislocation (so-called) of the hip, and the result was probably due to an affection of the upper part of the femur, which caused the patient to throw the buttock and tuber ischii backwards.

#### SOLUTION OF CONTINUITY OF BOTH FEMORA.

Mr. **Stanley Boyd** showed a patient, æt. 18, in whom two years ago, after much difficulty in walking, both femora gave way and who had become unable to walk or stand. When admitted to hospital there was a remarkable deformity of both thighs which persisted. Since shown at the last meeting he had applied extension with marked improvement, especially in respect of the left limb. He showed on the screen skiagrams of the lad, which showed the characteristic deformities of rickets, but the shadow of the solution of continuity in the bones was almost as dark as that of the bones themselves.

Mr. W. G. **Spencer** thought this was an example of one of the general diseases of the skeleton which did not fall into any definite category, and which might be described as intermediate between rickets and osteomalacia.

Mr. **Charters Symons** referred to a case by Mr. Davies-Colley, reported in the "Transactions" of the Pathological Society, Vol. 35, which he said was almost exactly similar. Both femora and both tibiæ were broken, and the child also developed large masses of soft bony tissue in connection with the jaw, ribs, and pelvis. The child died at the age of 15 from paraplegia caused by yielding of the spine and pressure on the cord. It was diagnosed as osteomalacia.

Mr. **Barwell** suggested that there was something inflammatory about the lesions. There was great pain on the slightest movement of the limbs, and he commented on the fact that the substance uniting the fragments was as dark in the skiagram as the bone itself. He did not consider that the case referred to by Mr. Symons was at all comparable.

#### REVOLVER SHOT OF THE BRAIN THROUGH THE HARD PALATE. OPERATION.

Mr. A. **Barker** showed a man who had fired two shots of a revolver into the mouth and then, despairing, had given himself up to the police. There was free hæmorrhage but no loss of consciousness. Twelve hours after there was no trace of any nerve lesion except a slight drooping of the right eyelid. Eighteen days later he began to vomit frequently, and on the twenty-eighth day it was noted that the left side was growing weak, which by the thirty-second day had become complete. There was marked optic neuritis most pronounced on the right side. Some improvement occurred and in a few weeks he was able to walk about. A skiagram was obtained which showed the position of the two balls. He had several epileptic attacks, and after experiments on brains in the post-mortem room he localised one of the bullets, and trephined over the region, and ultimately succeeded in removing it on the sixty-ninth day. On recovering from the operation the patient was completely paralysed, but motion returned first in the leg and then in the arm, feet, and hands. Then it was noticed that his trunk muscles were quite paralysed on one side as shown in screen projections. He had since steadily improved, but as there was optic neuritis Mr. Barker pointed out that the prognosis was doubtful.

The **President** agreed that surgeons were well advised not to interfere in these cases, seeing that very often the bullet gave rise to no symptoms at all, and he referred to three cases in which no operation had been found necessary.

Mr. **Gould** asked whether the author thought it was the removal of the bullet or the relief of tension that had brought about the amelioration in this case.

Mr. **Barker** admitted that there was considerable tension, but thought that as the symptoms were on the mend the existence of optic neuritis rendered it likely that the bullet was causing irritation. He asked whether in the cases referred to by the President skiagraphic or other evidence had been forthcoming of the presence of the bullets in the brain.

The **President** said that in one case a skiagram had been made. His three cases were all in Germans.

Mr. **Barker** added that his patient was a Russian.

#### TUMOUR OF THE UPPER JAW.

Mr. E. W. **Roughton** showed a man, æt. 39, who two years ago first noticed a swelling on the upper jaw just below the left eye, which had since gradually increased in size. There was a swelling of uniform hardness mainly occupying the left superior maxillary bone, also the nasal bone, and the malar bone. The alveolar process was much thickened, and the arch of the hard palate was much depressed. From the nose it was seen that the floor of the nose was depressed on one side showing that it was a bony growth infiltrating not only the superior maxilla, but also the adjacent bones. He had removed a portion of the growth, which on section proved to consist of delicate trabeculæ of bone with spindle and round cells, and some multinucleated giant cells. It might, he said, be leontiasis or a soft growing sarcoma.

#### SPONTANEOUS CURE OF RECURRENT CARCINOMA OF THE BREAST.

Mr. A. **Pearce Gould** showed a woman who had already been shown to the Society in November, 1897. She was single, and æt. 49. In 1888 she received a blow on the left breast which was followed by a lump, which, in 1890 was removed, and on microscopical examination was diagnosed as scirrhus. In 1892 she returned with recurrence in the left axilla which was excised, and in 1894 recurrence had again taken place, and on this occasion there was a lump in the right breast. These were excised in December. In 1895 she returned with another recurrence in the scar and also the lump in the other breast, and enlarged glands in the corresponding axilla. She also complained of shortness of breath, and her condition was looked upon as incurable, and she was admitted to the Cancer Ward of the Middlesex Hospital. There were then numerous nodules around the scar and elsewhere, and dulness at the base of the right lung. In March, 1896, she was unable to lie down in bed and there was a large lump in the right thigh bone. Nothing was done, but in June, 1896, she had lost her dyspnœa and the nodules had disappeared. The swelling in the thigh had diminished and was no longer painful. He had shown her in November, 1897, when the scars alone were visible, and he showed her again to prove that the improvement was not ephemeral. Mr. Gould mentioned that the patient had menstruated the last time in January, 1895, and the improvement had been manifested many months later, viz., between March and June, 1896. He commented on the fact that no credit could be given to any treatment, for she had had none, and the improvement had taken place in the cancer wards of the hospital devoted to cancerous patients for the last fifty years.

Mr. Clement Lucas asked whether Mr. Gould himself had made any microscopical examination of the growths. He mentioned that he had tried oöphorectomy in one case, but the growth in the breast had doubled in size within the six weeks following the operation, and he had subsequently removed it.

Mr. Gould said he had not made any sections while the patient was under his care, and he had no explanation to suggest of the subsidence of the growths.

### UNILATERAL HYPERTROPHY OF THE ACCESSORY MUSCLES OF RESPIRATION.

Dr. A. Morison showed a woman, æt. 35, with unilateral hypertrophy of the accessory muscles of respiration viz. the trapezius, sterno cleido-mastoid, and scaleni.

### A NEW SPLINT FOR FRACTURED CLAVICLE.

Dr. Mouat-Biggs showed a man wearing his splint for fractured clavicle, which he had had in use for this injury for the last fifteen years. He claimed for it that it afforded complete immobility of the fractured bone, with much less discomfort than the usual appliance.

### EXCISION OF THE POSTERIOR HALF OF THE TONGUE AND EPIGLOTTIS.

Mr. Stanley Boyd showed a patient (with specimen) who, when seen, presented an epitheliomatous tumour, involving the posterior half of the tongue and the epiglottis. The growth reached nearly back to the spine. He removed it by opening the pharynx and removing a portion of the hyoid bone, the tumour reaching down to the thyroid cartilage. The removal of the tumour left a cavity which he closed by a purse-string suture, and the patient was able to swallow on the fifteenth day. Some recurrence had taken place low down in the neck where the glands were not readily accessible, and this he had removed. The patient had since gained in weight, and the tongue looked fairly normal, but there was some narrowing of the pharynx.

### INJURY TO THE ROOTS OF THE BRACHIAL PLEXUS IN AN INFANT.

Dr. Batty-Shaw showed an infant, 13 months of age, in whom, consequent on violence exerted at birth on the left arm, impairment of motion had resulted in the corresponding limb. Sensation was not affected.

### PULSUS PARADOXUS.

Dr. Norman Dalton showed a man, age 48, with no history of rheumatic fever, syphilis or alcohol, who had râles and coarse friction over the lower two-thirds of the left lung, but no dulness. There was marked retraction of the apex beat, which extended from the ensiform cartilage to two inches below the nipple. There was also typical pulsus paradoxus, but no other signs of adherent pericardium, or of chronic mediastinal cellulitis. The heart sounds were normal, and the heart action strong. As no tuberculous bacilli could be found, he suggested that there was probably chronic interstitial pneumonia, with pleuritic adhesions in the lower part of the left lung, with probably much fibrous tissue between the heart muscle and the chest wall and diaphragm, and a certain amount of pericardial adhesion, though not enough to embarrass the heart.

### A CASE OF AORTIC DISEASE WITH MUSICAL BRUIT REMEDIED BY BATHS AND EXERCISE.

Dr. Bezley Thorne showed a man, æt. 45, without marked hypertrophy of the heart and no increase of cardiac impulse. After an effort he had become breathless, and had developed a musical bruit and he had become incapacitated for work. Under treatment by baths and graduated exercise he had gained in health, though the exaggerated cardiac dulness remained unaltered, and he was about to resume work as a timekeeper.

### EXCISION OF A MENINGOCELE (WITH SKIAGRAM).

Mr. W. G. Spencer showed an infant who, when seven months old, was operated upon for spinal bifida, and he showed a skiagram of the cavity. Previous to the operation the child had never been seen to use its lower limbs at all, but since, it kicked about like a normal child. He had opened the sac and dissected out the cauda equina, &c., bringing together the walls of the sac by a double row of sutures, and keeping the child in such a position that the wound was the highest part. No untoward symptoms had followed and no cerebro-spinal fluid had escaped through the wound.

### OSSIFICATION OF THE TENDO-ACHILLIS.

Mr. Wilmott Evans showed an elderly man who presented a hard tumour in the left tendo-Achillis, which in skiagram appeared to be calcified if not ossified. There was a history of two injuries twelve and eight years ago, but the condition was not noticed until twelve months ago.

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## ROYAL ACADEMY OF MEDICINE IN IRELAND.

### Section of Obstetrics.

Meeting held Friday, March 17th, 1899.

Dr. W. J. Smyly, in the Chair.

Drs. Purefoy, Glenn, and A. Smith inaugurated a discussion on the action of the General Council of the Academy in refusing the recommendation of the Obstetrical Section to print and circulate among the members the reports of the Rotunda Hospital, and after some further discussion it was resolved "That the Council be asked to reconsider their decision, and that in future hospital reports of sufficient interest be printed and circulated among the Fellows of the Academy."

### SPECIMENS OF MYOMA UTERI.

Dr. Alfred Smith exhibited three myomatous uteri removed by retro-peritoneal hysterectomy. 1. The first specimen was a large soft myoma which had been removed five days previously. The patient had given birth to two children, and after the birth of the younger child, who was now three years old, the uterus in repose came down to the size of a three months' uterus. The tumour, which was considerably œdematous, and blocked up the pelvis completely, extended well into the broad ligament. 2. The second specimen was a small fibroid, which he removed on account of the constant trouble which it gave to the patient during micturition. On cutting through the pedicle there was no hæmorrhage, and he found that there was only one uterine artery developed to any extent, and that was on the left side. The absence of an uterine artery on the right side was the chief point of interest in this specimen. 3. The third specimen which he had removed a fortnight ago was large, and appeared to him before operation as subperitoneal and pedunculated. On operating, however, he found a second pedicle intimately adherent to the promontory of the sacrum, and this gave him considerable trouble until he found out the condition. He then attempted to perform a myomectomy. He put a clamp round the cervix in the ordinary way in order to suppress hæmorrhage from it, and then proceeded to amputate the large tumour which he exhibited. On loosening the ligature, however, there was hæmorrhage everywhere. He tied several arteries, but notwithstanding this he could not arrest the hæmorrhage, so that he was obliged to perform hysterectomy. The patient did remarkably well.

Dr. Purefoy said that Dr. Smith's failure to find the uterine artery on one side was another illustration of the variations in size which one often observed in different cases in the uterine vessels. It was very difficult to forecast what the behaviour of a fibroid would be. There were some harder than others, and the rate of growth in these cases was comparatively slow. The difficulty Dr. Smith had in controlling the hæmorrhage in the case of myomectomy showed that one ought to be prepared for an emergency, even in the case of a tumour with a small pedicle. He suggested that tying the ovarian arteries might have had some effect in checking the hæmorrhage in this case.

Dr. SMYLY suggested that the small tumour might have been removed per vaginam.

Dr. SMITH, replying, said there seemed to be a growing opinion that operation should be the treatment in the case of fibromata. He looked upon these cases as strong arguments in favour of operative treatment. The uncertainty of the prognosis was another point in favour of operation. As regards the shock of removal of the uterus by the retro-peritoneal method, his experience was that patients suffered more pain and distress after removal of the tubes and ovaries only, than when they removed the tumour and the uterus down to the level of the cervix. With reference to Dr. Smyly's suggestion, the reason he removed the tumour from above was on account of the long pedicle attached to it making this easy.

The Section then adjourned.

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## LIVERPOOL MEDICAL SOCIETY.

### MEETING HELD THURSDAY, APRIL 13TH, 1899.

DR. MACFIE CAMPBELL, President, in the Chair.

DR. FRANK H. BARENDT showed a patient, male, æt. 13, with prurigo erox. The history, general appearance, and the distribution of the eruption agreed with Hebra's account of the disease in every particular. The "eczematisation" of the skin due to incessant scratching with prurigo efflorescences glimmering through, and in the vicinity of this secondry eruption, was most marked on the shins and forearms. The thighs, buttocks, and arms, with the exception of the internal aspects displayed red ridges and configured area of thickened integument decked with fine asbestos-like powder. The "prurigo buboes" were well marked in the inguinal and axillary regions, and the integument when free from rash, was harsh to the touch. The expression of the patient was miserable, he rarely passed a night without scratching, and owing to the disease which began in infancy, had been unable to attend school or associate with other children. The father had recently died of phthisis, and the patient constantly suffered from pulmonary trouble. The family history shed no light on this incurable affection. Treatment was only palliative, and at present he was using B. naphthol (gr. v. benzoated lard ℥) ointment, a dusting powder of equal parts of talc, starch, and oxide of zinc, and olive oil to be used in the place of soap and water.

Mr. RUSHTON PARKER showed a man, æt. 48, upon whom he had performed pylorectomy on January 16th, 1899. Stomach troubles had existed five or six years, and recently pain after food, and vomiting had reduced him to emaciation. No tumour was to be felt, but a diagnosis of carcinoma was assumed provisionally. At the operation a hard tumour was found in the posterior wall near the pylorus. The mucous membrane was thickened, but not ulcerated, and although the growth was doubtful, and not strongly suggestive of carcinoma, excision seemed the only practical way of dealing with it, especially as the local circumstances were favourable; accessibility, and absence of lymph or glandular infection. The duodenum was attached to the stomach by continuous silk stitches, one set for the mucous membrane and the other for the peritoneum, and the remaining gap in the stomach was closed by attaching its sides in the same position. The patient made a good recovery, and in a few weeks' time was able to eat ordinary food. The growth showed no evidence of carcinoma, but was evidently of syphilitic origin, as evinced by small gummata and arteritis and cellular infiltration. On April 13th he was in good health and free from stomach affection, but had not yet returned to his heavy work of boiler-making.

Mr. RUSHTON PARKER also showed a young man, æt. 21, upon whom he had performed pyloroplasty on January 23rd, 1899. There had been a history of dyspepsia for five years and a condition of dilated stomach, but no symptom suggesting gastric ulcer. At the operation the pylorus was narrowed to ¾ in. diameter outside. This was laid open, and a small circular ulcer found just inside the stomach. Pyloroplasty was performed over a Mayo Robson's decalcified bone bobbin, and the diameter of the pylorus increased to 1¼ inches outside; he made a simple, uneventful recovery. For three weeks the patient was fed on milk as in the treatment of gastric ulcer; after that he ate fish, and in a month or five weeks' time ordinary meat diet; and later resumed his occupation as carter on a farm. On April 13th he was in good health, plump and well, but still a little weak, he said, on his legs.

Dr. GROSSMAN described a method which he has employed for localising foreign bodies in the eye by means of X-rays. In contradistinction to Mr. N. Davidson's stereoscopic method (*British Medical Journal*, Jan. 1st, 1898), he utilises the movements of the eye for obtaining the parallax of the shadow of the foreign body, the Crookes' tube, the patient's head, and the sensitive plate retaining the same position in two successive exposures. It may be necessary, under certain circumstances, to make two pairs of exposures in order to obtain both the vertical and horizontal parallax. The author claims for this method that it is simpler than the stereoscopic method, and that a path can be chosen for the X-rays which offers the least amount of bony opacity.

Mr. R. W. MURRAY exhibited a child upon whom he had operated for general suppurative peritonitis associated with a gangrenous appendix. The patient, a boy of nine years, was first seen by Mr. Murray during last September. He had been seriously ill for five days with abdominal pain, constipation and continuous vomiting. The abdomen was much distended, tender, and tympanitic. On opening the abdomen the intestines were found bathed in pus, and bubbles of gas came from the right iliac fossa. The median incision was enlarged, the intestines turned out of the abdominal cavity, and the appendix, which was seen to be gangrenous and perforated, excised. The abdomen was then well washed with warm boracic lotion, the distended intestines, after being cleansed, were with some difficulty returned, and the wound closed, except the lower part, where a drain was inserted leading to the stump of the appendix. After an anxious convalescence the child ultimately made a good recovery.

Drs. and Messrs. Humphreys, Parker, N. T. Thomas, Raw, Barr, Grünbaum, and E. T. Davies took part in the discussion.

Mr. MURRAY replied.

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## Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, April 29th, 1899.

FOLLOWING Dr. Kocher's paper on epilepsy, at the Surgical Congress, was one by von Bergmann, on

### PORENCEPHALY,

at which the patient was shown, and which the speaker said bore out Kocher's theory as to epilepsy. There was a cyst formation in the head which often led to epilepsy. This was the traumatic form of the disease, but not all cases were of that nature. The clinical features of the disease were quite typical, there were localised paralyses with contractions, and arrest of growth in the paralysed extremities in childhood, there were epileptiform attacks; the patients were imbecile, or at least their intelligence was defective. The case shown was one of traumatic porencephaly, from a fracture of the skull caused by pressure of the forceps at birth. There was a cyst in the skull, but apparently no meningocele. During the epileptic attacks, and when the head was sharply flexed, however, the open space became tense, and the skin thrust forward. According to Köning, when such defects were covered with bone, a cure was effected. This had been attempted after extirpation of the cyst, and as the margins of the defect was very thin, like the skull bone of a child, a bone flap had been taken from the tabula vitreca and pushed over the defective spot. The covering-in was not successful, however, until after several operations, as the space had a length of 14 c.m. and a maximum width of 8 c.m. The first operation was at the beginning of April, 1898, and the last on July 11th. A small part still remained uncovered, the requirements of Kocher as regarded "ventilation" were therefore fulfilled. The epilepsy had ceased. The child (shown) displayed shortening of the left upper and lower extremities, left-sided club foot, and spastic position of the fingers. As the cyst communicated with a lateral ventricle drainage had been kept up for a long time. The anatomical features of this porencephaly were constant. The speaker showed a preparation from a child of 7 who had died of collapse after operation, but had not suffered either from fits or paralysis, though there was a very large tumour. When operation was to be undertaken, he urged that Kocher's procedure should be followed, although it could not be diagnosed with certainty whether intracranial pressure was always increased or not The most important indication was always causal, and the treatment should always be carried out before an epileptic condition of the brain had become established.

### Gun Shot Injury of the Brain.

Mr. Arthur Barker, of London, read a case of "Gunshot Wound of the Brain, Removal of the Bullet by Trepanation with Recovery," which was followed by Krönlein, of Zurich, on "Gunshot Injury of the Brain." The interest of the latter case lay in the destruction that had been wrought, the suicide having taken his life with a Swiss ordnance rifle of 7·5 c.m. calibre. There were gaping wounds in the skull, the bone being much shattered, but with the dura still connected, the interior of the skull was perfectly empty, but the brain blown completely out. This was found almost uninjured, lying on the ground about two feet away from the body, almost as if it had been taken out by a skilled hand. No trace of the passage of a projectile could be found in the brain. There was only slight tearing at the root of the brain running along the base. The cerebellum was torn away from the cerebrum, and lay five foot farther away. How had the concentration taken place? There could be only a hypothesis regarding it, viz., that the blowing out of the brain was the result of hydraulic pressure. In another case of shooting with the same arm, when the shot took effect on the margin of the left upper alveolus, the left eye was torn out. The shot had an external opening opposite in the upper part of the temple. That the shot passed through the brain, therefore, there could not be the slightest doubt, but the patient did not lose consciousness even for a moment, and he was now in a condition of undisturbed convalescence.

Hr. Lauenstein, Hamburg, could confirm Kocher's statements as to the useful effect of removing brain pressure in epilepsy. A man, æt. 20, had suffered for seven or eight years from frequent attacks (latterly almost daily) of epilepsy, starting from the left motor cortical centre. The patient was then blind, and the left arm paralysed. Operation was performed, but no tumour or cyst was found. The dura was now replaced and the periosteum lightly laid over it. After the operation the fits ceased and also the blindness, and the hemiplegia was much improved. The defect, as Kocher had recommended, was not completely covered in with bone, a space being left for relief of intracranial pressure.

Hr. v. Bergmann showed a patient who, in 1895, was shot in the right temple. He remained unconscious for fourteen days, and then had left-sided paralysis; two months later, epilepsy came on. The bullet could not be found on trepanning. In 1897, symptoms of abscess came on, and the pus was evacuated. The defect in the skull was covered with periosteum; but two fistulæ still remained. The epilepsy had entirely ceased. The bullet lay in the antrum of Highmore, and not in the brain.

Hr. v. Bech, Carlsruhe, reported eight cases of traumatic epilepsy, partly treated by himself, and partly by Czerny, in the Heidelberg Klinik. Three, in which no care was taken to cover the defect with bone, had completely recovered. The others were cases that had suffered from epilepsy from childhood from osteophytic formations within the skull. In these a bony covering was attempted So long as this covering remained a loose one, the epilepsy remained well, but it returned as soon as the covering grew firm. In one case the lateral ventricle was drained, and recovery took place. These cases were in favour of the correctness of the view taken by Kocher.

## Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, April 29th, 1899.

### Uterus Myomatosus Gravidus.

Wertheim exhibited a preparation at the "Gesellschaft der Aerzte," which he had removed from a patient, æt. 32, in her first confinement, by the Cæsarian section. The myoma was situated immediately behind the neck of the uterus, occluding the channel so completely that embryotomy was impossible. The fœtus weighed 4,680 grammes or 10·296 lbs., and 56 centimetres or 22·047 inches in length. On opening the uterus, a penetrating odour was intense; the decidua was purulent, which excluded, in Wertheim's opinion, any conservative operation, and therefore extirpated the entire organ, which was followed with perfect recovery.

The Kaiser operation, he said, was not uncommon in "uterus myomatosus," but the mortality was so high that little or no favour had been extended to it, as thirty-one deaths out of thirty-eight cases operated on with conservative endeavours was not at all encouraging,

By Porro's method the conditions are better, three deaths occurring in fifteen. The Kaiser operation with total extirpations is by far the most successful.

Wertheim is convinced that this case would have decidedly died of septicæmia, had he attempted conservative principles.

### Tuberculosis of the Penis.

Ehrmann exhibited two men with tuberculous ulcers on the external surface of the urinary canal. In December of last year the first case commenced with laryngeal tuberculosis in the lower commissuire, which soon healed with the application of iodoform vasogen. On the 13th of the present month the patient returned with three ulcers immediately in front of the cicatrices of the former ulcers. In the secretion of the penal ulcer tuberculous bacilli were found, but nothing in the urine. The bladder and prostate were in a normally healthy condition.

The second case was one suffering from tuberculous thickening of seminal duct, bladder, and prostate. In the urine and secretions the tuberculous bacilli were found in large numbers. Ehrmann related the history of a third case with "Moulaye" of the glans penis which had healed up, but the examination of the sores, urine, prostate, and bladder revealed the tuberculous bacilli which led to a diagnosis of the kidneys being the primary source of the disease. He thought the infection from these sores must be very varied. The primary cause in these genital affections could be traced to the kidneys and infected as the sputa; or it might arise in the blood and thence be transmitted to every organ of the body. It does not require much force of conception to perceive that ulcers of the glans penis may be a source of general auto-infection. The careful treatment of all these sores, in his opinion, should demand constant attention. He instanced a case where twenty inunctions had a very beneficial effect.

### THE PROGRESS OF RONTGEN PHOTOGRAPHY.

Kaiser referred to Siemen's and Halske's improved Hg. interrupter as a great advance in Roentgen photography, as it removed the sound and the flickering of the light. The mode of application was to fill a cylindrical with dilute $H_2SO_4$, into which are fastened a plate of lead and two of platinum. The current decomposes the $H_2SO_4$, from which gas bubbles are evolved that stick to the electrode and immediately produces an interruption. The bubbles soon disappear and the current commences anew. The other improvements were in the plates, which are now lighter, cheaper, and more sensitive than ever they were.

He next recounted the various objects that disappeared or remained permanent on the photograph. In those of the head, the hair quite disappeared, while the bones remained quite distinct on the shadow. It was very rarely that the ethmoid bone or sulci arteriosi could be observed; on the other hand metallic substances, fractures, pus, bony splinters, tumours in the nasal passage and maxilla can be noted. Tumours in the brain cannot be detected by means of the Röntgen rays. In the neck the spinal canal, pharyngeal cavity, root of tongue, trachea, and even the gullet can be defined. In the thorax, clavical, scapula, ribs, and head of the humerus can be traced. The intercostal spaces can be judged by the respiratory movement. The heart can be clearly defined by lighting both behind and before when its movements can be readily followed, but it is impossible to discern any morbid changes like calcification in the heart or vessels. The curve of the aorta can only be seen in children, hence any changes like aneurysms, &c., can be easily detected. The lungs appear on the photo clear, though tuberculous infiltration produces a cloudy condition. Gangrene or tumours are sharply defined; exudations of the pleura are easily recognised. In the abdomen, duodenum, gall-bladder, stomach, and its contents can be observed, but the pancreas cannot be seen.

# The Operating Theatres.

## GUY'S HOSPITAL.

OPERATION FOR COMPLETE EXCISION OF LARGE VOLVULUS OF SIGMOID.—MR. ARBUTHNOT LANE operated on a case of intestinal obstruction in a middle-aged woman who had been admitted under Dr. Frederick Taylor. Her abdomen was enormously distended; the bulk of the swelling seemed to be due to the presence of a large resonant mass in its interior projecting beyond the adjacent coils of intestine. The patient gave an indefinite history of attacks of previous obstruction which had been both acute and chronic. Mr. Lane made an incision along the length of the linea alba through which there at once leaped out a hugely distended coil of bowel; this measured 1 yd. in length and 18 ins. circumference; the wall of the bowel was exceedingly thick, and its mesentery opaque and scarred. Further examination showed that the condition was one of volvulus of the sigmoid. He adopted the method of excision which he had urged at a meeting of the Clinical Society of London on April 26th, 1895, and resected the whole lump, using the largest size of Murphy's button for the purpose of joining the divided ends, controlling the proximal and distinct portions of the bowel during the process by his own clamps which are now used pretty universally. It was the largest volvulus that Dr. Taylor or Mr. Lane had ever seen. Mr. Lane said that it seemed to him that this method of excision was the only scientific plan, as he had before pointed out at the Clinical Society, in the discussion of the paper on "Acute Intestinal Obstruction," by Dr. F. L. Benham and Mr. Silcock. It was quite clear, he pointed out, from the condition seen in the case he had just operated upon, that any other recognised form of treatment would not have brought about the complete restoration of function which he hoped might result in this patient. The reasons in favour of excision were, he said: (1) that recurrence is impossible. (2) That a loop which is often acutely inflamed and extensively ulcerated, and the source of immediate danger from perforation, gangrene, septic absorption, &c., is at once removed. (3) That no drainage is necessary, and no fistulous opening can remain. (4) That it is a procedure to which no reasonable objection can be offered. Button was passed on 31st day.

The patient made an uninterrupted recovery.

OPERATION FOR INTESTINAL OBSTRUCTION DUE TO INTUSSUSCEPTION.—The same surgeon operated on a child, six months old, who had been admitted under Dr. Fred. Taylor. He opened the abdomen in the middle line, and found an intussusception in the iliac fossa, which had been diagnosed before the operation, but whose presence could not be detected on account of the considerable distension of the abdomen. The intussusception was reduced by traction and firm pressure.

Mr. Lane pointed out at the operation that the free exposure of the whole interior of the abdomen by means of a long median incision, in this, as in other conditions of intestinal obstruction, facilitates enormously the observation of the cause of the obstruction and its treatment, and reduces to a minimum the duration of the operation and the extent of the shock to which the patient is exposed. The advantage of a long incision he thought was most conspicuous in cases in which the seat and cause of the obstruction were in doubt.

The progress and recovery of the child was monotonously satisfactory.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 3, 1899.

## AN ANTI-VIVISECTION GALA.

At the close of the twentieth century we find ourselves living in an age of demonstrations, organised by every grade of society for the purpose of airing every kind of belief. In some instances the motives are worthy of a place in the great onward march of civilisation, in others they are simply irrational outbreaks that serve to register the stages of the social and scientific progress. Among the latter futilities may be reckoned last week's meeting of the London Anti-Vivisection Society. As the speakers were in many respects representative of the particular views to which they owe their communion, it may be well to examine the logical value of this official gospel. It may be premised that in all the history of modern societies founded for protesting against commonly accepted views and practices, none have been more noisy, more assertive, more caluminous and less supported by facts and reasons than the sect of the anti-vivisectionists. Like their first cousins, the anti-vaccinationists, they boldly run counter to the practically united voice of the medical profession. In neither case are their peculiar tenets supported by men of scientific standing in the medical profession, although each has contrived to gain a single adherent whose name is known in the medical world. The anti-vivisectionists have naturally made the most of their capture, and have advertised for weeks past in the public journals that an "eminent surgeon" would address their meeting. The propositions advanced by this new pillar of support, a pervert from his former views, were briefly that experimentation on living animals is crude in conception, unscientific in its nature, and incapable of being applied to the benefit of humanity, and that the inspectors of vivisection should be appointed from the legal rather than from the medical profession. The first three assertions may be taken together. Man is the issue of a stock common to the rest of animal life, and has been placed by the process of evolution at the head of the mammals, at least, that is the view of every modern biologist of note with whose writings we are acquainted. In a great number of instances, if not in the majority, the tissues of the lower animals react to injury and disease in a manner analogous to those of mankind. The moral right has been assumed by the higher species to make use of the lower for food, for forced labour, for sport, and for other purposes. Can it be seriously maintained that there is less justification in testing some pathological problem, say, on a guinea-pig, than in killing a heron by means of a trained hawk, for purposes of sport, nothing more and nothing less, wanton in its conception, brutal in its tendencies, and useless in its results. Yet the ancient pastime of hawking is undergoing a flourishing revival in our midst at the very moment when the anti-vivisectionists are filling the air of St. James's Hall with their resounding accusations. Let us take an example of modern "vivisection," using the word in its strictly technical sense. It is desired to test the action of a specific pathogenic micro-organism, say, that of tuberculosis, and for that purpose cultures can be injected, among others, into fowls, guinea-pigs, rabbits, cattle, and horses. In this way much invaluable information has been gained as to the life-history of the tubercle bacillus outside the human body, and especially in its relation to the communication of the malady from the lower animals. It must be borne in mind, moreover, that the existence of the specific bacillus was discovered and proved mainly by experimental evidence obtained from "vivisection." We fail to see anything crude or unscientific in this chain of investigation, which is exactly reproduced in a hundred and one other directions. Even if the results upon a particular animal, say, a goat, prove negative, they simply set the investigator at work to find the reason of that immunity, and in that way the brilliant chapter of serum-therapy has been placed in the hands of the modern medical man. Such results will require more to upset them than loose assertions addressed to the emotions of a scientifically untrained audience. As to appointing the vivisection inspectors from the legal profession, we might as well entrust the latter with the control of the vaccination, lunacy, and anatomy acts, and with the control of the General Medical Council itself. That the "eminent surgeon" carried his audience with him goes without saying. In the absence of complete justification of his now position the greater the eminence the more disastrous is likely to be the fall. The value of their support, however, may be gauged from the utterances of the worthy Bishop of Nottingham, who although he had no "practical knowledge" of vivisection was nevertheless convinced that it was "a wicked and an evil thing." Then the meeting proceeded by easy stages to condemn the whole medical profession for making experiments upon patients in hospitals. The ground upon which that gratuitous assumption rests has been thus cut away by the editor of a London newspaper. "The fundamental fallacy," he says, "on which the agitation of the London Anti-Vivisection Society is based would appear, soberly, to be this: It conceives that vivisection is undertaken in pure wantonness, for the fun of the thing as it were, and that the lust of sport grows on the practitioner till he prefers a human being to an animal subject." It is to be regretted that any member of the medical profession should appear to sanction by his unprotesting presence a view that Mr. Eden Phillpotts has eloquently described as "a deliberate insult hurled at every great London hospital, where science and humanity go daily hand in hand for the welfare of the race."

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## PREGNANCY AND THE THYROID GLAND.

During pregnancy, and even to a slight extent during menstruation, the thyroid gland undergoes more or less pronounced enlargement. This becomes noticeable towards the fifth month of gestation, and continues until the end of the puerperal period, and it is a physiological fact to which, perhaps, sufficient attention has not been paid for it may possibly help to explain a whole train of nervous symptoms of which, so far, no explanation has been attempted. The first question that suggests itself is whether the enlargement is due to simple hyperæmia or whether it is a genuine hypertrophy. To determine this point, Dr. Lange, of Berlin, administered thyroid preparations to several pregnant women under his care, with the result that under this treatment the gland diminished in size, the engorgement reappearing as soon as the treatment was suspended. He infers from this fact that the enlargement is really of the nature of hyperplasia, such hypertrophy being a strictly physiological process. The only possible explanation of this phenomenon is that there exists in the blood of pregnant women a substance, or substances, peculiar to this state, which is or are capable of acting directly upon the thyroid gland. It must, however, be borne in mind that all pregnant women do not display this tendency to enlargement of the thyroid. Thus, of 133 women observed during the last three months of pregnancy, 25 did not exhibit any tendency to glandular enlargement, but of these 25 no less than 18 were suffering from the albuminuria of pregnancy. As, on the other hand, women suffering from chronic nephritis exhibit this gestation goître in the usual way, Dr. Lange concludes that the thyroid hypertrophy is more likely to be absent in women who fall victims to one or other of the renal affections associated with the pregnant state. It is obvious that the non-existence of "gestation goître" cannot be due merely to the existence of the albuminuria of pregnancy, seeing that the latter makes its appearance, as a rule, much later than the hypertrophy of the gland, and, moreover, it has been shown that Bright's disease by no means interferes with the development of this ephemeral variety of goître. Comparative experiments on pregnant cats seem to show that pregnant animals require a larger volume of thyroid gland for the maintenance of health than non-pregnant animals, and when more than four-fifths of the gland are removed the animal develops tetany, which subsides under the administration of thyroid extract. Moreover, in a cat possessed of sufficient thyroid gland to maintain health under ordinary circumstances. the supervention of pregnancy is soon followed by symptoms of more or less pronounced renal disease. Clinical experience, as far as it goes, seems to confirm these experimental data, for Dr. Lange has had under observation two women who, during their first pregnancies, had albuminuria and no goître, whereas in subsequent pregnancies they presented this hypertrophy of the thyroid gland and no albuminuria. These facts would seem to warrant the inference that there is a close relationship between the activity of the thyroid gland and that of the kidneys, and it is conceivable that another field of usefulness may be opened out for this protean medication, not only in obstetrics, but also in gynæcology, for it is quite possible, though no clinical demonstration thereof is as yet available, that some forms of dysmenorrhœa may be dependent upon deficient activity of the thyroid gland, the importance of which in the animal economy has so recently been demonstrated.

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## THE NEW METHOD OF TREATING TETANUS.

The successful case at the West London Hospital of the treatment of tetanus by intra-cerebral injections of antitoxin, recorded under "The Operating Theatres" last week, is, we believe, only the second instance published in this country in which the new method has been tried. Of course it is impossible to claim for this method that it has solved the difficulty under which, so far, surgeons have laboured in their treatment of tetanus; nevertheless, it is impossible to dispute that it appears to be founded upon a substantial, scientific basis, and that its trial, up to the present at least, while not being uniformly successful, still gives promise of affording more satisfactory results in the future. We may here recall that Roux and Borrel, from experiments carried out at the Pasteur Institute in Paris, determined that the toxin of tetanus becomes stored up in the nerve-cells, while the antitoxin injected into the blood in the treatment of the disease does not reach the cells in which the poison is contained. The authors assumed, therefore, that this was the explanation of the frequent failure of the intravenous and subcutaneous injections of antitoxin which had hitherto taken place. Hence the idea occurred to them of bringing the poison-laden nerve-cells into direct contact with the antitoxin by means of intra-cerebral injections. For proof of this assumption their experiments showed that of forty-five tetanised guinea-pigs treated by these injections, no fewer than thirty-five recovered, while of seventeen others treated by simple subcutaneous injections only two survived, and of seventeen not treated in any way, a fatal result ensued in every instance. The principle, however, of the treatment does not exclude the continuous use of the subcutaneous injections; indeed, it is deemed to be highly essential that these should not be in any way interrupted, the idea being that the circulation of the fresh supplies of antitoxin in the blood will neutralise the poison which is secreted at the seat of injury before the opportunity is afforded it of reaching the nerve-cells. A detail of some importance, also, seems to be to excise the tissues in the neighbourhood of the wound from which the tetanic infection has taken place. The soundness of this practice cannot be disputed. As long as the infected tissues are allowed to remain, so long, it is reasonable to assume, will fresh secretions of the toxin continue to gain entrance to the blood. Those who are interested in this subject will find a *résumé* of the recorded cases, up-to-date, published in the April number of the *Annals of Surgery*. So far as they go, the cases clearly point to the value of the new treatment, but time only can show, with increased experience of its practice, whether intra-cerebral injections of tetanus antitoxin will solve the problem of the treatment of this fatal and terrible disease.

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# Notes on Current Topics.

## Dockrell v. Dougall.

We regret to learn that the plaintiff in this important legal case has failed on appeal. Our readers will remember that the action was originally brought by Dr. Morgan Dockrell for an injunction to prohibit one Dougall, the manufacturer of a certain nostrum, from using his (the plaintiff's) name in his advertisements. The jury, a common jury, from several points of view, held that the statements contained in the advertisement complained of were not libellous, and so the action failed. The Judges of Appeal held that as the finding of the jury was final in respect of the alleged libel, the verdict could not be disturbed, but Lord Justice Vaughan Williams took advantage of the occasion to observe that the verdict must not be held to mean that the advertiser of a quack medicine had a right to use the name of an eminent (or any other?) physician without his authority. Such a course, his lordship added, would constitute an actionable wrong which a British jury would unquestionably regard as justifying exemplary damages. The circumstances in this particular case which, in all probability, led the jury to their conclusion, were peculiar, in that the plaintiff admitted having prescribed and taken the nostrum of which apparently he approved, though he had given no authority for his name to be used in connection therewith. The moral is that medical men may look to the law to protect them against the unauthorised and damaging use of their names, on condition that they are careful to keep altogether aloof and avoid affording any colourable pretext for the act. Dr. Dockrell's discomfiture ought to prove a useful object lesson to the profession generally, and now that he has effectually cleared himself of any suspicion of connivance with or approval of the defendant nostrum-vendor, he himself will concede that it is imprudent to have any sort of dealings with unscrupulous persons of that ilk. "The front door, and the sooner the better!"

## Public Analysts and Somerset House.

We venture to submit that it is high time that some definite understanding should be arrived at between the Society of Public Analysts and the analytical authorities at Somerset House by which the constantly recurring wrangles in the courts of law between them respecting the standard of purity of disputed articles may be avoided. It is nothing less than a scandal that two or three public analysts should appear in the witness-box to swear to the accuracy of a certain analysis, and that, when samples of the impugned article are sent forward to the Government tribunal, the analysts swear something like the opposite. This regrettable difference of opinion is all the worse when the defendant's counsel states in court, as was recently done, that the sample must be sent to Somerset House because there is a ring among the public analysts to prevent any of them from differing from the finding of another. Now we do not believe a word of that statement, and we know that the contest of analytic opinion is only apparent, it being considered by Somerset House, as in the case to which we now refer, that the obvious deficiency of the sample which the Public Analyst regarded as indisputably the result of sophistication, might possibly have arisen from negligent washing, without any fraudulent intent. It is our suggestion that, as the Somerset House people have always inclined towards the accused, and the analysts have, perhaps, been disposed to be over-strict in their standards of purity, it would be much better for the latter to try to raise the Somerset House standard by conference and persuasion, and, failing that, to sacrifice a little of their scientific virtue by accepting the official standard. Certainly, as the result of many trials of strength between the rival opinions, the public is rapidly coming to the conclusion that analysts' judgment is as little to be depended on as doctors' verdicts.

## Medical Biographies.

It is always interesting to know how the world wagged in medical circles in times past, but our knowledge of medical celebrities of bygone centuries is mostly of a fragmentary nature, gathered from many sources, and laboriously patched together. Thanks to the researches of a few labourers in this vineyard, we are enabled to follow up the career of the medical worthies of the last hundred years or so, but though it is given to no man to forecast the verdict of posterity in request of claims to this sort of ephemeral immortality, there is no reason why measures should not be taken to hand down duly authenticated memoirs of celebrities of more recent date. We hear with pleasure that Mr. J. Y. W. MacAlister, the librarian of the Royal Medical and Chirurgical Society, is engaged upon a collective biography of the principal medical men of the nineteenth century. The biographer may not have much that is new to say with respect to those belonging to the first half of the present century, but Mr. MacAlister's almost unique acquaintance with eminent members of the profession of this end of the century promises to make the work one of exceptional interest. The dismal practice which prevails at certain societies of reading obituary notices of deceased fellows at stated intervals provides an unlimited supply of ready-made notices, not unfrequently rather bluntly put, which will facilitate the task of compilation. On the whole we would advise the author to act on Butler's wise maxim to "call no man happy not until he's dead," leaving it to his sorrowing relatives or, failing them, to his executors, to subscribe to the work when it appears.

### The Dalrymple Home for Inebriates.

THE last annual report of the Dalrymple Home for Inebriates at Rickmansworth is a most encouraging one in many ways. In the first place during the past year the number of patients who presented themselves for treatment established a record, and the financial position of the home was correspondingly good. The committee of the institution also express their satisfaction with the Inebriates Act of 1898, a point which it is of interest to emphasise, inasmuch as the favourable testimony of such experts in the treatment of inebriety must be regarded as a substantial proof that the Act in question was well conceived and has met a decided want. The new Act, as the committee assert, strikes the first blow at personal liberty when abused by drink, and so far is limited to those who, by their conduct as criminals or the subjects of petty offences, are the greatest nuisance to society. Hence it does not go far enough, since it has little application to those who keep themselves out of the clutches of the criminal law. The committee, however, trust, when sufficient time has elapsed to satisfy the State as to the value of this extended legislation, that a further step will be taken so as to include, with proper safeguards, compulsory clauses applicable to the many thousands of cases which are not at present touched by the provisions of existing legislation. The report alludes to the deep loss which the Home has sustained by the retirement of Dr. Norman Kerr, who, from continued ill-health, has been compelled to sever his active connection with the Institution and its work. The resignation, also, of Dr. Branthwaithe, who for the past fifteen years has filled the post of resident medical superintendent, is announced. Dr. Branthwaite has been appointed an Inspector at the Home Office under the Inebriates Act.

### A Sanitary Tangle.

A CURIOUS case, involving a judgment of an extraordinary nature, was settled last week in a London Police Court. The proprietors of the Carlton Hotel, a magnificent structure just erected in the West End at a cost of £500,000, were summoned for having no less than nine soil-pipes inside the building, instead of outside, as directed by the London County Council bye-law. For the defence it was urged that to alter the drains would mean to pull the building half down. The magistrate thereupon adopted what we believe to be the unparalleled course of imposing a fine of £2 and ten guineas costs. It follows that the drains are to be allowed henceforth to remain in their present position, that is to say, one that is clearly condemned by the Council bye-law. If there be one place in the whole world where advanced sanitary law should be maintained it is in a large hotel. Yet they are, as a matter of fact, often built and maintained in defiance of the most ordinary rules of modern hygiene. What about the architect who is responsible for the plans of the hotel? Was he ignorant of the London County Council rules, or did he imagine that there would be no proper official inspection, or that at the worst any little difficulty would be got over by a complacent magistrate and a pliant vestry, and the payment of a paltry fine? Are we to understand that for the sum of ten guineas the proprietors of the Carlton Hotel are to be empowered to expose whole generations of visitors to the risks arising from inside soil-pipes? Surely, the magistrate's law must be wrong, and the County Council will not allow a salutary bye-law to be overridden in this fashion. Unless we mistake the character of the Council, further legal proceedings will be heard of in this matter, which has a distinct importance as a leading case.

### Medical Men and Undertakers.

THE subject of the alleged commissions paid by undertakers to medical men for introducing custom is still attracting attention in the public Press, and in some journals has led to some correspondence. In the *Birmingham Mail* last week, for example, a writer signing himself "Lex," stated that in the course of winding up an estate in which he was interested, the executors exhausted most of their testator's ready cash in paying death dues, so the creditors were asked to let their claims stand over for a few months. With the exception of the undertakers all assented; he declined on the plea that he had already paid the medical man 10 per cent. on the amount of his bill which came to £80, for introducing the business. Perhaps before inditing this epistle it would have been more just if the correspondent had made some inquiries into the case, in order to ascertain whether the statements made by the undertaker were true. In any case, however, we trust that "Lex" will not refuse to give the names of the medical man and the tradesman to whom he refers when applied to by those who are inquiring into the authenticity of these alleged commissions. However, as an example of the other side of the argument, a firm of undertakers wrote to the same newspaper last week, stating that they had been funeral directors for twenty-five years, during which period they had never once given a fee or commission to a medical man for introducing business. Owing to the publicity which this matter has received, it cannot be allowed to rest where it is, and in order to assist the inquiry all undertakers who have paid such commissions should not hesitate to come forward and say so, producing their evidence.

### Foreign Bodies in the Vermiform Appendix.

SINCE the appendix has been treated surgically for its inflammatory disorders it has been found to contain a varied assortment of foreign bodies, together with fæcal concretions. In a paper in a recent number of the *Johns Hopkins Hospital Bulletin*, Mitchell discusses this subject from a statistical standpoint, and refers to 1,400 cases of appendicitis from various sources in the last ten years. In about seven per cent. of these cases true foreign bodies were found, while in 700 of the patients in the notes of whom a definite statement was made as to the nature of the foreign body, there were 45 per cent. of fæcal concretions. Among the assortment of foreign bodies which were brought to light mention is made of shot, pins, worms, gallstones, a tooth, and a piece of bone; also grape seeds and an oat husk, a date seed, five apple pips, and a bullet. Pins seem to have quite a predilection for the appendix. The author mentions thirty-five cases, of which he was able to obtain the record in which a pin was found in the appendix at the operation or the post mortem examination, together with two instances in which a pin had perforated the cæcum. Contrary to what might be anticipated these cases occur more frequently in males than females, being chiefly in children under ten years of age. In only a single instance of the recorded cases was any information obtainable of the means by which the pin gained entrance to the body. Another interesting feature in connection with the cases was the comparative frequency with which they were associated with abscess of the liver. In eight out of the thirty-five cases this lesion was present. In summing up the result of his inquiries the author states that foreign bodies play a much smaller *role* than was thought to be the case formerly in the causation of appendicitis, while the most frequently exciting cause is fæcal concretion. Again, there was evidence to show that the appendix acted like a trap for pointed bodies or small heavy objects such as shot or bullets. Furthermore, the popular notion that foreign bodies of light weight, as for example, grape seeds and cherry stones, were a frequent cause of appendicitis was, as a matter of fact, erroneous, inasmuch as their presence in the appendix was exceptional. The author, therefore, believes that the pin is the commonest, and at the same time the most dangerous of all foreign bodies. Of the thirty-five cases in which a pin was found in the appendix, the notes of which are given in the paper, nine are attributed to an English source.

### Stamp-lickers' Tongue.

OF a truth, the ways of disease are manifold, and it may well be said that the study of them furnishes to mankind one of the most ravelled as well as the most fascinating and comprehensive of all intellectual pursuits. What layman, for instance, would suspect that the unassuming postage stamp could become an active vehicle for the spread of deadly ailments? Yet so it is, and the name of "stamp-lickers' tongue" has recently been brought to our notice by two distinguished medical men whose names are household words not only in the profession but also throughout the whole civilised world. It is known to the few that the common postage stamp owes its adhesiveness to the serum of the horse. It follows that the film drawn from such a source may, or even must, at times be charged with microbes of a more or less hurtful nature. Nor could a more direct means of introducing such undesirable visitors into the human body be conceived than that involved in the extremely unæsthetic operation of drawing the tongue across the back of a postage stamp. If a man licked a large number of stamps daily over a sufficiently long period of time the chances are he would set up cancer of that much-abused member. As it is, many mysterious invasions of the mucous membrane of the mouth may not unreasonably be ascribed to the far too familiar habit noted by our medical friends. By the way, would not "stamp-lickers' mouth" be a better title? The danger has long ago been recognised by the postal authorities of this country, who have placed dampers on the counters of the Post Office, and some years ago an ingenious little apparatus, invented by a lady, was much in vogue. Although not an ideal alternative, we would advise readers who have no choice to use a moistened finger in their future postal operations.

### An Epidemic of Small-Pox.

THE first epidemic of small-pox, after the passing of the Act last year, has begun, and Hull is the centre of its outbreak. The disease first appeared in the east part of the town, and has now spread to the west and north-east portions thereof. Of course, everything is being done by the sanitary authorities to isolate the patients and stem the dissemination of the disease, but naturally much anxiety is felt among those responsible for the health of the town as to the position of affairs. On the other hand, it is satisfactory to report that the vaccination officers in some districts of the town are able to announce a large increase of cases of vaccination in their districts. One officer affirms that since the Act of last year came into force, and the time limit had expired, he had only had about ten cases of conscientious objection. The working classes in his experience did not object to vaccination, whereas the applications to the magistrates were principally from the middle classes. After all, with the glycerinated calf lymph now provided by the State, we cannot see that the anti-vaccinationists have a single plea left for urging their stupid fad. Mr. Chaplain says that the public have accepted the new lymph as the solution to the problem, and that the new Act is exceeding all anticipations as a vaccination measure. We can only trust that what Mr. Chaplin says is true.

### Alcoholism and Phthisis.

Of all the causes of chronic malnutrition which predispose to phthisis in adult life the abuse of alcohol is probably one of the most potent. The victims of the habit usually come under medical observation for dyspepsia associated with loss of appetite and more or less profound disturbance of the mechanism of nutrition. In the long run all the tissues of the body participate in the process of denutrition and their vitality is progressively impaired until they, or some of them, fall an easy prey to any form of infection which chance may throw in their way. Dr. Jacquet, in a paper recently read before the Paris Hospitals' Society on the relationship of alcoholism with phthisis, mentions that the history, in sixteen out of seventeen cases of phthisis in his wards, pointed to confirmed abuse of alcohol for years before the first symptoms of the pulmonary disease had made their appearance. He remarked, moreover, that in alcoholic patients the second or disintegrating stage of the disease runs a very rapid course in spite of the fibroid tendency which is generally held to characterise the physiological effects of chronic alcoholism. It is more than probable that in many instances alcohol only intensifies an already existing predisposition, but this does not alter the fact that alcohol *per se*, especially when taken on an empty stomach or in the form of absinthe, is a potent factor in creating a tendency to tuberculous infection.

### Caffein and Its Dangers.

The employment of caffein in cardiac and renal disease has become very general during the last few years, but it is well to bear in mind that though capable of rendering great service under certain circumstances, it is a drug that requires to be administered with caution. Several well authenticated cases have been recorded in which the administration of caffein has determined sudden death even in the absence of any obvious organic lesion. In three cases recently published by Professor Zenetz, of Varsovia, the heart was found post-mortem so firmly contracted that it could with difficulty be sliced. In patients suffering from cardiorenal disease, the administration of from three to five grains of citrate of caffein twice or thrice daily, though it brought about increased diuresis and improved the action of the heart, ultimately caused a distinct change for the worse in the general condition, manifested by oppression, dyspnœa and nocturnal excitement, the area of dulness of the heart at the same time undergoing very perceptible diminution. It was noted that traces of caffein could be found in the urine for a period of from ten to fifteen days after ceasing its administration. This shows that caffein is eliminated but slowly by the kidneys, and the dangerous effects to which we have called attention are probably due to its accumulation within the organism.

### The Saturday Hospital Fund.

The Committee of the London Hospital Saturday Fund has issued its twenty-fifth annual report. Its financial position is satisfactory, and the receipts advanced steadily from £4,141 in 1874, to £20,113 in 1898. The falling-off in the last mentioned year when compared with 1897 is explained by the radical and most desirable change that has been effected in the organising methods by doing away with the street collections. Notwithstanding the loss that ensued, the Fund may be congratulated upon the fact that the total amount available for grants was diminished only by the comparatively trifling sum of £600. In many ways we regard this Saturday Fund as one of the soundest charitable institutions in Great Britain. At the same time we have always felt it our duty to protest against some of the proceedings of the management. We note, for instance, in the list of institutions connected with the Fund, the name of a Convalescent Home that for years past has laboured, and is still labouring, under grave public charges of mismanagement. We also note the official connection of the Fund with the Metropolitan Provident Medical Association, a connection that always seemed to us to give an undue preference, to say nothing of money payments, to a selected number of medical men. The great loss of the year has been the resignation of Mr. R. B. D. Acland, who for nine years has steered a difficult course with tact and ability whom it will indeed be difficult to replace. It is to be hoped and believed, however, that the bark has been brought for a time into smoother water, notwithstanding the shoals and rocks of hospital reform that still lie ahead.

### The Secret Commissions Bill.

Lord Russell of Killowen introduced his Anti-corruption Bill on the 20th ult. into the House of Lords, and garnished his statement with a reassertion of the fact that the medical profession are in the habit of receiving secret commissions from chemists, opticians, and even undertakers. Speaking for the medical profession, we desire every success for any Bill which will make impossible such disreputable proceeding on the part of medical practitioners, but we protest against the Lord Chief Justice or the London Chamber of Commerce, or anyone else making a charge which they, so far, have not made any attempt to prove, and, we believe, cannot prove. We absolutely deny that the acceptance of secret commissions from chemists or opticians exists among even a material fraction of the members of the profession, though, of course, we assume that a few of the helots resort to the practice just as they descend to any other disreputable proceeding. We should like to see Lord Russell's Bill submitted to a Select Committee, when the two chemists and one optician, upon whose hearsay testimony the charge is made, could be put at the witness table and thoroughly examined.

[Our Edinburgh correspondent refers to this subject in another column, as it is supposed to affect Scotland.]

### An Old English Work.

A REMARKABLE Old English MS. on Medicine was sold at Messrs. Sotheby's last week. It was the work of Guy de Chauliac, a great medical authority in the Middle Ages, who helped to fight the plague. Some of this physician's prescriptions are still in existence. The book, which is clearly written in black letter, is entitled in the quaint style of the period: "Here begiiney ye Inventorie or ye Collectoriie in Cirgurgicale part of Medicene, compiled and complete i ye zere of Oure Lord 1363 by Guydone I Gy de Caulviaco, Cyrugien, Maistr in Medicene, doctor of Phisic, in ye ful clere studie of Montis Pessulani, Montpelers wt. som addicons of oth. doctourez necessary to ye foresaid Arte or Crafte." The MS. has fourteen fine ornamental painted and illuminated initials, with floreate marginal decorations and drawings of surgical instruments. The surgical works of Guy de Chauliac written in 1363 were first printed in French in 1478, in Latin (with other medical writers) in 1498, afterwards appearing in Italian and Spanish, but no English translation has apparently ever been printed. This important MS. was once submitted to the late Sir Andrew Clark, who was of opinion that its reproduction would be of great value to the medical profession.

### The Disposal of the Dead.

THE problem of how to find space for the disposal of the dead in the metropolitan area is one which in a few years more will have reached an acute stage. Cemeteries are not unlimited, expansible areas, and the limit of their expansion in London seems to have been reached. No further ground, then, being available for the burial, within the district, of London's dead, it is obvious that the problem will have to be solved by finding burial accommodation elsewhere. One difficulty, however which will be ever present in this regard will be that of sentiment. Londoners will be likely to rebel against being called upon to take their dead kith and kin to be buried in districts far removed from their everyday surroundings, and whither pilgrimages would be costly and demand a large expenditure of time. But in the interests of the public health, sentiment notwithstanding, London's burial places should be far away from the living, if in after years the salubrity of the metropolis is to be maintained.

### A Municipal Doctor for Dublin.

THE *Daily Independent* says that it has been decided that the Corporation shall appoint a Municipal Doctor. It speculates as to the duties which the official will have to discharge, and protests against a job to be perpetrated for the benefit of some unknown individual. We confess to having no information on the subject, but we entirely sympathise with such protest.

### Lunatic Asylum Discipline.

THE difficulty which medical superintendents of asylums suffer in their efforts to protect the patients from outrage and to maintain discipline among the staff is illustrated by a recent prosecution in Cork of a warder for kicking a lunatic. In most of these cases there is cross-swearing, with the usual allowance for perjury, but, in this instance, the attendant was caught by the Assistant Resident not only kicking the patient on the floor, but kicking him in the presence of a crowd of inmates. The only defence was that the lunatic, who was epileptic, kicked out and hurt the attendant, but we might ask of what use is an attendant if he cannot stand the violence of a patient without knocking him down and kicking him. The useful lesson to be derived from the proceedings is in the fact that, after the ruffian had been caught in the very act, the sapient magistrates considered half-a-sovereign a sufficient penalty for his offence.

### The London Medical Graduates' College and Polyclinic.

THE prospectus of the new Polyclinic College in London has just been issued, containing a full list of the post-graduate educational course for the first session which commenced on the 1st instant. The list comprises practical classes, lectures, and laboratory and clinical classes, and each course will extend over six weeks. In addition, during the current month, clinical consultations will be held at the Polyclinic on three afternoons in each week. The "bill of fare," so far, is certainly an attractive one, catering, as it does, for all the possible requirements of the post-graduate student. It may be said, therefore, that the Polyclinic starts its career auspiciously, and should have a successful future.

### Nurse Training for Irish Workhouses.

MR. EDWARD THOMPSON, surgeon to the Tyrone County Infirmary, has been making a good deal of newspaper noise because the Local Government Board declines to recognise the training of nurses in county infirmaries as sufficient for the Poor-law service. We quite admit that there may be infirmaries which are able to give their nurses a good and sufficient training, but we know that these are the exception, and we can understand that the Local Government Board can scarcely be asked to make a selection among these institutions. Wherefore there seems to be no course open to them but to adhere to the recognition of fully equipped clinical hospitals only.

### "Dr. Bland," Limited.

THE question of the right of a syndicate of unqualified persons to carry on a joint stock doctoring speculation is receiving immediate illustration in Dublin. A company has been formed, of which the first subscribers are five pharmaceutical chemists, a clerk, and a gentleman named Whelan, who is described as a physician and surgeon. It proposes to "carry on the professions or businesses of medical doctors, physicians, apothecaries, pharmaceutical chemists, dentists, midwives, and druggists." The programme is sufficiently comprehensive and, if the formation of the company be proceeded with, the legality of its proceedings will need to be carefully watched.

A man named Walter Fisher, of Sprowston, near Norwich, was sent to prison last week for six weeks, for having on March 28th last, deposited for sale at Smithfield Market, four quarters of beef which were diseased and unfit for human food.

The following appeared in the *Times* of April 28th:—"The results attained by the experiments with inoculation against enteric fever in India have been so satisfactory that there is every hope that the scourge, if not eliminated, will be so brought under control that the mortality caused by it in our Army abroad will be reduced to a *minimum*."

The Royal College of Physicians of London has been presented by the executors of the late Dr. Hare with a gold angel piece of the time of Charles II, given to persons "touched" by the King for the King's evil.

A cheque for £1,000, as a donation to the Prince of Wales's Hospital Fund, has been received from Mr. J. B. Robinson. This is the second contribution of one thousand pounds received last week.

## PERSONAL.

The services of the English nurses in the Greek hospitals during the Turko-Greek war have been recognised by the Queen of the Hellenes by the grant to them of a medal and special diploma.

Sir William Turner, President of the General Medical Council, received the degree of Doctor of Science (*honoris causa*) at the University of Cambridge on the 27th ult.

Her Majesty the Queen has presented Dr. Allen Sturge, of Nice, with a silver inkstand and writing materials in recognition of services rendered during her sojourn in the Riviera.

Dr. Dolan (Halifax) and Dr. Barr (Liverpool) have been appointed by the British Medical Association delegates to the Annual Congress of the Royal Institute of Public Health.

The Laboratories Committee of the Conjoint Board for England has appointed Dr. Thomas Grigor Brodie (lecturer on physiology at St. Thomas's Hospital) to fill the vacancy of director of the laboratories of the two colleges, void by the resignation of Dr. Sims Woodhead.

H.R.H. the Prince of Wales has appointed Sir Hermann Weber, Dr. Hillier, Mr. Malcolm Morris, and Mr. Rube as the representatives from this country of the National Association for the Prevention of Consumption and other forms of tuberculosis at the forthcoming Berlin Congress.

Major Ronald Ross, I.M.S., whose name is well-known in connection with his researches bearing on the *role* of the mosquito in the dissemination of malaria, arrived in London a few days since to take up his appointment as lecturer at the School for Tropical Diseases at Liverpool.

We are pleased to learn that the health of Professor A. M. Buchanan has so much improved that he hopes to resume his teaching in the anatomical classes at Anderson's College, Glasgow, during the winter session. In the interim the lectures will be carried on by Dr. Howat, who has so successfully conducted the classes during Dr. Buchanan's prolonged illness.

Mr. Edmund Owen, Past Master of Sancta Maria Lodge, and Mr. W. J. Walsham, Past Master of Rahere Lodge, were among those especially chosen by the Most Worshipful Grand Master, H.R.H. the Prince of Wales, to mark the twenty-fifth consecutive year of his office, the dignity of Past Grand Deacon having been conferred upon them.

The Right Hon. Joseph Chamberlain, Secretary of State for the Colonies, will preside at the inauguration dinner of the London School of Tropical Medicine, on Friday the 10th inst., when a large and distinguished company is expected. The names of the dinner committee and other particulars will be found on reference to our advertising columns.

We are glad to chronicle an act of gratitude on the part of a patient to his medical attendant. Mr. Thos. A. Matthieson, of Glasgow, whose will was proved last week, has bequeathed £500 to Dr. Samson Gemmell "for his kind attention during his professional attendance." He also left £500 to Anderson's College to assist the income of the Professor of Anatomy, and £250 each to the Glasgow Royal and Western Infirmaries.

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## Scotland.

[FROM OUR OWN CORRESPONDENT.]

Secret Commissions.—Although the hands of the medical profession are probably somewhat cleaner in this respect than those of some of their neighbours, it is to be feared that dubious relations do sometimes exist between doctors and chemists. During the past week letters—anonymous, it is true—have appeared in the *Scotsman* newspaper, and there seems no reason to dispute their general accuracy. The writers, dispensing chemists, all tell the same tale. A "young" doctor (is it always the junior who wanders from virtue's ways?) calls, and proposes to the chemist that the latter is to dispense and to retain all the prescriptions of the former; that an account is to be kept of these, with the charges (which are to be in excess of the ordinary ones); and that the doctor is to get 30 to 40 per cent. of the profits of the "deal." From the doctor's point of view this may be all very well; but the reflection that occurs to one is that the chemist must be very confiding who supposes that even the whole custom of a doctor just starting in practice will prove a lucrative investment. Of course there are all grades of this sort of thing. One hears, on the one hand, of the chemist from whom it is difficult to get a regular account of your indebtedness; on the other, of the doctor who never dreams of taking any notice of his drug bills. But, so far as our experience goes, it does not seem to be very prevalent; we are sure that the vast majority of medical men, here as elsewhere, can honestly disavow all knowledge of such practices. Possibly on account of the naked simplicity of our northern funeral rites, those other unholy alliances—between doctors and undertakers—do not appear to exist here at all. Yet, surely we have met these undertakers somewhere. Does one's memory not fly back to the pact between Mr. Mould and one Sairey Gamp, of whom he said "She's the sort of woman now one would almost feel inclined to bury for nothing; and do it neatly, too!"

**THE WILL OF THE LATE SIR JOHN STRUTHERS.**—By a codicil to his will, dated February 20th, 1899, Sir John Struthers leaves the sum of £500 to the Royal College of Surgeons of Edinburgh for the purpose of founding a lecture to be delivered before the college every third year. The subject of the lecture may be any part of human or comparative anatomy, naked eye, microscopical, or embryological normal anatomy understood, not pathological. The lecture may consist of original unpublished work, may be an account of the progress of some branch of anatomical science, or may relate to the history of anatomy. The choice of a lecturer is unrestricted as to country or profession, but he must be one who "has done and published noteworthy original work in one of the above-mentioned departments of anatomy." To the University of Edinburgh is bequeathed the stock of anatomical drawings to be exclusively under the care of the Professor of Anatomy. In this bequest the testator says, "The making of them (the drawings) has been a pleasure to me over many years, and I cannot now render them more useful than by presenting them for use in the anatomical class of Edinburgh University." A third bequest runs as follows:—"I leave £100 to the Royal Infirmary as a slight recognition of the benefit I derived from my connection with the old Royal Infirmary, in which I was dresser, non-resident surgical clerk, house physician, house surgeon, assistant surgeon, and junior ordinary surgeon from 1843 till 1863, when I went to Aberdeen, and in recognition of the honour and pleasure I have had since returning to Edinburgh in sitting on the board of management of the Royal Infirmary." £500 is bestowed on the University of Glasgow for the purpose of encouraging original work—not, it is expressly stated, for a students' prize in the ordinary sense. The award is to be biennial, the decision to rest with the Professor of Anatomy, and competition to be open to all students and graduates of the University, without respect to sex.

**OPENING OF THE SUMMER SESSION IN GLASGOW.**—The University opened on the 25th ult., when there was a very large number of students present at the usual inaugural ceremonial. There was no introductory lecture here, or at any of the extra-mural schools. In each division the professor addressed a few remarks in the way of introduction to his students. Dr. Muir, the new Professor of Pathology, as was to be expected, received a warm and cordial reception from his students. He told them that pathology is, of all branches of medical science, *the most important*. In this the new Professor is not singular, for have we not been told by every professor of the other branches of the science that his particular branch *is* the most important? The Professors of chemistry, anatomy, surgery, medicine, physiology, materia medica, therapeutics, pharmacology, midwifery, medical jurisprudence, natural history, &c., &c., invariably preface their teaching with, "Gentlemen, this is the most important branch of the science," &c.

Anderson's College also opened on the same day as the University, and the emoluments in the various classes give promise of totalling a considerably larger number than in any previous year.

St. Mungo's College also opened on the 25th. Here also, a large number of students were enrolled and a further great addition is expected before the complete list of members is made up. In these schools no loss of time took place, as the work of the session began straight away.

**QUEEN MARGARET COLLEGE FOR WOMEN** also commenced on the same date, when all the classes were well attended. At the recent graduation ceremony the female students were again located in the gallery, seeming to cause some friction among the young ladies. We give them our sympathy, simply because elderly dowagers, who have no connection with the university, but simply from curiosity and love of show, are permitted to occupy the area of the hall, so as to prevent the two sexes of students from mixing together and thus causing commotion and excitement among them.

# Obituary.

## DR. WILLIAM CARTE, OF DUBLIN.

THE lamented death of this gentleman deserves a much more sympathetic notice than the brief announcement which we published last week while our journal was at press. Dr. Carte took his first qualification as Licentiate of the Irish College of Surgeons in 1852, and subsequently became a Fellow in 1874, a member of its council, and its vice-president. Shortly after his qualification he entered the Army Medical Service, and went out to the Crimea, where he served with distinction during the greater part of the campaign, not only in the field but as a member of the official supervisory board. On his return home in 1857 he was appointed surgeon to the Royal Hospital for Old Soldiers at Kilmainham, which position he occupied at his death. He was also advanced to the Commission of the Peace for the county, and was chosen as surgeon to the County Gaol at Kilmainham, in which capacity his experiences were long and interesting. He had medical charge not only of Mr. Parnell and the other "suspects" who were incarcerated with that gentleman, but afterwards of the whole of the "Invincibles" who planned and executed the murders of Lord Frederick Cavendish and of Mr. Burke, the Under-Secretary, besides many of the local murders throughout the country, for which a dozen or so were hanged. Dr. William Carte shared with his brother, Dr. Alexander Carte, an ardent taste for natural history, and, possessing the faculty of neat manipulation and a good knowledge of dissecting, he assisted his brother and served for some time as curator of the Irish College of Surgeons. The most important of his published papers had reference to comparative anatomy, which, we regret to say, seems likely to become a lost science in Ireland. In 1891 he was appointed Physician and Surgeon on the Staff of the Commander of the Forces.

Dr. Carte, of late years, went largely into public life as an administrator of public enterprises, and in that capacity showed not only great ability, but the indispensable attributes of integrity, discretion, and good address. His chief venture was in the Dublin Tramway Company, which under his chairmanship flourished so exceedingly as to be now one of the best investments available, and one of the Institutions of which Dublin has a right to be proud. When the electric installation now being substituted for horse traction is completed, no such perfect system of domestic locomotion will be found in Europe. Dr. Carte was also intimately associated with the management of the Blessington Tramway Company, the Civil Service Building Society, and other stable and prosperous organisations. He was a gentleman in mind, and therefore necessarily, in manner, and he dies universally regretted, not only by his professional brethren, but by a very large circle which knew him as a public man.

## DR. NEDLEY, OF DUBLIN.

THE death of this gentleman, which took place on the 25th ult., at his residence in Cavendish Row, Dublin, at the ripe age of 79, and, after long delicacy of health, is worthy of special notice, as he was a personality very well known and characteristic for the public as well as the profession.

Dr. Nedley took his first qualification as a Licentiate of the Edinburgh College of Surgeons in 1851, and became M.D. of King's College, Aberdeen, in 1856, and, for some years, he, being a man of marked ability, acquired and enjoyed a fair share of private practice, but he cannot be said to have been, in any other sense, a member of the medical fraternity. So far as we know he never wrote a line for publication, or read a paper on a professional subject, or belonged to any medical society even in name, or, in fact, associated himself with medical organisations in any way, or subscribed a shilling to their funds. It was to his gifts as a social entertainer that Dr. Nedley owed everything in life. He was a professed story-teller, and kept on hand a number of amusing anecdotes which he was wont to retail for the delectation of his friends at dinner and elsewhere, and, as he possessed some ready wit, and the faculty of imitating a variety of Irish brogues, his stories were always amusing, especially to English visitors, who listened with speechless wonder to his flights of fancy. He also possessed an excellent tenor voice for an amateur, and a considerable knowledge of music, which caused his songs to be as popular as his stories. We should be only making his memory as a musician ridiculous if we were to adopt the fulsome gush of one of the Dublin newspapers, which said—"His tenor was as sweet as Guiglini's, and far more robust. His knowledge of music was incomparably greater. He could easily have made £10,000 a year as a singer, but for his unconquerable nervousness." These special qualities for entertaining the public were brought to the notice of the Earl of Carlisle in the year 1855, when that nobleman assumed the Viceroyalty, Nedley was forth. with invited to the select Castle dinners, as a unique specimen of the witty, wild, Irish native, and, forthwith, Lord Carlisle became so enamoured of Dr. Nedley's qualities that he showered upon him the first good thing at his disposal. He made him surgeon to the Metropolitan police; a lucrative position, which he vacated only about a year ago. He was also, on the death of Dr. James Stannus Hughes, appointed surgeon to the Viceregal Household, the only medical Household appointment which carries with it a salary. He has recently been succeeded in that office by Mr. Lentaigne. He was also Medical Attendant on the Training School attached to the National Board of Education.

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## Parliamentary News.

The Midwives Bill came up for discussion on Tuesday of last week on the motion for its second reading, but Sir Walter Foster objected, and the discussion was adjourned until Monday last.

Inebriate Reformatories.—The Home Secretary stated that three inebriate reformatories had been certified, but that no local authority had as yet established any such institution, though the matter was under consideration by several municipalities. There being no certified reformatory for men, several men have had to be discharged for want of such accommodation. With one exception the reformatories certified are willing to receive persons committed under Section 1 of the Act. Later in the week the Home Secretary in reply, to Mr. Hobhouse, said that he did not feel justified at present in setting up a State reformatory for inebriates, but substantial Government contributions had been secured for persons committed to certified reformatories. He proposes later on to call the special attention of the local authorities to their responsibility in the matter.

The Teeth of Recruits.—In reply to a question, it was stated that in 1898 no fewer than 1,767 recruits were rejected on account of the unsatisfactory condition of their dental appendages.

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## Correspondence.

We do not hold ourselves responsible for the opinions of our correspondents.

### MEDICAL AID ASSOCIATIONS.

*To the Editor of* The Medical Press and Circular.

Sir,—There are two sides to every question, and I beg herewith to advance a few considerations for the behoof of the two general practitioners who have lately trumpeted so loudly in the correspondence columns of your valuable journal.

First, and foremost, if I, a properly qualified and registered medical practitioner, choose to accept the salary offered by a certain combination of individuals, who is to say me nay? The amount of the salary has nothing to do with the question. Otherwise who is to defend the ridiculous sums paid to house surgeons, qualified assistants, junior officers (and, for that matter, of the senior officers as well), in workhouses and in lunatic asylums? Our opponents say that the medical aid system is radically wrong, because it makes a profit out of a medical man to whom a fixed salary is paid.

Now, Sir, may I ask your heated correspondents in what respect a medical aid officer differs from a junior medical assistant at a private asylum, paid at, say, £100 per annum, a sum that the average medical aid officer would despise. A plain answer to this point would serve to demonstrate to those who now cry out so loudly that the beam is not so far remote from their own organ of vision. The assistant lunacy officer is a qualified registered practitioner, engaged at a peddling rate to put profit in the pockets of his employers, the fat private asylum proprietors.

There are other points that could be raised with equal force and logic, but for the time being the point I have advanced will suffice. I challenge any of your readers to offer me a satisfactory way out of the above dilemma.

As to interference by the General Medical Council, the idea is too absurd for discussion in the columns of a serious journal.

I am, Sir, yours truly,
April 22nd, 1899. Medical Aid Officer.

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### MORTALITY UNDER ANÆSTHETICS.

*To the Editor of* The Medical Press and Circular.

Sir,—Some coroners are in the habit of consoling the relatives of the victims of maladministration of an anæsthetic mishap with the assurance that the mortality under chloroform is 1 in 4,000 cases; under A.C.E. and other mixtures containing chloroform, 1 in 6,000; while under ether, which is asserted to be an anæsthetic eight times safer than chloroform, the proportion is only 1 in 32,000; under nitrous oxide, said to be practically free from all risk, it is put at 1 in 1,000,000.

If these statistics are based upon facts, some interesting results may be deduced from the returns for the year 1897. During this period, 96 inquests were held on persons who had died under anæsthetics in England alone, viz., 63 males and 33 females.

| | | |
|---|---|---|
| From pure chloroform ... ... ... ... | 74 | deaths. |
| ,, A.C.E. and other mixtures containing chloroform ... ... ... ... | 10 | ,, |
| ,, Pure ether ... ... ... ... | 7 | ,, |
| ,, Nitrous oxide followed by ether ... | 5 | ,, |
| Total ... ... | 96 | ,, |

If the mortality statistics under anæsthetics quoted above are based upon facts, it follows, that in the year 1897 the following number of surgical operations performed under an anæsthetic in England alone must have been as follows:—

| | Operations. |
|---|---|
| Under chloroform ... ... ... | 296,000 |
| ,, mixtures containing chloroform | 60,000 |
| ,, ether ... ... ... ... | 224,000 |
| ,, nitrous oxide ... ... ... | 7,000,000 |
| Total | 7,580,000 |

*Quod absurdum est.* Seriously, however, as the name of the anæsthetist in all fatal cases is known it ought to be possible to obtain trustworthy information (1) on the total number of cases in which the particular anæsthetist has administered either of the four principal anæsthetic agents or combinations; (2) the number of times he has administered them during the year 1897.

I may point out that the deaths under anæsthetics reported in the daily papers probably represent but a fraction of the total number. Dr. Leonard Hill recently remarked that: "In a certain institution in Great Britain, in the course of a recent year, not fewer than twelve deaths occurred. This is no exceptional case, the deaths from chloroform are not recorded in the medical journals, for these reflect upon the reputation of the administrator and the institution in which they occur" (*Brit. Med. Journal*, April 17th, 1897). Professor Augustus Waller says in the same journal (November 10th, 1897): "A large proportion of the cases of death, undoubtedly caused by chloroform, are never published, How large a proportion it is impossible to say, yet almost certainly the largest proportion of the total number of deaths. At one hospital, from which two deaths from chloroform were reported during a year, nine deaths actually occurred." And Professor Juliard, of Geneva, gives particulars of twenty cases of death by chloroform that took place within his knowledge, but outside his own practice, three only of which had been published. In view of these facts it is fair to assume that the numbers given may safely be doubled.

I am, Sir, yours truly,
A DISCIPLE OF JOHN SNOW.

# Literature.

## POLAND ON THE EPIPHYSES. (a)

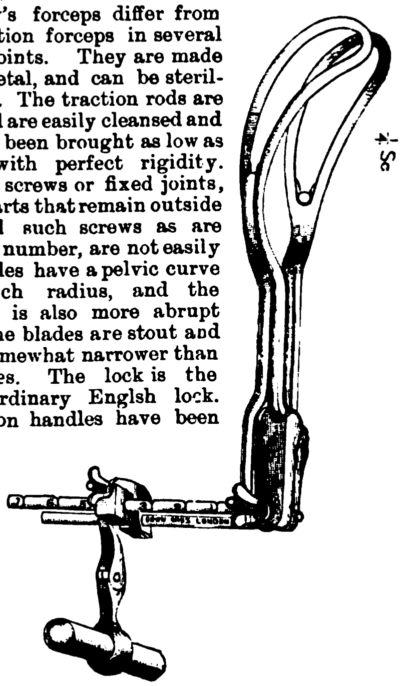
THIS monumental monograph affords an interesting illustration of the more detailed knowledge that is being attained as scientific surgery approaches its maturer growth. The main volume contains some 900 pages of royal octavo size, and is supplemented by a small skiagraphic atlas showing the development of the bones of the wrist and hand. The little auxiliary volume strikes the keynote of the author's fresh departure in relation of the traumatic separation of the epiphyses. By the aid of the Röntgen rays he has studied recent and old injuries of the kind indicated, and has been thus enabled to ascertain definitely the condition of parts, whereas previously the only control over conjecture was the objective proof offered in comparatively rare instances by operation and by dissected museum specimens. Although the author has availed himself fully of the X-ray methods, he has also turned to the literature and the clinical aspects of the subject with an application that may be styled without any stretch of rhetoric as simply Gargantuan. Hitherto there has been no authoritative teaching of this important subject as a whole, and the practitioner has been left to a great extent to work out for himself the occurrence and the results of epiphyseal damage. Still, a knowledge of the signs of epiphysitis should now be in the grasp of every medical man, who would be thereby enabled to avoid many of the *opprobria* of surgery. The study of the traumatic conditions of the epiphyses has yielded conspicuously brilliant results in orthopædic surgery, in which Mr. Polland's monograph may be fairly said to mark a new era. To take an illustration of the bearing of this class of injury upon deformities, out of several instances of subsequent shortening of the humerus, the three following may be quoted. A woman, æt 30, whose humerus was shortened 5 ins. from a fall on shoulder in infancy. A woman of seventy with 3 ins. of shortening, due to an injury when six months old. A third case (Tubby's) of 3½ ins. of shortening in a lady of twenty-five, from being lifted up by the arm at three years of age. Including the above, seven authentic cases of arrest of growth following separation of the upper epiphysis of the humerus are tabulated. The injuries to other long bones are treated at such length and minuteness as to render it out of the question to attempt any general sketch or summary of conclusions. The author has been fortunate in being able to complete his work with the fuller light thrown upon the subject by the Röntgen methods. Indeed without that aid much of the present volume could not have been written. Many of the radiograms have been furnished by Messrs. Webster and Thos Moore, two well-known workers in this field. The wide range between the appearance of some of the centres of ossification is shown in the Atlas by the cuneiform bone of the carpus, which is visible in the radiogram of a child of two, but absent in another from one of aged three and from a third five years of age. As a book of reference, Mr. Poland's exhaustive monograph will be essential to the shelves of every medical library no less than of every scientific surgeon. The labour involved must have been very great, even if we take the simple verification of references. The editing and the general appearance of the book are excellent, and the matter is illustrated with no less than three hundred and thirty-seven illustrations. The work savours of the German love of absolute and comprehensive detail, but at the same time it is tempered with an insular blending of the practical. The book is a credit to English surgery and all concerned in its production deserve the thanks of the medical profession.

# New Instruments.

## AN IMPROVED FORM OF AXIS-TRACTION FORCEPS.

MESSRS. DOWN BROTHERS, of St. Thomas's Street, S.E., have enabled us to make a practical test of an improved form of axis-traction forceps, the outcome of twelve months' experiments at the hands of Dr G. Porter Mathew. The advantages which axis-traction forceps possess over the instrument in general use are, even now, not as generally appreciated in this country as their importance merits. No one who has studied their use would be disposed to question the value of Professor Tarnier's innovation. These forceps enable powerful traction to be applied in the axis of the pelvic canal without the risk of any misapplication of force and consequent damage to mother and child. They look a wee bit complicated, but this is only because to many practitioners they are unfamiliar, and a very small amount of practice effectually disposes of any diffidence on this ground.

Dr. Mathew's forceps differ from other axis-traction forceps in several noteworthy points. They are made entirely of metal, and can be sterilised by boiling. The traction rods are detachable, and are easily cleansed and the weight has been brought as low as is consistent with perfect rigidity. There are no screws or fixed joints, except in the parts that remain outside the vulva, and such screws as are present, few in number, are not easily lost. The blades have a pelvic curve of a seven-inch radius, and the cephalic curve is also more abrupt than usual. The blades are stout and rigid though somewhat narrower than ordinary blades. The lock is the close-fitting ordinary Englsh lock. The application handles have been much shortened and lightened, and once the blades have been applied they become merely "indicators." The traction rods are on the well-known rectangular model, devised by Dr. Milne Murray, and they are easily detachable by an aseptic joint. A special form of traction block has been devised by Messrs. Down Brothers, which combines the qualities of lightness, ease of application and facility of cleansing, with an absence of screws which might be mislaid or lost.



These forceps afford a good example of the perfection to which the manufacture of surgical instruments has been brought in this country. They are admirably finished, neat in appearance, and rigid in use. In the interests of the parturient population it is to be hoped that obstetricians will, in future, avail themselves more generally of the advantages of the form of midwifery forceps, for many a difficult labour would be simplified, and many a perineum saved from rupture.

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(a) "Traumatic Separation of the Epiphyses." By John Poland, F.R.C.S. London: Smith, Elder & Co. 1898. Price £2 12s. 6d.

## Medical News and Pass Lists.

### Royal College of Physicians of London.

At the ordinary quarterly *comitia* of the College, held last week, the following members were elected Fellows of the College: —

Sydney A. Monckton Copeman, M.A., M.D.Camb; Wilfred James Hadley, M.D.Durh.; Henry Handford, M.D., C.M.Ed.; Percival Horton-smith, M.A., M.D.Camb.; Cyril Ogle, M.A., M.B.Oxon.; Arthur Ransome, M.A., M.D.Camb.; William Halse Rivers Rivers, M.A. (*hon. causa*), Camb., M.D. Lond. William John Ritchie Simpson, M.D.Aberd.; William Vicary Snow, M.D.Lond.; Herbert Ritchie Spencer, M.D.Lond.

The following gentlemen having passed the required examinations and conformed to the by-laws were admitted Members of the College:—

Peverell Smythe Hichens, M.A, M.B., B.Ch.Oxf., L.R.C.P. and M.R.C.S.; and George Thornton, M.D., C.M.Edin., L.R.C.P. and M.R.C.S.; Arthur Latham Ormerod, M.A., M.B Oxf. L.R.C.P. and M.R.C.S.

At this meeting various reports were received, and the usual routine business transacted. It was also decided to recognise the Royal University of Ireland as one of the Universities whose students are entitled to exemption from the first and second examinations of the conjoint board, and to continue during the present year, the recognition of the late Mr. Thos. Cooke's School of Anatomy, as previously.

### Royal University of Ireland.—Second Medical Examination

*Upper Pass.*—Robert J. Bethune, Q. C., Belfast; Thomas A. Carson, Q. C., Belfast; Walter Phillips, B.A., Q. C., Belfast; Edward T. Tuckey, Q.C., Cork; Thomas Walsh, Q.C., Galway, and John S. P. Weir, Q. C., Belfast. Above may present themselves for Honours.

*Pass.*—Marion B. Andrews, Q. C., Belfast; Robert Best, Q. C., Galway; Catharine L. Boyd, Q. C., Belfast; William H. N. Bright, Q. C., Belfast; James G. Campbell, Q. C., Belfast: Joseph Corker, Q. C., Belfast; Augustine T. Frost, Q. C., Cork; Daniel Gleeson, Q. C., Cork; Elizabeth S. Graham, Q. C., Belfast; Rodolphus W. Harper, Q. C., Belfast; Patrick Heffernan, Cath. Univ.; Michael J. Zaffan, B A., Cath. Univ.; John L. Lunham, Q. C., Cork; Maurice J. Macauley, Q. C., Cork; John McClatchey, Q. C., Belfast; Samuel B. W. Moore, Q. C., Belfast; Andrew J. Quirk, Cath. Univ.; Jane E. Reynolds, Q. C., Cork; Frederick W. Stewart, Q. C., Belfast; and William A. Stoops, B.A., Q. C., Belfast.

### Royal Colleges of Physicians and Surgeons of Edinburgh and Faculty of Physicians and Surgeons of Glasgow.

At the April sittings of the Conjoint Board held in Glasgow, the following candidates passed the respective examinations:—

First Examination (five years' course): William George Macdonald (with distinction), Edward Graham Taylor, Thomas Percy Cox, Evan Owen Roberts, William John Shorten, William Francis Holland, James M'Manus, Edward P. A. Richardson, D. Bernard William Dakers, William S. Nicholson, Samuel Robert Scott, Edmund Eccles.

First Examination (four years' course): Thomas B. Trotter, George A. M'Farland, Thomas Arthur Fall.

Second Examination (five years' course): John M'Intyre (with distinction), John Wm. Isbister, Syed Zumiruddin, Wm. Thomson, James Charles Galloway, Adam Fox, Archibald Macmillan (with distinction), Archibald B. Laidlaw, William H. Duncan, James W. Skelly, John Stewart, Ashton N. Collier, John Raeside Smith (with distinction), Stuart Jackson Farries, Terence Aloysius Welch, Charles Henry Nash, Joseph Edwin Cooper.

Second Examination (four years' course): Robert Cooper, Hamilton Jos. Bell, B.A., Robert Dunlop, William Boyd, Joseph D. Begley.

Third Examination: Alexander Scoular (with distinction); Percival H. Rainbird; Charles W. Sharp; Peter Mackellar Dewar; Alexander Fraser Jack; John Thomson Mallock; Allan Douglas Cameron; Timothy M. O'Driscoll: Ernest George Dryden Benson; Eyre William Powell; Paresh R. Roy.

Final Examination (and admitted licentiates of the three co operating colleges): James M. Inverarity; William M'Farlane; Alexander Johnston Wilson; Richard Steward (with honours); Duncan Macpherson Macgregor, William Denness: Louise Alice Fox; Joseph V. Usher-Summers; George Abraham Parker; Edgar Hepworth Alton; Andrew Snody Omund; Ernest Hill; Samuel Howard Smith; Denis Murphy: Margaret Elizabeth M'Neill; Albert Sophron Sieger; George Phocion Barff, John Wiglesworth.

### Meath Hospital and Co. Dublin Infirmary.

At the annual prize examinations in this institution senior prizes in clinical medicine and surgery, were awarded to Mr. Edmund Bennett (gold medal), and to Mr. Patrick S. O'Reilly (silver medal); the junior prize fell to Mr. Byrne.

### Small-Pox Patients at Hull.

The steamer, *Port Darwen*, of London, arrived at Hull on Sunday morning having six cases of small-pox on board. The vessel was from Alexandria, and she had as passengers an English minister, his wife and sister, and seven children. A few days out the minister was taken ill, the illness developed into small-pox, and he died before Algiers was reached, the body being buried at sea. After Gibraltar had been passed five of the children took the disease, and also the steward who had attended them. On the vessel arriving at Hull the patients were landed and conveyed to the hospital, and the ship was disinfected.

### Corporate and Medical Reform Association, Limited.

At a meeting of the Executive Committee, held on the 22nd ult., the following resolutions were unanimously adopted:—1. That the letter of the President of Council and Honorary Secretaries to the Lord President of the Privy Council, with the reply received, be sent to the Direct Representatives, with covering resolutions urging them to press home the five objections to the present Midwives Bill taken in the letter to the Lord President:—(1) That the Bill confers the right to attend all cases of labour; (2) also the right to render all attendance, including use of medicine and instruments; (3) that rights conferred by Statute cannot be taken away or diminished by a board formed to regulate the exercise of the rights; (4) that central licensing and a national roll (as provided in the Bill) override local authority and place the midwife beyond control; (5) that in all these respects the Bill fails to comply with the recommendations of the General Medical Council. A committee was constituted, consisting of members of the association, who are also members of the Ophthalmological Society U.K., and a letter of that committee adopted, inviting the support of other members of the Ophthalmological Society in opposing the certification of unqualified persons as efficient in departments of medical practice.

### Mortality in Foreign Cities.

The following are the latest official returns, and represent the last weekly death-rate per 1,000 of the several populations:—Bombay 142, Madras 35, Paris 23, Brussels 17, Amsterdam 18, Rotterdam 19, The Hague 20, Copenhagen 18, Stockholm 23, Christiania 16, St. Petersburg 26, Moscow 26, Berlin 20, Hamburg 16, Dresden 21, Breslau 27, Munich 26, Vienna 24, Prague 30, Buda-Pesth 26, Trieste —, Rome 20, Venice 31, Cairo —, Alexandria —, New York (including Brooklyn) —, Philadelphia 20.

The New York Assembly has passed a Bill providing that a witness shall in future lay his hand on the Bible, instead of kissing it, while the oath is being administered. If the witness be allowed to wear gloves the sole remaining risk of contracting scabies will have been obviated.

The Governor of New York has signed the Bill passed by the Legislature prohibiting bicycle racing for a greater period than twelve hours in any period of twenty-four hours.

The *Boston Medical and Surgical Journal* states that as a result of the inquest on the person who was poisoned by cyanide of mercury sent in a bottle of "Kutnow Powder," the firm engaged in manufacturing this quack medicine has been forced into bankruptcy, consequent upon the falling off in the sales.

The Civil Code in force at New York has been reinforced by a provision forbidding physicians to give any information concerning the mental or physical condition of his patient either before or after the death of the latter. No exception is made in favour of persons whose life is insured.

A well-known American musical composer has undertaken, in exchange for £1,000, to compose a march to bear the name of a certain proprietary medicine, and to be used in advertising the same. This is "art for art" with a vengeance!

# Notices to Correspondents, Short Letters, &c.

☛ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

### THE ROYAL MEDICAL BENEVOLENT COLLEGE.

Notice will be found in our advertising columns that the Annual General Meeting for the election or re-election of ten members of Council, will be held on Friday, May 26th. At the same meeting the result of the voting for Pensioners and Foundation Scholars will be announced.

Dr. R. (London).—A medical man, delegated by an insurance company to report on a patient, is, strictly speaking, at liberty to address himself directly to the subject of his investigation. In practice, however, it is more courteous and decidedly advantageous to enter first of all into communication with his medical attendant, if there be one.

# Meetings of the Societies and Lectures.

### Wednesday, May 3rd.

Obstetrical Society of London.—8 p.m. Specimens will be shown by Mr. Targett, Dr. Purslow, and others. Papers:—Mr. A. Doran: Fibroid of the Broad Ligament weighing 44½ lb. (20 kilogrammes) removed by Enucleation, Recovery, with Table and Analysis of 39 Cases. Dr. C H. Roberts: Note of a Case of a Large Retroperitoneal Fibroid undergoing Suppuration.

### Thursday, May 4th.

Harveian Society of London (Stafford Rooms, Titchborne Street, Edgware Road).—8.30 p.m. Mr. C. B. Lockwood: A Series of Cases of Arthrotomy for the Relief of Pain and for the Removal of Synovial Fringes, Loose Bodies, and Fibro-cartilages.

Ophthalmological Society of the United Kingdom.—8.30 p.m. Clinical Evening. Mr. A. H. Thompson: Tumour of Iris. Mr. T. Collins: (1) Tumour of Iris; (2) Unusual Opacity of Cornea. Mr. A. Lawson: Vascular Formation in Vitreous. Dr. Lediard: Sloughing of Cornea following Fracture of Base of Skull. Mr. Snell: (1) Primary Intraocular Carcinoma; (2) Traumatic Ptosis. Mr. Critchett: (1) Solid Œdema of Eyelids; (2) Snellen's Artificial Eyes. Mr. M. Davidson: Skiagram of Glass in Eyeball. Mr. Mackay: Skiagram of Foreign Body in Eye. Mr. Rowan: Carcinoma of Lung and Eye. Mr. Batten: Filamentary Keratitis. Cases in place at 8 p.m.

### Friday, May 5th.

Royal Academy of Medicine in Ireland.—Section of Pathology.—1. Dr. Knott: Pathological Clavicles. 2. The Secretary: Another Case of Infective Endocarditis due to Pneumococcus. 3. Prof. E. H. Bennett (President of the Academy): Traumatic Dislocations of the Intatarsus on the Tarsus. 4. Mr. W. J. de Courcy Wheeler: Central Sarcoma of Bones. 5. Mr. R. Chas. B. Maunsell: Two Peculiar Vascular Tumours of Abdominal Wall. 6. Mr. P. J. Fagan: Specimens of the following Pathological Conditions of the Tunica Vaginalis Testis:—(a) Simple Hydrocele with the Coverings Displayed by Dissection; (b) Syphilitic Disease; (c) Malignant Papillomatous Neoplasm.

West Kent Medico-Chirurgical Society (Royal Kent Dispensary, Greenwich Road, S.E.)—8.45 p.m. Dr. M. Dockrell: General Health as a Factor in Skin Diseases. (Presidential Address.)

Laryngological Society of London (20 Hanover Square, W.).—5 p.m. Special Discussion on Asthma in Relation to Disease of the Upper Air Passages (to be opened by Dr. P. Kidd and Dr. P. McBride).

West London Medico-Chirurgical Society (West London Hospital, Hammersmith, W.).—8.30 p.m. Mr. H. J. Paterson: The Use of Gas in General and Dental Surgery, together with a demonstration of a new Apparatus for the Prolongation of Nitrous Oxide Anæsthesia. Dr. J. Pardoe: Some Modern Methods of Treating Chronic Urethritis in the Male.

### Monday, May 8th.

Central London Throat and Ear Hospital.—5 p.m. Mr. Lennox Browne's Lecture on Ozæna.

# Vacancies.

Aston Union.—Resident Assistant Medical Officer at the Workhouse, Erdington, near Birmingham. Salary £100 per annum, with furnished apartments, rations, washing, &c.

Barnwood House Hospital for the Insane, Gloucester.—Junior Assistant Medical Officer. Salary £100 per annum, rising to £120 after the first year, with board, &c.

Berks County Asylum, Wallingford.—Junior Assistant Medical Officer, unmarried. Salary commencing at £120 per annum, with furnished apartments, board, attendance, and washing.

Bethlem Hospital.—Two Resident House Physicians for six months. Apartments, complete board and washing provided, and an honorarium at the rate of £12 12s. each per quarter will be paid. Applications to the Treasurer, Bridewell Hospital, New Bridge Street, London, E.C. (See Advert.)

County Asylum, Shrewsbury.—Junior Assistant Medical Officer, Salary commencing at £130 per annum, rising £10 a year to £150, with board, lodging, and washing (no liquors).

Dublin, Cork Street Fever Hospital.—Assistant Registrar and Resident Medical Officer. Salary £46 per annum, with board, residence, and attendance. Immediate applications to the Chairman. (See Advt.)

Grove Hall Asylum Bow, E.—Junior Assistant Medical Officer. Salary £120 per annum, with board, lodging, and washing. Personal application to the Medical Superintendent.

Manchester Royal Infirmary.—Honorary Ophthalmic Surgeon and an Honorary Assistant Physician. Applications to W. L. Saunder, Esq., Secretary, on or before May 20th. (See Advt.)

Royal Mineral Water Hospital, Bath.—Resident Medical Officer, unmarried. Salary £100 per annum, with board and apartments in the hospital.

Rural and Urban Districts in the Counties of Leicester, Rutland, and Warwick.—Medical Officer of Health for the period ending June, 30th, 1902. Salary £450 per annum, inclusive of travelling, stationery, and other expenses. Applications to the Clerk to the Joint Committee, Lutterworth.

Stepney Union. Medical Officer for the Union Workhouse, St. Leonard's Street, Bromley-by-Bow, E.—Salary commencing at £110 per annum, with the usual midwifery and vaccination fees in addition. Applications to the Clerk, Offices, Barnes Street, Ratcliffe, E.

# Appointments.

Adams, D. V. M., M.B., Ch.B.Edin., a Resident Surgeon to the Glasgow Royal Infirmary.

Bateman, F. J. Harvey, B.A.Cantab., M.B., C.M.Edin., House Surgeon to the Leith Hospital.

Baumann, E. P., M.B., Ch.B.Edin., M.R.C.S., L.R.C.P.Lond., Resident Physician to the Glasgow Royal Infirmary.

Cameron, A. F., M.B., C.M.Edin., Resident Assistant Medical Officer for the Workhouse of the Sheffield Union.

Christie, B. R. Craig, M.B., C.M.Edin., a Resident Physician to the Glasgow Royal Infirmary.

Griffiths, John S., M.R.C.S., L.R.C.P., Medical Officer to the Bristol Jubilee Convalescent Home.

Grimsdale, Harold B., M.B., B.C.Cantab., F.R.C.S.Eng., Assistant Surgeon to the Royal Westminster Ophthalmic Hospital.

Hector, C. Munro, M.D.Edin., Demonstrator of Bacteriology, University College, Sheffield.

Jellet, W. E., M.B., Ch.B.Edin., a Resident Surgeon to the Glasgow Royal Infirmary.

Jordan, H. Martyn, F.R.C.S., Registrar to the Chelsea Hospital for Women.

Miller, J., M.B., C.M.Aberd., a District Medical Officer, Tynemouth Union.

Nasmyth, T. G., M.D.Edin., D.Sc., D.P.H.Camb., Examiner in Public Health in the University of St. Andrews.

Salmond, J. L., M.B., C.M.Aberd., Medical Officer to the Aberdeen Dispensary, Vaccine, and Maternity Hospital.

Thomas, J. T., L.R.C.P.Irel., L.R.C.S.Edin., D.P.H.Irel., Medical Officer of Health for Wiltshire.

Wilson, A. Garrick, M.R.C.S., L.R.C.P., Junior Out-patient Surgical Officer to the Royal London Ophthalmic Hospital, Moorfields.

# Births.

Berry.—On April 26th, at South Lowestoft, the wife of Walter Berry, M.D., of a son.

Stewart.—On April 30th, at Walton House, Lordship Lane, S.E., the wife of H. M. Stewart, M.D.Cantab., of a son.

Walker.—On April 27th, at Hill Road, Wimbledon, the wife of George Walker, M.R.C.S., L.R.C.P., of a son, stillborn.

# Marriages.

Bland Sutton—Heather Bigg.—On April 21st, at St. Marylebone Church, London, John Bland Sutton, F.R.C.S., to Edith, youngest daughter of Mrs. Heather Bigg, of Radnor Place, W.

Brown—North.—On April 26th, at the Church of St. John the Evangelist, Upper Norwood, David Brown, B.Sc., M.D.Lond., of Taunton, to Cecilia Emily, elder daughter of George North, of Upper Norwood.

Lydall—Watkin.—On April 27th, at the Parish Church, Wellingborough, Wykeham Tracy Lydall, M.D., of Birmingham, to Gertrude Watkin, eldest daughter of Charles Watkin, Esq., of Wellingborough.

Meacock—Wand.—On April 27th, at St. James's Church, Westbourne Terrace, London, W., Hy. Chas. Meacock, M.R.C.S., L.R.C.P., to Hilda Blanche, youngest daughter of Chas. K. Wand, of Clapham.

Smith—Skar.—On April 27th, at the Church of the Sacred Heart, Gibraltar, Peter Colin C. Smith, L.R.C.P. and S.E., L.F.P.S.G., son of Robert Smith, M.D., of Sedgefield, Durham, to Dorothee de Sales, daughter of the late Iens Bager, Pedersen Skar, of Skar, Norway.

# Deaths.

Hinnell.—On April 28th, suddenly, at his residence, Bury St. Edmunds, George John Hinnel, M.R.C.S., L.S.A.

Hussey.—On April 23rd, at 24 Winchester Road, Oxford, Edward Law Hussey, Esq., F.R.C.S.Eng., aged 83 years.

Orr.—On April 27th, at 204 Earl's Court Road, London, S.W., Andrew Aylmer, M.B.Oxon, eldest son of the late Rev. R. H. Orr, of Stramore, co. Down, aged 40 years.

Prince.—On April 22nd, at Crowborough, Sussex, Charles Leeson Prince, M.R.C.S., F.R.A.S., aged 77 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXVIII. WEDNESDAY, MAY 10, 1899. No. 19.

## Original Communications.

### REMOVAL OF KIDNEY FROM FRONT OF SACRUM; RECOVERY.

By EDMUND OWEN, F.R.C.S.,
Surgeon to St. Mary's Hospital, W.

In connection with the communication by Dr. Newman on Malformations and Displacements of the Kidney, which appeared in the MEDICAL PRESS AND CIRCULAR of May 3rd, I would like to place on record a brief account of an extraordinary case of nephrectomy.

On November 13th, 1894, I saw in consultation with Dr. Frampton, a foreign gentleman of an extremely neurotic temperament, who complained of constant abdominal pains. In searching for a possible explanation of this distress, Dr. Frampton, under whose care the patient was, had by digital examination discovered a firm, fixed tumour in the concavity of the sacrum "in front of it there seemed to be a ring-like narrowing of the rectum." "On withdrawing the finger fæces escaped in small, narrow pieces." Two well-known surgeons subsequently examined the case, one of whom gave it as his opinion that the tumour was a simple adenoma which was associated with a slight intussusception of the rectum, whilst the other regarded it as a malignant mass. Having examined the patient under ether, I said that I would not venture even to give a guess as to what the nature of the tumour might be; but that, as the abdominal distress seemed apparently to be caused by its presence, I urged its removal by abdominal section. Two days later, therefore, I opened the abdomen above the pubes, and on dividing the peritoneum as it passed on to the rectum, I introduced my hand into the pelvis and explored the tumour which had been detected through the rectum. Finding it quite free from the rectum, but firmly fixed in its bed, I enucleated it, and bringing it up into the abdominal cavity I tied its pedicle and removed it. Only then could we determine its nature; it was a well-shaped left kidney. (The specimen is now in the museum of the Royal College of Surgeons.)

To say that the patient was neurotic is but feebly to express his temperament. He was a Semitic gentleman who had long sought relief for abdominal pains by morphia, but his craze for sedatives had been somewhat diminished by residence in an institution in America, in which the treatment of the morphia-habit was carried out. A few hours after the operation he became quite hysterical, arched himself upon his head and his heels, and, straining hard, burst open his wound, and forced the intestines out under the dressings. In less than an hour he was again under an anæsthetic, with the bowels replaced, and the abdominal wound restitched. He was a long while recovering, but on February 23rd, 1895, he left the Home in a greatly improved condition, the bowels acting every day with the help of a dose of salad oil.

### MALFORMATIONS OF THE KIDNEY AND DISPLACEMENTS WITHOUT MOBILITY,

### WITH ILLUSTRATIVE CASES AND SPECIMENS.

By DAVID NEWMAN, M.D., F.F.P.S.,
Surgeon, Royal Infirmary, Glasgow.

(*Continued from page* 453).

B. MALFORMATIONS OF THE KIDNEY: I. Variations in number: (1) Supernumerary Kidney; (2) Single Kidney, (*a*) Congenital absence of one Kidney, (*b*) Atrophy of one Kidney; II. Variations in form and size: (1) General variations in form, lobulated Kidney; (2) Hypertrophy of one Kidney; (3) Fusion of two Kidneys; (*a*) Horse-shoe Kidney (*b*) Sigmoid Kidney, (*c*) Disc-shaped Kidney.

B. MALFORMATIONS OF THE KIDNEY: I. Variations in number.

(1) *Supernumerary kidney.*—Supernumerary kidney is extremely rare. It must be considered simply as an anatomical curiosity, and consequently very little requires to be said regarding the condition. Although very few instances have been met with where more than two kidneys exist in the human subject, still cases have been recorded by Rayer, and other writers, where a supernumerary gland has existed. We have only seen one instance of this anomaly; it was at a post-mortem examination which was made many years ago upon a gentleman who died from malignant disease of the ascending colon. As no record was kept beyond what was sent at the time to the family attendant, I am unable to give details: but, from a clear recollection of the case, I can say that lying close to the upper margin of the left kidney there was a small pear-shaped body, supplied by a branch of the renal artery, and having a distinct ureter which passed into the left ureter half an inch below the pelvis of the left kidney. Sections of this mass were examined microscopically, and found to be healthy renal tissue. The mass was completely separated from the kidney proper, being united to it only by the little ureter.

This anomaly may be regarded as an extreme variety of segmentation of one of the kidneys. Generally when a supernumerary kidney has been seen, it has been found to lie close to a normal kidney, but in order to be placed in this class of malformations, the part ought to be so separated as to possess distinct vessels and have a ureter of its own, which, however, always unites with the ureter of the normal kidney before it reaches the bladder.

(2) *Single kidney.*—The anomalies which have been included under this term have been so various and so entirely different, even in their main characteristics, that it is difficult to avoid confusion, and at the same time follow the classification at present adopted.

The existence of so-called "single kidney" was known by many of the older writers such as Vesalius, Duretus, and Eustachius, but Morgagni, in 1769, was the first writer to classify these abnormalities of the kidney into two groups, namely: those instances in which two organs had become coalesced; and secondly, those where only one kidney had developed; but unfortunately to both of these conditions he applied the term "solitary kidney." Then, following upon Morgagni, Rokitansky limited "solitary kidney" to those cases in which the malformation was due to the fusion of two organs, of which the lowest degree is seen in "horse-shoe kidney," and the highest in those instances in which the two kidneys approach one another more and more, and form one "disc-shaped" organ lying in the median line, and provided with a double ureter. To the other class of kidneys where there is a "right or left kidney which is normal in regard to position and formation, and occasionally rather enlarged, its fellow being deficient," he applied the term "unsymmetrical kidney." We do not understand why two kidneys fused together as in horse-shoe kidney, where the two organs may be united only by a narrow band (see Fig. 12) and having distinct sets of vessels and ureters, should be spoken of as a "solitary" or "single kidney," any more than that the double monsters Eng and Chang should be considered as one individual. So much confusion has arisen regarding the use of the terms "unsymmetrical kidney," and "solitary kidney," that it would be well not to employ them. For example, "sigmoid" kidney, a condition where two kidneys are fused together, as shown in Fig. 16, and occupying one side of the body, has been described under the heading "solitary kidney," even although the mass was provided with a double set of vessels and two ureters.

Under the term "single kidney" we purpose only to include those cases in which one active organ is found, either as a consequence of atrophy, or from congenital absence of its neighbour. The other abnormalities, such as "horse-shoe kidney," "sigmoid kidney," and "disc shaped kidney," may be considered under the general heading of "fused kidney."

A careful distinction must be drawn between "single kidney" due to congenital defect of development of the opposite organ, and those instances in which a kidney has become wasted and functionally useless as a consequence of disease, while its neighbour has undergone compensatory hypertrophy.

In the former instance no trace of the kidney or of its ureter, or bloodvessels is found, as shown in Fig. 8, while in atrophy of one kidney as a consequence of disease the rudimentary kidney and its vessels are as a rule represented.

The following specimens illustrate (*a*) *congenital absence of one kidney*:—

Case 8.—*Complete absence of the left kidney, ureter, and vessels. Compensatory hypertrophy of right kidney.*

On June 23rd 1885, we made a post-mortem examination on a patient, Mrs. H., æt. 53, who was admitted to the Royal Infirmary under the care of the late Dr. Scott Orr, and died from tuberculous ulceration of the bowels and secondary tuberculous peritonitis (Fig. 8).

The right kidney was normal in its position, but the whole organ was greatly enlarged, weighing 12½ ounces, and measuring five inches in length and four in breadth. All the parts of the kidney were proportionately normal, and the kidney was supplied by one artery and one vein, both of which were normal in their course and distribution. The right suprarenal body was normal in size and situation, the left suprarenal body was found under the last left rib, and was normal in size and structure. No trace was found of the left kidney or of its vessels and ureter, and no opening into the bladder could be discovered corresponding to the entrance of the ureter.

The microscopic examination of the enlarged kidney was gone into very carefully, and the inquiry was a most interesting one, showing very clearly how compensatory hypertrophy takes place.

The minute changes occurring in compensatory hypertrophy we have described elsewhere. They do not demand attention here, further than to say that as far as could be made out the increase in the size of the kidney was due to an augmentation in the bulk of the glomeruli, and to an elongation and increased convolution of the uriniferous tubules, rather than to any numerical hyperplasia.

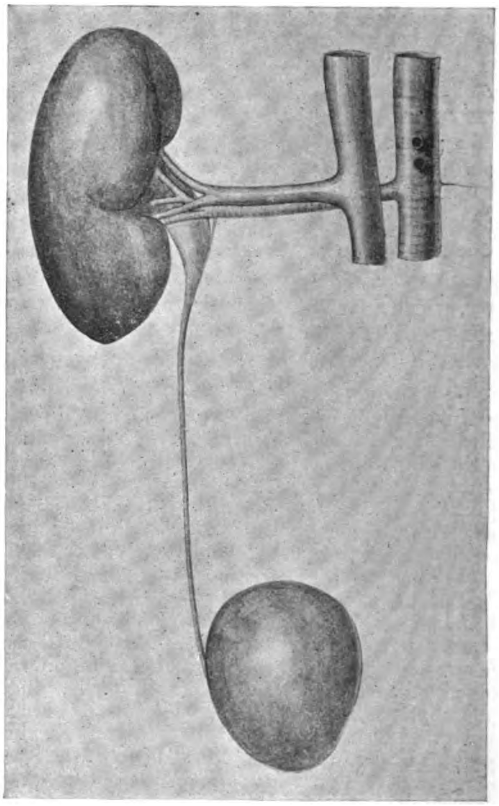

Fig. 8.

The changes taking place in compensatory hypertrophy have been carefully studied by Eckardt, Ebstein, Guttmann, Polk, and others.

Case 9.—*Congenital absence of the left kidney, vessels, and ureter.*

The specimen about to be described was placed in the Museum of the Glasgow Royal Infirmary by Dr. J. Lindsay Steven, and in the catalogue is described by him as follows (*a*):—

"The preparation shows with the right kidney the bladder and the right ureter. A most careful search at the time of the post-mortem examination failed to find any trace in the body of the left kidney or ureter, the right suprarenal capsule was normal in appearance and situation, and perhaps slightly enlarged, the right renal artery had normal characteristics; the left was scarcely thicker than a stout thread, and was lost in the tissue of the left renal region. The right ureter was quite normal; no left ureter could be found after careful search. The patient was a boy, æt. 11, who suffered from morbus coxarius, complicated by tuberculous disease of the lungs"

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(*a*) Glasgow Royal Infirmary Museum, Series VII., No. 8A.

The case and specimen described above illustrate single kidney due to the congenital absence of one organ.

The following cases show how *(a) one kidney may atrophy* or become functionally inactive, either as a consequence of want of growth, or from disease in early life:—

**Case** 10.—*Extreme atrophy of the left kidney with double pelvis but single ureter.* (b)

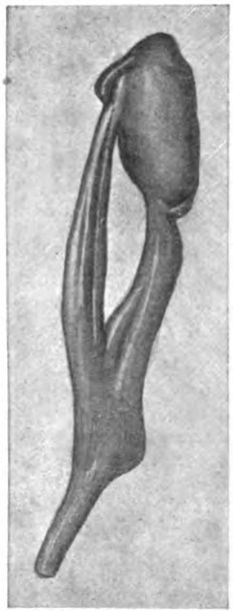

Fig. 9.

I have no details of the post-mortem examination in this case. The kidney tissue is almost completely destroyed, and the whole organ is about the size of a walnut. The pelvis is branched, and there is no hilum, the upper limb of the pelvis springs from the inner and upper aspect of the atrophied organ, while the lower limb arises from the lower border of the kidney. Both limbs unite about one and a half inches below the level of the kidney, each branch is of sufficient size to admit the little finger, and after uniting form a channel three-quarters of an inch in diameter. Below this the pelvis gradually narrows and forms a ureter which is a little wider in lumen than normal. In the preparation the vessels have not been preserved (see Fig. 9).

**Case** 11.—*Atrophied kidney, the renal tissue being almost entirely replaced by fat.* (b)

The patient from whom this specimen was removed was under my care in 1887. He suffered for many years from chronic cystitis, and ultimately died from cardiac disease complicated with passive hyperæmia of the lungs.

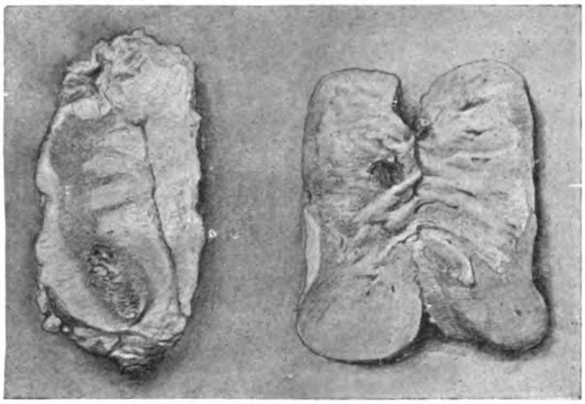

Fig. 10.

At the post-mortem examination the right kidney was found to be in a state of moderately advanced chronic interstitial nephritis, but up to the time of his death there were no symptoms pointing to renal incompetency. The kidney weighed ten ounces. The left kidney, as represented in Fig. 10, weighed half an ounce, very little renal tissue could be found in the mass, and what remained was completely embedded in firm fat. In this case the fat appeared to have developed outside the kidney, pushed its way into the interior of the organ by the hilum, and so spread towards the periphery of the organ.

The following specimen was placed in the museum by Dr. J. Lindsay Steven, and he has allowed me to make use of it:—

**Case** 12.—*Atrophy of the right kidney with compensatory hypertrophy of the left kidney, disease of the suprarenal capsules.*

The following is Dr. Steven's note in the Museum Catalogue:—

"Both kidneys are preserved, the right only weighed one ounce, the left seven and a half ounces. The organs were obtained from the body of a man suffering from spinal caries. The small right kidney was embedded in a mass of adipose tissue, and at its upper extremity there was a small cavity with smooth walls the size of a hazel nut filled with pultaceous material. The ureter of this kidney was considerably thickened, and its lumen was practically obliterated. The urinary bladder was much hypertrophied. The left suprarenal capsule was enlarged and was converted into a cream-coloured structure, but little tissue of normal appearance remained. The right suprarenal presented similar appearance."

The left kidney was healthy. Fig. 11 shows the atrophied kidney entire and on section, also the healthy kidney.

In the Royal Infirmary Museum there are many other specimens illustrating atrophy of the kidney as a consequence of disease.

Bright's disease and tuberculous lesions are undoubtedly the most frequent causes of wasting of the kidney, and it is not uncommon in very chronic cases of interstitial nephritis to find both kidneys weigh less than two or two and a half ounces. Such cases are, however, beyond the scope of this paper.

Again, renal atrophy as a consequence of obstruction to the ureter or from endarteritis, cannot be considered at present. It is to cases of congenital atrophy, or wasting of the kidney in early life, that we desire more especially to direct attention, and the cases described above appear to come under this category.

We may now consider some general questions connected with "single kidney" whether due to congenital defect or to complete atrophy of the neighbouring organ. It is of interest to observe that "single kidney" is not peculiar to the human subject, but has been seen in the lower animals also. Sutton, among others, states that this condition occurs in such animals as hens, horses, and sheep, and I have observed it in one instance in a calf. In these animals, as in men, the single kidney has been observed to have undergone increase in bulk. The following points in connection with single kidney may be considered:—

(*a*) Duration of life of the individual.
(*b*) Size of the kidney, compensatory hypertrophy.
(*c*) Form, position, and side affected.
(*d*) Sex and age of the individual.
(*e*) Liability of a single kidney to disease.
(*f*) Condition of the kidney, ureters, and vessels on the affected side, and on the side of the single kidney.
(*g*) Malformation of the other organs.
(*h*) Position of adrenal body.

(*a*) *Duration of life of the individual.* The absence of one kidney, especially when compensated for by augmentation in size, and by increased functional activity of its neighbour, does not seem to seriously influence the duration of life, so long as there is sufficient renal tissue left in the remaining organ to fulfil the function of life, as doubtless we

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(*a*) Glasgow Royal Infirmary Museum, Series VII., No. 9.
(*b*) Glasgow Royal Infirmary Museum, Series VII., No 13.

are endowed, in the normal state, with considerably more renal tissue than is necessary for even active and vigorous life.

In the post-mortem room kidneys containing very little active secreting tissue are frequently found in the bodies of individuals who have, as far as is known, never suffered from any symptoms of renal insufficiency.

The following table shows the age at death of 17 cases of single kidney when death occurred after the age of 60 years was past :—

| | | |
|---|---|---|
| 8 | persons died between | 60-65 years. |
| 1 | ,, ,, | 65 70 ,, |
| 4 | ,, ,, | 70-75 ,, |
| 2 | ,, ,, | 75-80 ,, |
| 2 | ,, ,, | over 80 ,, |
| 17 | | |

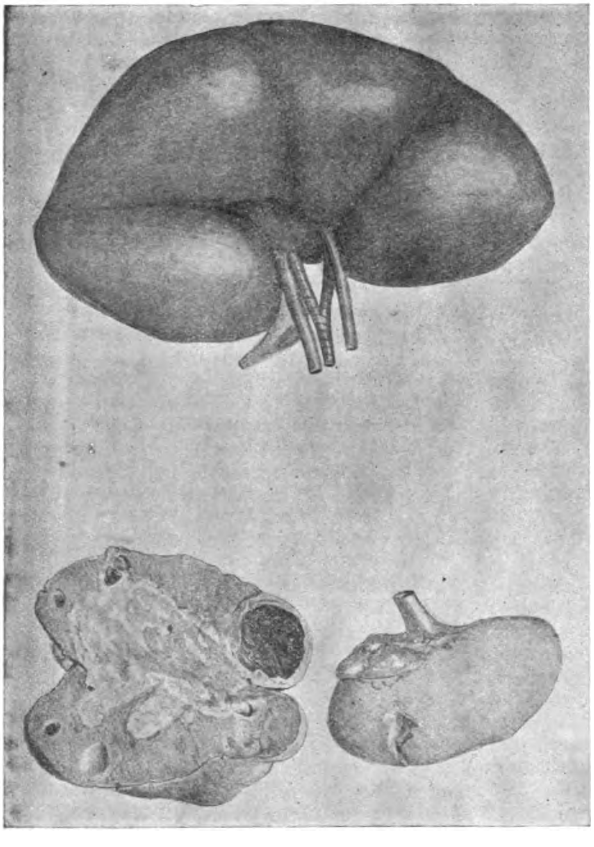

FIG. 11.

It can be easily understood, however, that in an individual with only one kidney, if that kidney becomes affected by any serious malady such as obstruction to the ureter, thrombosis, or any local inflammatory infection, the risk to life is greatly increased by the existence of only one organ. In single compensatory hypertrophy is the rule when the individual survives through the term of infancy, but even in the fœtus considerable enlargement of the kidney has been seen. Morris mentions an instance of this in " a well-informed fœtus born at full time," where " a right kidney only was present, and was twice its natural size ; the ureter was much dilated."

(*b*) *In estimating the degree of compensatory hypertrophy* in recorded cases, care must be taken to exclude instances where the single kidney has become enlarged by disease ; for instance, Morgagni describes a case where one kidney was functionally inactive, while its neighbour was ten times the normal size, and he mentions another case where a single kidney weighed 35 pounds. Again, Rhodius (*a*) records a case in which a kidney was so enlarged as to give rise to the suspicion of pregnancy. Eustachius, Vesalius (*b*), Poupart (*c*), Perrin (*d*), Breschet (*e*), and other old writers have recorded similar cases, in all of which it is very evident that the enlargement was due to disease rather than to a true hypertrophy of the organ. It may be said that when the single kidney is increased to much more than twice the normal size the enlargement is not entirely due to compensatory hypertrophy.

In true compensatory hypertrophy the kidney is found to be homogeneously enlarged in all its parts, and seldom if ever weighs more than two normal kidneys. Take for example other organs. Sometimes hypertrophy occurs in cases of congenital non-inflation of one lung, the neighbouring organ being increased in bulk, so also in the liver, when one portion becomes atrophied another may undergo hypertrophy. So many cases of compensatory hypertrophy in single kidney have been recorded that it is impossible to mention more than a few of them, but for the sake of reference I may give the following:—Duckworth (*f*), Macdonald (*g*), Palma (*h*), Brackenburg (*i*), Northrup (*j*), Davies (*k*), Pollock (*l*), Hewett (*m*), Gubbin (*n*).

On the other hand, it does not always follow that because one kidney is undeveloped or functionally useless the other organ must be considerably enlarged. Instances of single kidney, normal in size, have been seen by Turner, (*o*) Mayor, (*p*) Hamy, (*q*) Bostrom, (*r*) Brown (*s*) and many others.

(*c*) *Position, form and side affected* —In the absence of one kidney the remaining organ may (as in Fig. 8) occupy its normal position in the loin. This is usually the case in atrophy of one kidney from disease. Dr. P. W. Macdonald (*t*) described a case in which the right kidney and ureter were absent, while the left kidney was normal in position, and had a normal ureter entering the bladder in the ordinary situation. Similar cases have been described by Gubbin, Peacock, Lorain, and Gruber Single kidney, when due to want of development of its neighbour, is more likely to be misplaced and altered in form.

In many cases, however, the single kidney remains normal in shape as well as natural in size, and, even in those cases where there is considerable hypertrophy, the renal form is strictly maintained, the organ being simply increased in all its dimensions. Indeed, alterations in form are not common. In some cases, however, the organ is much elongated, in others disc-shaped, angular, or relatively thickened, and not uncommonly lobulated. Dr. M. Watson (*u*) described a case of congenital absence of one kidney, in which the remaining organ was normal in size but circular

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(*a*) Rayer's " Maladies des Reins."

(*b*) " De Corporis Humani fabrica," lib. V., cap. 10.

(*c*) " Histoire de l'Academie royale des Sciences," Paris, annee 1700, p. 35.

(*d*) " Journ. de Med. de Chirur, et de Pharmac.," Tom. XIII. Novembre 1760, p. 431.

(*e*) " Medico-Chirurgical Transations, Vol. IX., 1818, p. 437.

(*f*) " Pathological Society's Transactions." Vol. xx., p. 232.

(*g*) " Lancet," May 30th, 1885.

(*h*) " Prager Med. Wochenschr.," 1891, xvi. " Jahrg." No. 33, p. 380.

(*i*) " Lancet," London, 1891, Vol. ii., p. 869.

(*j*) " Medical Record," New York, Vol. xxxii., p 608.

(*k*) " British Medical Journal," 1885, Vol. ii., p. 397.

(*l*) " Lancet," 1863, Vol. ii., p. 622.

(*m*) " Lancet," 1863, Vol. ii , p. 622.

(*n*) " British Medical Journal," 1883, Vol. i., p. 115.

(*o*) " Edinburgh Medical Journal," February, 1865, p. 687.

(*p*) " Bulletins de la Societe Anatomique de Paris," 1876, p. 592.

(*q*) " Journ. de l'Anatomie et de la Physiol.," 1874, p. 193.

(*r*) " Beitrage zur Pathol. Anat. der Nieren," Heft i., 1884, p. 36.

(*s*) " Journal of Anatomy and Physiology," Vol. xxviii , p. 198.

(*t*) " Lancet," May 30th, 1885.

(*u*) " Edinburgh Medical Journal," Vol. ii., 1874, p. 13.

in form. the surface was distinctly lobulated, and the kidney was situated close to the brim of the pelvis.

Polk (*a*) also describes a case of single kidney where the organ was displaced into the iliac fossa, while Marzolo (*b*) records an instance where the right kidney was found lying on the right sacro-iliac synchondrosis. Wiesbach (*c*) and Lombroso (*d*) publish instances in which misplaced kidney was associated with other abnormalities. The side most frequently affected is the left, especially in male subjects; in the female the right and the left kidneys are equally liable to the malformation.

(*d*) *The influence of age and sex.*—The abnormality is found twice as often in males as in females, a circumstance which may be accounted for by the fact that necropsies are more often procured in the former sex than in the latter. About 10 per cent. of the specimens published were met with in the body of the fœtus, or in newly-born children, and, in most of these cases, the anomalous condition of the kidney was associated with some other congenital deformity, such as imperforate anus, deformities of the bladder, uterus, ovaries, &c.

In individuals who have lived, notwithstanding the deformity of the kidney, there is nothing remarkable to note regarding their age at the time of death, the mortality being almost equally distributed up to sixty years of age; over that age, as already shown, seventeen cases are recorded.

(*e*) *Liability to disease in single kidney is marked.*—Chronic nephritis, renal calculus, tuberculous disease, hydronephrosis, pyonephrosis, and abscess being the most common maladies met with. Morris (*e*) says: "Probably, as has been above stated, there is a tendency to chronic albuminuria in early or young life in persons with one kidney atrophied. When only one kidney exists, and that an "unsymmetrical" organ, there would seem to be a considerable disposition to renal calculus. Of the twelve cases of "unsymmetrical" kidney collected by Mosler, death was due more or less directly to calculus in the pelvis or ureter in nine of them; in the other three, cancer of the bladder and rectum involved the ureter; nephritis, and the consequences of obstruction due to severe congenital phymosis, were respectively the causes of death. In the case of cancer (Tulpius), a calculus had been passed per rectum in early life, and there was an opening from the ureter into the rectum through which part of the urine escaped."

I have collected eight cases of "single kidney" in which calculus was present. These were published by Rhodius, (*f*) Jobi, (*g*) Rokitansky, (*h*) Rayer, (*i*) C. Julia Fontenelle, (*j*) Everard Home, (*k*) Sylvaticus. (*l*)

Chronic tuberculous and interstitial nephritis is also very common, a few cases of hydronephrosis have been recorded, and one or two of tuberculous disease, pyonephrosis, and abscess.

(*f*) *The condition of the kidney, ureters, and blood-vessels on the affected side.*—In cases of congenital absence of one kidney the ureters and renal vessels on the affected side are absent, or only represented by a cord of fibrous tissue, and in all cases where a rudimentary ureter has been found, the opening into the bladder has been obliterated. Indeed, single kidney due to want of development may be distinguished from that caused by disease and atrophy by the condition of the ureters and the blood-vessels.

When "single" kidney is the result of disease the condition of the diseased kidney varies very considerably, it may be represented only by a mass of fibrous tissue, small congeries of cysts, or a nodule of fat. Sometimes the kidney is very small and occasionally lobulated; there may be remnants of renal tissue remaining, and the ureters may be either occluded, patent, or even dilated. The appearance of the wasten kidney depends upon the causes of atrophy, which are either sudden and complete obstruction to the passage of urine from the pelvis, or obliteration of the renal artery at an early period of life. Frequently we meet with greatly wasted kidneys as a consequence of disease late in life, as, for example, in tuberculous lesions, or in chronic inflammatory affections attacking one kidney only. These, however, do not come within the scope of this paper.

The pelvis and ureter of the "single kidney" are seldom much altered, and are never double, as has been described by some authors. Cases of a kidney provided with double pelves, double ureters, extending to and entering the bladder at different points must be looked upon as examples of "fused kidney" rather than of true "single kidney." In many congenital cases, however, the arteries and veins are anomalous in their distribution, and, as might be expected, are collectively larger in size than normal.

Dr. M. Wilson (*a*) describes a case of congenital absence of the right kidney where the left organ was enlarged, circular in form, and lobulated on the surface, and situated close to the brim of the pelvis, in front of the common and external iliac arteries of that side, with which it was in contact. Its duct, which was enlarged at the hilus, so as at first sight to resemble a cyst, gradually narrowed, but continued to be of greater calibre than usual throughout its course, except at the point of entrance into the bladder, where it assumed the normal size. The left renal artery came off from the point of bifurcation of the aorta, passed obliquely downwards and outwards, resting on the front of the left common iliac artery, and entered the upper extremity of the kidney, having previously divided into two branches. Dr. W. F. Menzies (*b*) describes a case of "single kidney," in which he states that the arterial supply was as follows:—

Just above the bifurcation of the aorta a branch was given off from the anterior aspect, and ran to the inferior internal corner of the kidney, entering it at about a quarter of an inch from the edge of the posterior surface. From the right common iliac a third renal artery took its origin, and entered the organ in close proximity, but inferior to the former. The middle and inferior sources of supply were long straight vessels of similar lumen to the superior"

Similar anomalies of the circulation in "single kidney" have been noticed by Hebb (*c*), Strube (*d*) Macdonald Brown (*e*), Macdonald (*f*), Duckworth (*g*) Tourtual (*h*).

(*g*) *Malformation of other organs, such as the rectum, the bladder, the uterus, the vagina, and the ovaries,* frequently accompany congenital defects in the kidney. This is not to be wondered at when we remember the close embryonic relationship of these parts. but this is a subject which is rather beyond the scope of this paper.

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(*a*) "Lancet," Vol. I., p. 514.

(*b*) "R. Ins. Veneto di Sc. Elettre," 1879.

(*c*) "Wiener Medicinische Wochen, 1897, No. 2, s. 20.

(*d*) "Gazzetta Medica Italiana," February, 1860.

(*e*) "Diseases of the Kidney," p. 100.

(*f*) "Mantissa Anatomica, Observatio," xxxII., 1661, p. 21.

(*g*) "a Meek'ren, Observationes Medico-Chirurgicæ," Amstelodami, 1682, cap. xl., p. 169.

(*h*) "Lehrb. der Pathologischen Anatomie." Bd. III., 1861, s. 317.

(*i*) "Traité des Maladies des Reins." Tome I., 1839, p. 404.

(*j*) Archives Générales de Médecine," Tome II., 1824, p. 517.

(*k*) "Practical Observations on the Treatment of the Diseases of the Prostate Gland," London, 1811, Vol. I., p. 68.

(*l*) Cited by "Lieutand. Historia Anat. Med." Tome I., p. 284.

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*a*) "Edinburgh Medical Journal," Vol. XX., Part i., p. 13.

(*b*) "Journal of Anatomy and Physiology," Vol. XXXI., p. 111.

(*c*) "Transactions of the Pathological Society of London," 1885, Vol. XXXVI., p. 281.

(*d*) "Uber Congenitale Lage- und Bildungsanomalien der Nieren." Virchow's "Archiv.", Bd. 137, 1894.

(*e*) "Journal of Anatomy and Physiology," Vol. XXVIII., p. 197.

(*f*) "Lancet," 1885, Vol I., p. 979.

(*g*) "Transactions of the Pathological Society of London," Vol. XX., 1896.

(*h*) "Zweiter Anatomischer Bericht u. s. w.," Munster, 1833, S. 69

(*h*) *The position of the adrenal body on the affected side* varies considerably. Sometimes where the kidney is small or altogether wanting, the adrenal body is natural in size and normal in position; on the other hand, however, commonly the adrenal body is misplaced, and undoubtedly in a few instances may not be present; or again the "single kidney" may have two adrenal bodies, as in a case published by Liebmann (*a*), where a "single kidney," lying in the pelvis, had two adrenals associated with it. Brumer (*b*) states that in forty-eight cases of "single kidney" which he had collected the adrenal bodies were only absent in five.

3. *Absence of both kidneys* is found in the lower grade of monstrosities only, and, according to Beclard, this anomaly is most frequently met with in acephalous monsters. Chaussier (*c*) showed a fœtus in which the urinary bladder, kidneys, and uterus were entirely absent, and Mayer (*d*) also published an example where the same organs were wanting. These cases may be of great interest from the embryological standpoint; and from the physiological side they are also of interest, as illustrating that the most important functions of life may be preserved in utero, without the presence of any renal tissue; but they are of no practical value to the surgeon.

(*To be concluded in our next.*)

## "DAYMARE."

By TOM ROBINSON, M.D.,

Physician to the Western Skin Hospital.

A GENTLEMAN consulted me with the following somewhat curious history:—"I was coming up to London a fortnight since, and when we were passing through a tunnel a feeling came over me that I must get out. I was trembling, and I felt like a child in a dark cupboard, so strong was this feeling that I left the carriage at the next stoppage, remained all night there, and travelled up to London the following day by a slow train. I am not usually timid in a train, I have never been in a railway accident, and I am totally unable to account for this sensation; all I know is that I feel quite convinced that had I not got out of the carriage I believe that I should have jumped out of the window. I am ashamed to come with such a story. I don't think I am what would be called a coward. As I ride to hounds, and I have been in some tight places in my life, and, honestly, I don't think I ever showed the white feather." My patient was forty years of age; he was, so far as clinical observation went, a sound man. His family history embraced several odd symptoms, without pointing to any definite proclivities either mental or physical. Physically he was a healthy looking man, and conducted himself quietly and sensibly whilst in my room.

It would be easy to select a group of cases which we may designate "Daymare." For instance, it is not uncommon to meet with robust and sturdy men who cannot go near to the edge of a cliff, look out of a high window, or climb a ladder, at least they assert that if they were to do so a strange, trembling, uncertain feeling creeps over them, and they think they must lose their balance and throw themselves over. Others are unable to sit in a crowded building, such as a church or a theatre. Others, again, will tell us that they experience the same sensation if they are in a crowd. Many women and some men have a sensation of approaching calamity if they ride in a conveyance of any kind which is drawn by a horse. These very individuals will usually ride tranquilly in a train. We are seldom consulted primarily for these troubles they usually come under our notice in gathering up the history of a case.

One thing is certain, that the majority of such instances spring out of those who have what is known as the nervous temperament. In other words, they are subject to cold feet, at times pass abundant and pale urine, and have a generally unstable nervous system, with tremulous upper eyelids, best seen when the eyes are shut. There is not any morbid anatomy connected with such cases, the changes are only fugitive and functional. The practical question is, can we suggest any line of treatment with any hope of helping our patient in these odd cases? I am afraid we are only able to point out to these people the fact that the remedy is in their own hands, that they must try to conquer their terror, but we can and we ought to impress upon them not to lean upon alcohol or drugs for support. These will certainly give them confidence for a time, but there is always the force of habit to be remembered, and the man or woman who takes a dose of bromide or opium, or a stiff glass of whiskey, before commencing a journey, runs a risk, and a great risk, of becoming a victim to habit. These patients will sometimes say, "Give me something which I can take when I feel queer," and if we are wise we shall do so. A little tincture of valerian is as good as anything; it will generally remain untasted in the bottle. It is astonishing to notice how many go about with a little bottle full of some medicament which they will be able to take "if they are queer," and it is equally astonishing to know how long a single dose will last *confido conquiesco*. There are many other terrors which profoundly affect individuals besides these of space, terrors which dislocate the reason and produce physical effects out of all proportion to their origin. There is the large group of individuals who are always going to their doctor because they are afraid they are going mad, others fret themselves tremendously because they are afraid they are going to have some malady such as cancer or consumption. I have known a man labour for some years under the fixed delusion that he was the victim of syphilis; another will gloat day by day over an examination of his own fæces, which, he says, are never healthy. Could any of us define healthy fæces? Every internal organ meets the attention of many who have time on their hands and the nervous temperament, and to all these a floating kidney appeals with striking force. And the lives of thousands of women are practically spent in the contemplation of a sluggish liver. In all seriousness such cases are too often the vampires in a family. No one is so selfish as the self-absorbed. Give these patients what names we like, either neurotics, hypochondriacs, or hysterics, say with Shakespeare that "their flesh is mad," the fact remains that to us they look for assistance. With disease which has a morbid anatomy we experience but little difficulty, because we, to a large extent, know the course which the malady will usually run; but these individuals whose whole tissues seem crazy, whose special senses do not appear to see the world as others see it, who, in one word want common sense, these constitute an enormous bulk of those who appeal to us. What we can do is to listen patiently to their complaints, to examine every organ carefully, and then to speak with absolute frankness; many of the most gifted men and women which the world has ever seen have had daymare. Martin Luther threw the ink-pot at the devil; Napoleon I. used to say he had heart-disease; Sam Johnson was profoundly imaginative. My late gifted teacher, Dr. Sutton, said with so penetrating a truth, "It really is a grand thing to be nervous, often much unpleasantness and pain are mixed with it, but that is owing to abuse. The world's work is

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(*a*) "Centb. fur Chir.," 1887.
(*b*) Virchow's "Archiv.," Vol. LXXII., p. 344.
(*c*) "Bull. de la Faculté de Méd. de Paris," 1810, p. 35
(*d*) "Journal des Progres," Tome IV., p. 281.

done by the nervous. We may see that the greatest workers are the most nervous, the most sensitive among men."

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# TREATMENT OF GONORRHŒA IN THE MALE. (a)

By J. D. THOMAS, M.D.,

Professor of Genito-Urinary Diseases, Western Pennsylvania College, Pittsburg, &c., &c.

"There is no royal road to geometry"; neither is there a royal road to the cure of gonorrhœa, as those who have extensive experience with the disease will testify. That the vast majority of cases of gonorrhœa are recovered from within six or eight weeks is true, but it is also true that a certain proportion is very rebellious to treatment. Some of these latter recover after prolonged treatment, whilst a few appear to be incurable. I believe that most urethræ that have once undergone a marked attack of the disease suffer some permanent impairment, evidenced by hyperesthesia, an urethritis of simple character from trivial causes, prostatic neurasthenia, to say nothing of the more gross lesions, such as stricture, &c.; therefore, an early cure is a very important matter, as it prevents the many sequelæ which may follow.

With regard to treatment, I recognise three types, or classes, of the disease, viz.:—1. A virgin gonorrhœa, in which the inflammation is of a severe character. 2. A virgin gonorrhœa, in which the inflammation is of a moderate or mild character; and 3, a multigonorrhœa, for in this last class the inflammation, as a rule, is subacute or moderate. Classes 2 and 3 may be treated along the same lines, unless there are special pathological lesions left from the previous attacks in Class 3.

In the first class, irrigations or injections are impracticable. The urethra is so swollen that the urine is voided in a small stream and with a great deal of pain. It is still more painful to attempt to inject a solution of any kind into such an urethra, for, in the first place, it will not enter, and, in the next place, the attempt is a source of irritation. In this class catharsis is indicated, together with full doses of sodium bicarbonate (or any of the alkalies) with hot water, persistently applied, locally. Quietude, with proper hygiene, general and sexual, is also important. To keep the bowels open, a drachm of sulphate of magnesia may be given morning and evening. With the evening dose, thirty grains, or more, of bromide of potassium may be combined. This will tend to keep down erections, which are accompanied with chordee, and at the same time aid in securing rest. After the acute symptoms subside, the same line of treatment may be followed in Classes 2 and 3, which I now outline.

Irrigation by the Janet method is, without doubt, a great aid in the treatment of gonorrhœa. It is carried out thus: Fill a fountain syringe, placed six to eight feet high, with the solution hereafter described. The end of the rubber tube is fitted with a glass nozzle. The nozzle fits in the meatus, and the irrigation is accomplished without passing any instrument into the urethra. It is not a specific or "sure cure," as some would have us believe, but it is a good method of cleansing the urethra with copious quantities of antiseptic fluids. It is less painful than attempting to accomplish the same results with a catheter or retrojection tube passed to the bulbous portion of the urethra. After the first irrigation, when the patient may be somewhat nervous, the method is painless, agreeable, and satisfactory. The best general solution to use is that of permanganate of potassium of the strength of 1—4,000 to 1—3,000. I do not vary the strength of the solution much, for if it is too strong, some smarting will be produced, and it cannot be used in sufficient strength to act as a germicide. Strong solutions are less efficient than those that produce no pain. Having used other solutions, as bichloride of mercury, formaldehyd, &c., and having found them less efficient than the permanganate, I now use the latter almost exclusively.

To make the irrigation method successful, it must be given morning and evening for six days, then once a day untill the case is cured. If at the end of two weeks it is found that no better results are being obtained than by methods that take up less of the physician's time, it is then better to resort to some of the other methods.

If the patient cannot receive office treatment daily, the Janet method cannot be utilised, except as auxiliary treatment, and it becomes necessary to resort to the injection method. The medicines used for this purpose are numerous. Personally, I prefer the following injection, viz.:—

℞ Zinci sulphocarb., gr. xv.
Acidi boric, gr. xxx.
Aq. destillat., ℥vj.

Sig.—To be used as an injection every two or three hours, after urination.

To prescribe an injection to be used three times a day is temporising and inefficient. The patient should also be instructed to use the injection at least twice during sleeping hours. By this method the pus, with the gonococci, is washed away, and nature is given a better chance in the conflict. If the patient is not making satisfactory progress, the physician himself may occasionally give an injection of nitrate of silver, grain ¼ to the ounce. In addition to the local treatment, salol with oil of sandal-wood, or copaiba, may be given three times a day.

When the deep urethra is involved, if we are using the irrigation method, the solution should be carried, after first cleansing the anterior urethra, through the urethra into the bladder; the patient is then permitted to void it. This process is repeated two or three times during each *seance*, as the bladder will not bear a large amount of the solution at each attempt. When the irrigation method is not practicable, instillations may be substituted, nitrate of silver grain 1 or more to the ounce being used, but not oftener than every three or four days. Salol and the alkalies are here quite beneficial. Hot water, injected into the rectum, may also be useful. If, at the end of six or eight weeks, there remains some discharge, the passage of a *fairly* full-sized sound may be practiced. If, after the passage of the sound, the case improves, the treatment may be repeated every fourth day, but, if not, it must be discontinued immediately.

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# Clinical Records.

## TWO CASES OF ECLAMPSIA SUCCESSFULLY TREATED BY VENESECTION AND INTRAVENOUS INFUSION OF SALT SOLUTION. (a)

By Charles N. Cutler, M.D., Chelsea, Mass.

The first case was a primipara, æt. 25, at full term of pregnancy, confined October 13th, 1898; labour normal, duration of second stage about one and one-half hours. The first convulsions came on during the delivery of the head, and were repeated somewhat regularly with fifteen or twenty minutes intervals. The administration of ether was immediately resorted to, and one-eighth grain pilocarpine with one-half grain morphine given hypodermically. Consciousness did not return after the first interval. Pulse 125, temperature not noted. The patient had five convulsions up to the time of receiving the intravenous injection. Total suppression of urine.

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(a) From the "International Medical Magazine," April, 1899.

(a) From the "Boston Medical and Surgical Journal," March 30th, 1899.

With the assistance of Dr. George C. Hall, the median basilic vein was opened, and about eight ounces of blood allowed to escape, followed by the introduction of about one quart of normal saline solution.

Ten minutes after completing the operation the pulse fell to 108, later to 104; consciousness returned in half an hour.

The catheter was introduced directly after the injection and two ounces of urine obtained, which became solid when subjected to the heat test. Three hours after the injection twelve ounces of urine were obtained by catheter.

Two hours later, on introducing the catheter, but two or three ounces of urine were obtained, showing a returning suppression; this was very soon followed by a convulsion very much milder in form than those which preceded it. Three convulsions followed at hourly intervals. The secretion of urine then began to increase; fourteen ounces were secreted in the three hours following the last convulsion. Consciousness again returned and the patient recovered rapidly without incident.

Twenty-four hours after the cessation of convulsions the urine showed a slight trace of albumen.

The second case occurred in the practice of Dr. W. G. Bond, of Revere. A multipara with her second child, eight months pregnant, was attacked with a convulsion at 12 a.m., January 24th, 1899.

Premature labour was induced by Dr. Bond and completed about 4 a.m. Prior to this the patient had had three convulsions, notwithstanding the free exhibition of chloral, potassium bromide, morphine, pilocarpine, and the administration of ether.

After delivery the convulsions ceased for eight hours. From 12 o'clock January 24th until 2 o'clock a.m. January 25th she had eleven convulsions, increasing in severity, frequency, and duration, the patient not regaining consciousness in intervals between the last three convulsions.

At 2 a.m. January 25th one-half ounce urine was drawn by catheter, which showed over one per cent. albumen.

At 3 o'clock a.m. January 25th the median basilic vein was opened and from twelve to sixteen ounces of blood allowed to escape, after which the cannula was introduced and two quarts saline solution injected. The pulse rapidly fell from 130 to 88 per minute. Consciousness returned as soon as the patient recovered from the anæsthesia.

The patient was catheterised at 4 o'clock a.m., one hour after the introduction of the solution, and fifteen ounces of urine were drawn; again at 7 o'clock six ounces; at 9 o'clock three ounces, at 12 o'clock twelve ounces.

In the twenty-four hours following the operation forty ounces of urine were secured.

At 12.30 o'clock a.m., of the 27th the second suppression of urine began; between this and 3 p.m. only nine ounces were secured. At this time, sixty-one hours after the last convulsion, a partial convulsion occurred, followed by delirium, and it was thought best to subject the patient to another infusion. Accordingly the vessel was opened and eight ounces of blood allowed to escape, followed by the introduction of two quarts saline solution. This entirely overcame the delirium. Urinary secretions commenced in earnest, and sixty-four ounces were secreted in the following twenty-four hours, and as much each day until the urine became normal in quantity as well as quality.

Circumstances surrounding the first case rendered it impossible to preserve a more detailed record. Like the second case, it clearly proved the tendency in these cases to a secondary suppression of urine, which must be promptly met by a second intravenous injection. Whether a second bleeding was indicated remains a question of some doubt.

# Transactions of Societies.

## ROYAL ACADEMY OF MEDICINE IN IRELAND.

### SECTION OF PATHOLOGY.

MEETING HELD FRIDAY, MARCH 24TH, 1899.

The President of the Academy, Prof. E. H. BENNETT, in the Chair.

### BRODIE'S ABSCESS IN TIBIA.

MR. HENRY GRAY CROLY communicated several cases of Brodie's abscess, and exhibited portions of bone removed by a small trephine and drawings of the cases; the bones were much thickened and diseased. Immediate relief followed the operation in all cases.

Mr. E. H. BENNETT noted that they were not confined to the epiphyses as described by Brodie. He believed that they had nothing to do with tuberculous disease of the bone, owing to their great chronicity, and the fact that they are relieved by emptying.

Mr. T. MYLES related the case of a boy who returned 3 years after operation with a superficial abscess over the site of the original Brodie's abscess. No new bone had formed in the cavity. Another case on which he operated was remarkable in its recovery in that the skin dipped down into the recess, and patient had now a pocket extending backwards an inch in depth into the tibia. He thought that the explanation of the alleged frequency of this condition in the tibia was that the disease was not recognised when occurring in other situations.

Dr. KNOTT pointed out that in Brodie's cases there was no external appearance to guide to a diagnosis.

Mr. T. E. GORDON referred to the case of a patient, æt. 45, who had first noticed a swelling after an injury received twenty or thirty years previously. About twelve years ago a sinus had formed and closed, and a second formed and closed, but a third sinus which formed persisted. A thick layer of dense bone was chiselled through with difficulty, and a large abscess found in the bone.

Mr. CROLY, in reply to Mr. Myles, admitted that circumscribed abscess of bone was not confined to the tibia, though it was met much more frequently there.

### ENTERIC FEVER WITH FATAL EMBOLIC HEMIPLEGIA.

Dr. J. W. MOORE reported the case of a married woman, æt. 29, who died on the forty-third day of an attack of enteric fever. Severe intestinal hæmorrhage occurred as early as the tenth day, persisting for three days. The patient, notwithstanding, progressed favourably until the twenty-seventh day, when a fresh rise of temperature, pain in the left side and a choking sensation marked the occurrence of hæmorrhagic infarction in the spleen. Eleven days later, a violent rigor and rapid rise of temperature to 105·6 degs. ushered in an attack of right hemiplegia with complete aphasia. The patient sank and died on the forty-third day. The heart was softened. An ante-mortem clot was found in the left auricle. The left middle cerebral artery was blocked by a firm embolus. The spleen was the seat of several hæmorrhagic infarctions. The terminal few inches of the ileum showed frequent excavations formed by the previous detachment of numerous typhoid ulcers.

Dr. E. J. MCWEENEY mentioned a case in which the pneumococcus of Fraenkel became localised in the meninges after the morbid process to which it gave rise had been successfully overcome in the lung, also a recent case in which the symptoms were indistinguishable from meningitis, and the real nature of the case was only ascertained by Widal's reaction.

Dr. R. TRAVERS SMITH asked if the myocardium exhibited parenchymatous or fatty degeneration?

Dr. J. W. MOORE, in reply, said that the endocardium was perfectly healthy, and that he could not account for the ante-mortem clotting. No minute examination of the heart muscle was made.

Dr. D. F. RAMBAUT exhibited specimens of primary carcinoma of liver, with enormous enlargement of spleen.

### GALL-STONES WITH MULTIPLE ABSCESS OF LIVER AND CARCINOMA OF THE BLADDER.

The **Secretary** (Prof. McWeeney) showed the liver of a woman, æt. 70, who suffered from severe and persistent jaundice for several months before death, and was thought to have cancer of the liver. Post-mortem the organ was not much enlarged (weighed 60 ozs ), but was studded on the surface and throughout with hundreds of small abscesses, varying in size from a pin's head to a hazel nut, and containing a greenish pus, thick and inodorous. The larger bile ducts were greatly dilated and contained inspissated bile mingled with soft gritty concretions. The common bile duct was large enough to hold the little finger, and contained several crumbling calculi, one of which quite blocked the passage into the duodenum. Of gall-bladder there was no trace, its position being occupied by a solid white nodule about the size of a walnut, to which the duodenum was firmly adherent. On microscopic examination this proved to have the structure of adeno-carcinoma, and a gradual transition from normal bile duct to carcinoma structure could be distinctly traced in the sections. No trace of the wall of the gall-bladder could be detected with the microscope. The hepatic duct ran into this nodule, and the common bile duct ran from it to the duodenum. The cystic duct seemed to be represented by a solid cord about ⅛ in. in diam. The abscesses contained two varieties of bacillus coli, both highly virulent for animals. He was inclined to look upon the organisms as the primary ætiological factor, then came the calculi, and finally the conversion of the gall-bladder into a solid mass of neoplasm.

Dr. **Littledale** remarked that in the case of the kidney, when bacterium coli is found in the urine with symptoms of pain about the kidney, it was a sign of stone in the kidney.

Dr. J. W. **Moore** commented on the fact that patients recovering from typhoid fever sometimes became subject to gall-stones, probably due to the localisation of Eberth's bacillus producing a deposition of cholesterine and lime salts.

Dr. **Rambaut**, in reply, said that there was a varicose condition of the gastric and œsophageal veins, and also the veins behind the peritoneum. He had lately made a post mortem examination on a woman who died of consumption, and found four abscesses in the liver. From the pus obtained he got almost a pure culture of bacterium coli.

Dr. **McWeeney**, in reply, said that he had lately seen a very large kidney completely riddled with small abscesses containing a creamy pus which contained one organism only—the bacillus coli in prodigious numbers, and they could be seen easily filling up the urinary tubules. Without doubt, the process had penetrated from the pelvis through the papillæ, along the straight tubules, and had excited suppuration from the interior of the urinary tubules outwards. The same thing is constantly found in what are unjustly called "surgical" kidneys. In cases of typhoid fever, it was his experience to find Eberth's bacillus invariably present in the gall bladder. In fact, the bile seemed to be an ideal medium for the long preservation of the life of various pathogenic species of bacteria.

Dr. **Ninian Falkiner** reported a case of peculiar clot from a case of epistaxis.

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## EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Meeting held May 3rd, 1889.

Sir **John Batty Tuke**, President, in the Chair.

Dr. R. **Fleming** showed specimens of (1) typhoid ulceration of intestine from a breast-fed child of ten months; (2) gumma of brain; (3) waxy degeneration of kidney and liver.

Drs. **Harvey Littlejohn** and C. B. **Ker** read a paper dealing with

### THE HISTORY AND CLINICAL FEATURES OF THE RECENT OUTBREAK OF TYPHUS FEVER.

Dr. **Littlejohn** said that there existed no records of the exact amount of typhus fever in Edinburgh prior to 1879, when compulsory notification was enforced. There were, however, many hundreds of cases annually. During the period 1880-98 482 cases were reported, with a mortality of 25 per cent. The yearly average of cases had diminished from 30, with a mortality of 28 per cent. in 1880-9, to 6, with a mortality of 14 per cent. in 1890-7 The epidemic of 1898-9 began in the first week of October, reached its height during November, and died down in the middle of January. In all 82 cases were reported, but there was no doubt that earlier ones escaped recognition owing to the comparative rarity of the disease, and that those which proved fatal were certified as pneumonia, influenza, or bronchitis. The epidemic appeared to have originated at the wake of a man said to have died of pneumonia; it was kept up for two whole days amidst the most insanitary surroundings. Among the lessons taught by this epidemic, the speaker noted that the disease appeared to be communicated by direct contagion only, there being but one case in which this could not be demonstrated. No case was reported where the fever had spread in an infected tenement, apart, that is, from actual personal intercourse. It was also noteworthy that nearly a quarter of the cases occurred in children under ten—three times as many as in the next decade of life. There were no deaths below the age of fifty, and most of the fatal cases were in alcoholic subjects. In one instance, an old woman had infected twenty-two persons—her children and grandchildren—living in different parts of the town. The disease was stamped out by isolation of patients, disinfection of dwellings, and fifteen days' quarantine of all exposed persons. It was found that if some small compensation for rent, &c., were given, no objections were raised by persons put in quarantine.

Speaking of the clinical features of the epidemic, Dr. **Ker** said that his desire was to learn from some of the older members whether the type of the fever had altered since it was endemic in Edinburgh thirty years ago. In two cases where the exact date of exposure to infection was known, the incubation period proved to be thirteen days; in another, the disease developed two days after discharge from quarantine—*i.e.*, at least seventeen days after exposure. Vomiting, headache, and pains in the limbs were the most common features of the invasion, and were present in thirty-seven per cent of the cases. In a few cases the temperature rose suddenly; usually, however, the rise was gradual, attaining its maximum about the fourth or fifth day. In one patient the temperature actually fell to normal on the morning of the third day—only, however, to rise again. The rash almost invariably appeared on the fourth day, and consisted of three elements:—(1) Raised rose-coloured spots, disappearing on pressure at first, but becoming duller and permanent later; the whole trunk and limbs were covered, but the face was spared; (2) similar spots beneath the skin—the subcuticular mottling—often best seen in the axilla; (3) hæmorrhages. The second of these elements was the first to appear it might be seen as early as the second day. In all the favourable cases the temperature tended to recede a little about the seventh day, and, as a rule, the cases terminated on the thirteenth or fourteenth day by a crisis lasting for two or three days. Most of the fatal cases died at the crisis —in only one case later. The urine of the fifteen consecutive cases gave the diazo-reaction; after this the examination in this respect was suspended. None of the cases examined give Widal's reaction. One patient had had an undoubted attack of typhus six years previously. Among the complications were two cases of pregnancy—in neither instance did miscarriage ensue. Otorrhœa occurred twice, severe diarrhœa seven times, hypostatic pneumonia six times, parotitis once, and nephritis once. Fewer females died than males; the prognosis was worst in alcoholics, in old people, and in cases whose temperature did not fall a little about the end of the first week. As regards the treatment adopted: the temperature of the wards was kept low, 55 to 60 deg. F. by day, and about 50 deg. F. at night. In addition, few bed-clothes were allowed, and these two procedures seemed to help to keep the temperature down a little. Insomnia almost always required treatment; for this, sulphonal, paraldehyde, and occasionally chloral, were the drugs most relied upon. It was of some interest that the staff of sixteen nurses and four doctors engaged in looking after the cases escaped completely; Dr. Ker ascribed this to the great care taken to secure good ventilation, and to the frequent sponging of the patients with disinfectants.

Sir John Tuke and Drs. James Carmichael, Affleck, P. A. Young, James, and Argyll Robertson took part in the discussion which followed. It was generally agreed that this outbreak of typhus fever seemed in no way different from those seen a quarter of a century ago.

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## HARVEIAN SOCIETY OF LONDON.

### CLINICAL EVENING.

MEETING HELD THURSDAY, APRIL 20TH, 1899.

H. E. JULER, F.R.C.S., President, in the Chair.

### COXA VARA.

**MR. JACKSON CLARKE** showed a girl, æt. 3½, suffering from unilateral coxa vara. The patient when first brought to hospital, walked with a pronounced limp, the body lurching to the left when the foot of that side was placed upon the ground. On examination the left great trochanter was found to be nearly on a level with the anterior superior iliac spine. There was neither eversion nor inversion of the limb, and the head of the femur was felt to move smoothly in the acetabulum. The patient had severe rickets. The treatment adopted in this case consisted in the use of an extension apparatus which was worn continuously. In the earlier stages Mr. Clarke regarded rachitic coxa vara as curable without operation.

### CONGENITAL DISLOCATION OF THE HIP.

Mr. **JACKSON CLARKE** showed photographs of a girl, æt 6, who had congenital dislocation on the left side. The trochanter in this case had been two inches above Nélaton's line, and on manipulating the limb the head of the femur was felt to move about upon the surface of the ilium. Mr. Clarke reduced the dislocation by Lorenz's method under anæsthesia It was not until the final movement, that of abduction, was made that the head of the femur was felt and heard to slip into its socket. The thigh was then fixed in the completely abducted and partly everted position by plaster bandages reaching from the iliac crest to the foot. This position was maintained for ten weeks when it was replaced by another with a slightly diminished degree of abduction. The patient now wears a steel instrument and a certain degree of abduction is maintained, and with the limb in this position the head of the femur remains in the acetabulum. The now extensive experience of the results of Lorenz's method of bloodless reduction had proved that congenital hip dislocation up to a certain age was practically a curable affection.

In answer to Mr. Roughton, Mr. **CLARKE** said he thought some cases of coxa vara were essentially akin to green-stick fractures of the neck of the femur.

### ANEURYSM.

Dr. **ROBERT MAGUIRE** showed a woman who presented the physical signs of an aneurysm involving the arch of the aorta and the innominate artery. Dr. Maguire had seen little good result from prolonged rest in bed and low diet in such cases.

Dr. **HARRY CAMPBELL** noticed that Dr. Maguire attributed the arterial sclerosis in this patient to syphilis, and asked whether a connection between the two had been definitely established. He thought the patient had granular kidneys, as the heart was hypertrophied, and there was albuminuria. He suggested, by way of treatment, the introduction into the aneurysm, through an insulated trochar, of several feet of fine-drawn gold wire, and the employment of a mild galvanic current, the wire being left *in situ*, a method which had yielded good results. He did not think that patients with thoracic aneurysm should be doomed to months of enforced rest.

Dr. **CAUTLEY** expressed surprise at the unfavourable opinion Dr. Maguire had formed of the treatment by rest and low diet. Although hospital patients are rarely suitable subjects, seeing that the aneurysm is commonly due to a combination of strain, alcohol, and syphilis, he maintained that among the better classes good results can sometimes be obtained by strict Tufnell's treatment. He referred to a very severe case of aneurysm of the transverse part of the arch of the aorta, due to strain, in a gentleman, æt. 37. After a diet of six ounces of solid food and eight ounces of liquid daily, with absolute rest, for a period of ten weeks, the patient recovered completely, and lived for another 25 years without any recurrence. Similar good results might still be obtained in suitable cases.

The case was also discussed by the President and Mr. Raymond Johnson and Dr. **MAGUIRE** replied.

### OBLIQUE FRACTURE OF HUMERUS TREATED BY WIRING.

Mr **ROUGHTON** showed a man who, in December last, sustained a simple fracture of the humerus, extending from the deltoid insertion obliquely upwards for about 2½ inches. As it was found impossible to keep the fragments in apposition by the use of splints, Mr. Roughton cut down upon the fracture and secured the ends by means of two silver wires passed horizontally round the bone. The patient recovered with a shapely and freely movable arm. The position of the wires and of the fracture after operation was demonstrated by a skiagraph.

### EXTENSIVE LUPUS ERYTHEMATOSUS.

Dr. **WHITFIELD** exhibited a woman, æt. 56, who was the subject of very extensive lupus erythematosus of ten years' duration. The eruption began behind the left ear, and had gradually spread so as to cause a large bald cicatricial patch reaching nearly up to the occipital protuberance. The edges of the patch, where the disease was still active, were red and somewhat infiltrated. On the nose and both cheeks were numerous discoid patches showing very little tendency to involution, and large areas of fine white scarring. Both ears were extensively affected on the inner aspect of the conchæ. The patient presented no evidence of any other organic disease.

In reply to the President, Dr. **WHITFIELD** said that the treatment of lupus erythematosus might be divided into palliative and active. In the first class he would include the use of soothing and protective lotions, powders, and ointments. In the second the use of such drugs as pyrogallic acid, chrysarobin, and the oxydised compounds of these drugs, mercurial ointments and plasters, also operative measures, such as scarification and the applisation of the fine galvano-cautery. He proposed, in this case, later on to use mercurial applications, and if these did not succeed he should try the effect of tattooing the spreading edges with the galvano-cautery as he had seen great benefit from this line of treatment in obstinate cases of the disease. It was necessary to reserve all the active forms of treatment for use when the disease had been reduced to as quiescent a state as possible, otherwise one was liable to do more harm than good.

### DISSEMINATED SCLEROSIS.

Dr. **JAMES TAYLOR** brought forward a well marked case of disseminated sclerosis occurring in a young girl. In answer to a question by Dr. **HARRY CAMPBELL** it was stated that there was no defect of speech and no emotional excitability. The patient was gradually getting worse, and it was feared that the prognosis was hopelessly bad.

### PARALYSIS OF TRAPEZIUS MUSCLE.

Dr. **HARRY CAMPBELL** showed a case of complete paralysis and atrophy of the scapular portion of the right trapezius, apparently due to the involvement of the spinal accessory nerve in an old cicatrix. The case showed the important part taken by this muscle in keeping the scapula in position. The bone was considerably altered in position, the glenoid cavity looking downwards and outwards, and the inferior angle projecting as in ' winged " scapula; the outer part of the clavicle was bent downwards by the fall of the acromion and coracoid process. The patient showed an occasional tendency to a form of wry-neck from over action of the opposite trapezius.

In answer to Dr. Jaffe, Dr. **CAMPBELL** stated that the lower part of the muscle showed the reaction of degeneration.

### TREATMENT OF LOCOMOTOR ATAXY BY EXERCISES.

Dr. **LEONARD GUTHRIE** demonstrated upon a case of locomotor ataxy, the treatment of the disease by specially arranged exercises, as suggested by Frenkel. The power of co-ordination had been considerably improved.

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## WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

### MEETING HELD MAY 5TH, 1899.

The President, Dr. S. D. **CLIPPINGDALE**, in the Chair.

DR. **CHARLES CHAPMAN** showed specimens of (1) Adherent pericardium in a child; (2) Calcifaction of the aortic valves.

Mr. H. J. **PATERSON** read a paper on the

### USE OF GAS IN GENERAL AND DENTAL SURGERY.

After explaining that his object was to plead for a more extended use of nitrous oxide anæsthesia, he pointed out that although using the single word "gas," he implied thereby that it was given with a suitable proportion of air or oxygen. The advantages of gas were its safety, pleasantness, and freedom from causing after effects. He contended that it was safe, provided that asphyxial symptoms were avoided to prolong nitrous oxide anæsthesia for one or more hours, and recorded a case in which anæsthesia was maintained by means of gas and oxygen for two hours and ten minutes. There was no evidence that prolonged administrations affected the heart injuriously, provided that asphyxia was guarded against, and any effect on the heart was due to neglect of this precaution. In giving gas the danger signs were readily observed and gradually developed; hence he had come to the conclusion clinically that for operations long or short nitrous oxide gas mixed with air, or better with pure oxygen, was the safest anæsthetic we possess. The danger of passing from gas anæthesia to chloroform was pointed out. He expressed the opinion that there are few operations which cannot be performed under gas if desired, and many in which this anæsthetic is preferable to ether or chloroform. Its use in cœliotomy was at present inadmissible on account of the difficulty of ensuring freedom from occasional retching movements. He strongly deprecated its use during the removal of adenoids. Mr. Paterson next dealt with the question of prolonged nitrous oxide anæsthesia in dental practice. He showed his new design for apparatus for administering gas through the nose, and contended that this was the best way of administering gas in all dental cases. He proceeded to anæsthetise two female patients by this method, while Mr. Lloyd Williams performed prolonged painful operations on the teeth. The demonstration was a brilliant success.

In the discussion which followed, Mr. Swinford Edwards, Drs. G. D. Robinson, Charles Chapman, Mark Starling, Richard Lloyd, Lloyd-Williams, McAdam Eccles, Bellamy Gardner, and Keetley took part.

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## NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

### MEETING HELD IN MANCHESTER, APRIL 21ST, 1899.

Dr. **DONALD**, President, in the Chair.

### SPECIMENS.

DR. W. E. **FOTHERGILL**: 1. Umbilical cord with knots, child being born alive. 2. Two months' fœtus, with well-marked umbilical vesicle.

Dr. **LEA**: A fœtus, with sections and photographs.

Dr. S. **BUCKLEY**: Blood cyst in connection with Fallopian tube, removed by abdominal section.

Dr. J. S. **MARTIN**: Two ovarian cysts, with hæmorrhagic contents.

Dr. **LLOYD-ROBERTS**: Tubal gestation, with intraperitoneal rupture, removed by abdominal section.

Dr. W. **WALTER**: Uterus with multiple fibroids removed by total abdominal hysterectomy.

Dr. W. K. **WALLS** described the labour in the case of a woman who possessed a "uterus bicornis." The right horn, containing the placenta, was strongly retroflexed into Douglas pouch; the os uteri was found to be high up behind the pubes, and a hand presented. Delivery was effected by version under chloroform, and after replacement of the right uterine cornu. During the lying-in period the left horn became retroflexed, and caused much discomfort from piles. All the symptoms were immediately relieved by replacing it.

Remarks were made by Drs. Sinclair, Briggs, and the President, and Dr. **WALLS** replied.

Dr. **SINCLAIR** read a short paper on

### MALIGNANT ADENOMA OF THE BODY OF THE UTERUS,

illustrating his remarks by specimens and microscopic sections from four cases. He also made incidental reference to two cases of malignant adenoma of the cervix, from which microscopic sections were also shown. He mentioned several anatomical and clinical features of this form of malignant disease, which seemed to differentiate it from carcinoma. Anatomically it is not distinguishable by the microscope from the rough form of adenoma, although there is a form of adenoma which from microscopic appearances may be confidently declared malignant. In support of this opinion sections were shown from a case which had been observed through the stages considered benign until extirpation of the uterus had to be resorted to for a clearly malignant condition. Sections of the body in this case showed invasion of the muscle by the adenomatous growth. Clinically, the chief point dwelt upon was the more chronic course of malignant adenoma as compared with carcinoma. Some minor clinical differences were also said to exist.

Remarks were made by Dr. Briggs, Dr. Fothergill, Dr. Lloyd Roberts, and the President. Dr. **SINCLAIR** replied.

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# France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, May 7, 1899.

### APPENDICITIS.

AT the last meeting of the Société de Chirurgie M. Poirier said that, after the long discussions on appendicitis which had taken place at previous meetings, it would be interesting to note the conclusions at which they had arrived. The cases he had observed led him to affirm that every case of acute appendicitis should be operated upon as early as possible. This opinion appeared too absolute at first, and provoked numerous protestations.

M. Brun said that a distinction should be made between cases of septic appendicitis where urgency imposed itself, and those where the symptoms allowed the adjournment of the operation to a more favourable moment. One of his colleagues (M. Routier) insisted, however, and very rightly, on the extreme difficulty of making that distinction at the outset of the affection, and added that if he had sometimes regretted to have abstained from operating, he never, on the other hand, had to repent of having interfered. M. Broca advised temporising for all cases where neither general peritonitis nor a purulent collection were present. M. Jalaquier, while admitting that the resection of the appendix was indicated when the operation could be performed on the first symptoms, declared that in general it would be well to wait until the acute phenomena had subsided in order to insure success. MM. Walther and Schwartz were of the same opinion, but M. Lejars believed that delay was dangerous. On the other hand, M. Guinard qualified the assertion of the speaker as contrary to the interests of the patient, and maintained that intervention in the acute stage was only admissible where the existence of pus was clearly diagnosed. M. Quénu recently declared that he was always disposed to operate in every acute appendicitis. MM. Tuffier, Nimier, Chaput, Pozzi, Berger, Segond, Michaux, Hartmann, Picque and Peyrol were all of the same opinion as the speaker; consequently there was a large majority for early interference. Even in cases where the diagnosis was not very clear it was preferable to operate rather than temporise. The operation should be as complete as possible, that was to say, that in all cases the appendix should be sought for and removed.

### INJECTIONS OF COCAINE INTO THE MEDULLA.

Professor Bier has made some interesting experiments on the anesthetic effects of cocaine injected into the spinal cord. Up to the present two methods only were known of producing anesthesia, that of inhalation of chloroform, ether, &c., producing general insensibility, and local anesthesia obtained by the action of cocaine or cold on the sensitive nerves of a limited region. Prof. Bier has discovered a third or middle method by which two-thirds of the body can be rendered insensible, and leaving psychic faculties untouched. Convinced that the injection of a small quantity of cocaine into the rachidian canal would produce insensibility of the regions tributary to the nerves contained in that cavity, he injected hydrochlorate of cocaine into the rachidian canal of six patients with ages ranging from eleven to thirty-four years, and was able after this operation to perform without the slightest pain, osseous resections and the opening of tuberculous abscesses. He proceeded as follows:—By means of subcutaneous injections of cocaine he rendered insensible the lumbar region, and then practised the tapping of the canal according to the method of Quincke with the aid of a very fine canula; to this he adapted an ordinary Pravaz syringe, containing from one-half to a one per cent. solution of cocaine, and of which he injected from ten to sixty drops, representing from one-tenth to one-third of a grain. In five or eight minutes after the injection the lower limbs were rendred completely insensible, and the anesthesia crept up the body as far as the sternum. The effect lasted forty-five minutes, and then gradually disappeared. None of the patients presented any uneasy symptoms, but three of them, however, suffered from vomiting and headache for a few days. All of them looked on, while being operated on, with complete sang froid, asserting that they felt no pain.

### MEDICAL STUDENTS—FRENCH AND FOREIGN.

According to the latest statistics there are, in the Paris Faculty of Medicine, 3,866 students, of which 486 are foreign, while in the different schools of the provinces they number 4,403, of which 345 are foreigners. Consequently the total for the present year is 8,269 or 47 less than last year, and 647 less than the year 1895. The largest decrease is to be found among the foreign students. Of the nationality of these latter, 34 are from Germany, 16 from Africa, 18 from South America, 147 from Bulgaria, 34 from Greece, 15 from England, 76 from Roumania, 226 from Russia, 22 from Switzerland, 131 from Turkey, &c.

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## Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, May 5th, 1899.

### THE SURGICAL SOCIETY.

HR. LIBMANN, Greifswald, read a paper on

### FRACTURES OF THE SKULL.

In lesions of the brain he said we must distinguish between the uninjured and the injured skull. Whilst in the latter group the destruction of the brain mass was greater, in the first the injury was generally the so-called concussion of the brain which might be fatal, the theory of which was not explained. The view was extensively held that capillary apoplexies were the cause, but this did not agree with the clinical symptoms, and in experiments on animals on presentation of similar symptoms, these apoplexies were not found. Then a general lesion of the brain had been assumed to be a molecular displacement, whereby the absence of apoplexies and the often surprisingly rapid disappearance of symptoms had been explained.

In order to form some definite idea, the speaker had carried out a number of experiments in imitation of force within the interior of the skull, 1, in falls from a height, 2, in blows on the head when this rested on a firm base; 3, when it was freely movable. He had an iron box made, and filled with starch paste, in the middle of which, a metallic ball was placed, and then the box was hermetically sealed. If the box was now dropped from a great height it would be found that the ball had moved towards the spot struck in the fall, but if it were struck while resting on a firm ground, the ball did not move, again, if struck whilst freely moving, the ball moved towards the spot on which the blow was struck. These appearances depended on the known physical law of inertia. When we have to determine the effect of a fall on the contents of the skull, we have to bear in mind the varying consistencies of the contents. The white substance has the greatest density, then the grey substance then the blood, and lastly the cerebro-spinal fluid. If a man fell on his skull from a great height, the blood would be forced towards the capillaries, but would not rupture them without great force. The white substance would be propelled further than the grey, and a want of correspondence would arise between them. Hæmorrhage would take place mostly in the grey substance, because it was very vascular, and because it had a less firm consistence than the white.

The speaker then made experiments in reference to the occurrence of fracture of the skull. For the purpose, he took glass balls, which he filled with gelatine, one completely and one incompletely. On letting them fall on the floor, the fall caused large cross fissures in the one, whereas in the other there were only radial fissures, starting from the point struck in the fall. A skull filled with lead wire, on being struck, showed only local injuries, unless the blow was very powerful. A skull filled with gelatine and hermetically closed, was broken into pieces by the production of circular and radial fissures.

Herr Gussenbauer mentioned, in connection with Kocher's address, that in his experience many cases supported his (Kocher's) theory, where others did not. In cortical epilepsy excision of the cicatrix had not unfrequently been useful. Also in osteoplastic operation on the skull, followed by firm healing of the bone, the epilepsy was sometimes permanently cured.

In regard to Libmann's paper, the speaker had omitted one factor that had to be reckoned with, viz., that the blood and cerebro-spinal fluid were not under equal pressures, moreover, the pressure in the arteries differed from that in the veins. The cerebro-spinal fluid, under changed conditions of pressure, did all the mischief.

Herr Libmann, in reply, said that the cerebro-spinal fluid forms a pad which afforded protection for the other contents of the skull.

Dr. Friedriech, Leipsic, read a paper on

### AIR-CARRIED GERMS AND BACTERIAL ABSORPTION,

and concluded from a number of experiments that infection during an operation might be considered as excluded, and further that for infection to take place a certain amount of pressure was necessary, as when the tail of a mouse was cut off and anthrax germs were lightly applied, no infection took place, whilst if some pressure were applied over the wound, the animals died within thirty or forty hours.

Hr. Sänger, Crefeld and Schlosser, Prague, read papers on the well-worn subject of infective sterility of the hands and gloves for operations.

Hr. Schnitzler, Vienna, discussed.

### LATENT ORGANISMS

with a view of ascertaining whether organisms could remain latent in the system for any length of time, and later on take an active stage. Animals that were refractory to certain organisms were inoculated with them, and months afterwards a second morbid substance was introduced. The virulence of the material first injected at once showed itself. Frogs were inocculated with the staphylococcus. These remained local, and caused no general infection. If ever frogs were narcotised however, they died, and staphylococci were found in all the organs, the chloroform had lowered the resisting power of the organism. It followed from this that frequently for a micro-organism to become active there must be a disposition, a lowered vitality, for example, through a chill. This explains late suppuration in cases of foreign bodies.

Hr. Hoffa, Wurzburg, related a case of

### HABITUAL LUXATION OF THE KNEE-CAP.

The patient was a girl who some years ago experienced a sudden pain in the knee and fell down. Since that time the condition had become worse, and the girl came to the hospital. As soon as she went a few steps, the patella became displaced, she had violent pain in the knee, and fell down. Various kinds of bandages were tried, without avail. Le Dentu had proposed the following operation in such cases: A transverse fold was to be formed in the capsule of the joint, stitched into the form of a roll, whereby the capsule was shortened. The speaker operated in his case in that way, and got an excellent result. The patella remain firm, and a previous atrophy of the quadriceps had quickly improved.

Hr. Krönlein related a case of

### TRAUMATIC ULCER OF THE STOMACH,

and showed a preparation from a man, aged 48, who had circular resection of the pylorus performed in November last, for stenosis of it. He was a healthy man who, in June last, was struck with a hay-fork in the neighbourhood of the stomach. He felt violent pain at the time, but this disappeared, so that in two or three days he was ready for work again. Then he lost his appetite, and lost flesh; the pains returned, and three weeks after receipt of the injury frequent vomiting took place, but with no blood; finally all food was rejected, and symptoms of closure of the pylorus became pronounced. The operation was performed, and the patient had gained 8 lbs. in weight. The ulcer was very large, of circular form, and implicated the whole pylorus, the ulceration passing down into the sub-mucosa. Carcinoma could be excluded by the microscope. The case was interesting from the point of view of accident insurance, for there could be no doubt that the injury led to the ulceration.

Hr. Wagner Konighütte related a similar case. A young healthy man had a contusion of the abdomen five years before, and a day or two after, copious bleeding took place, and since then hæmorrhage had taken place from the stomach at intervals.

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## Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 6th, 1899.

### BILE COLOURING MATTER IN URINE.

AT the "Medical Club" Dr. Jolles read a long paper on the various tests in use for the detection of bile in urine and its quantitative estimation. He referred to a paper on the same subject which he had published in 1894 to show the inaccuracy of Huppert's test which had been brought forward at that time to supersede all others. In practice it was found to be misleading, as a large quantity of the bilirubin escaped detection.

J. Munk had recently introduced a novel method which is an advance on the former, yet a large quantity of the bilirubin passes undetected according to Jolles' proofs.

Jolles' own method, which is the most perfect extant, may be briefly stated:—10 cc. of the suspected urine is placed in a test tube to which is added 1 cc. of chloroform, 5 cc. of a ten per cent. solution of chloride of barium, well shaken, and then allowed to stand for a few minutes. The clear supernatant fluid is then syphoned off, and the sediment treated with two or three cc. of Hubb's $\frac{N}{100}$ iodine solution and 1 cc. of concentrated hydrochloric acid. The test tube is well shaken and again allowed to stand. If the slightest trace of bile be present the later sediment will have a bluish-green colour. The chloroform solution will assume the bluish-green colour also if the iodine solution be applied to it.

The iodine solution is made by dissolving 0·13 gramme of iodine and 0·16 gramme of mercuric chloride in 100 cc. of alcohol (90 per cent.). For practical purposes Jolles proposes the combination of these two solutions as a ready qualitative test for bile.

Jolles' quantitative test is based on the fact that bilirubin in urine, when treated with an alcoholic-iodine solution, produces a green colour, which must be in the proportion of one molecule of bilirubin ($C_{16}$ $H_{18}$ $N_2$ $O_3$) to two atoms of iodine. The method is completed by trituration.

### OPERATIVE MYOPIA.

Fukala showed two cases on which he had operated for myopia; the one was –33D, the other –11D, and both become emmetropic after removal of the lens. According to the –18 dioptric dictum the removal of the lens in the –11D eye should have converted it into a hypermetropic one which, strange to say, was not the case as demonstrated in the patient exhibited.

Elschnig asked Fukala how he determined the myopia before the operation, as the results surprised him. The only explanation of this strange phenomenon which he could suggest would be in the altered radius of the cornea. His own opinion was that no operation of this sort should be undertaken with less than –14 dioptres, but –11D was certainly a surprise.

Fukala replied that the one with —11D was determined by Schnabel, while the other was worked out by Sattler. He confirmed it himself by a 10 mm. from the convexity of the cornea.

Schnabel said that he was familiar with both of the cases, and must confess himself surprised at the result, as he expected to have to apply +7D or +8D to neutralise the hypermetropia after the operation. There were exceptional conditions in this case that ought not to be lost sight of before establishing any rule. The eye, although requiring –11D to correct it, had an axial length of 30 mm., which would favour such an operation.

Fukala replied that the presence of unusual circumstances induced him to perform the operation, as the patient, from the nature of his work, found the myopia a great burden to himself, and he therefore determined to convert it into a hypermetropic eye, which would be more suitable for the patient's duty. He thought the explanation of this phenomenon might be found in the changes of the long axis of the eye after the removal of the lens. Schnabel thought Fukala's explanation was not sufficient, as a myopia of — 11D could only become emmetropic after the removal of the lens if the lens had a very high refractive power.

This condition could not be accurately diagnosed in the living eye, and was therefore impracticable in practice. He was of opinion that no useful result could be obtained by following this unusually fortunate example.

Elschnig described Fukala's hypothesis as fanciful, and absolutely without scientific support.

# The Operating Theatres.

## ST. MARY'S HOSPITAL.

Primary Amputation of Thigh for Injury.—Extreme Shock. Intra-Venous Saline and Brandy Injections.—Mr. Quarry Silcock operated on a lad, æt. 16, who had been run over by a cart, the wheel passing over his right thigh. On admission he was extremely collapsed; stimulants were given, and his condition slightly improved. An examination revealed a compound comminuted fracture of the middle of the femur and very extensive laceration of the muscles at the back of the thigh and calf, exposing the bones. Owing to his collapsed condition immediate operation was thought inadmissible, and restorative measures (rectal injections of saline and brandy) were employed. On being seen again by Mr. Silcock the temporary dressings were found to be soaked with blood owing to the oozing; therefore the boy was taken to the theatre, his general state being, however, but little improved. An amputation was done in the upper third of the thigh, and it was found necessary to utilise the skin which had been stripped from the fascia lata at the time of the accident to fashion flaps in the hope that it might survive. The superficial and deep femoral vessels were ligatured in one mass close to their bifurcation. During the operation three pints of sterilised physiological saline solution, containing two ounces of brandy, were slowly transfused into the left median basilic vein. The amputation was done as rapidly as possible; a very small quantity of blood being lost, the elastic tourniquet proving very effective.

Mr. Silcock said that primary amputation of limbs for injury were becoming excessively rare owing to the successful conservatism of modern surgery. In the case upon which he had just operated amputation was rendered necessary, although the femoral vessels were intact, owing to the extensive laceration of the muscles on the whole extent of the back of the thigh, and the tearing away of the skin over the whole area of the lower three-fourths of the thigh, together with the comminution of the bone, and also owing to the fact that the damaged tissues were ingrained with dirt and filth, which it would have been impossible to remove. He pointed out that when the lad was first seen at the hospital he seemed to be actually moribund, and immediate amputation was out of the question; therefore he determined to see him again in a few hours, hoping his condition would be improved. When seen, however, in about three hours, these hopes had not been realised, no improvement having taken place, but the oozing which was now evident through the dressings made interference absolutely necessary. Mr. Silcock said he had utilised the damaged skin, as there was insufficient covering for the stump, even if the limb had been removed at the hip-joint. The femur, however, was sawn through just above the junction of the upper and middle third. He pointed out that the effect of the saline and brandy injection was extremely marked; the radial pulse, which at the beginning of the operation was imperceptible, was nearly at once readily appreciable. How far the admixture of the brandy with the saline was responsible for these good effects he was unable to say, as he had had no previous experience of the intra-venous injections of alcohol, but he had been induced to try the method in this case owing to the apparent hopelessness of the patient's condition. He was however inclined to think that the alcohol played a comparatively small part in the restorative effect, because stimulants had been tried very freely before the operation, though certainly not by intra-venous injection. He did not suppose that anyone would go so far as to say that the same amount of alcohol injected intra-venously by itself would have been of great avail (of course, in any case it could not be employed except in a state of very considerable dilution). He remarked that at a future time the condition of the stump would have to be dealt with in order to get rid of the probable conicity which would obtain if it became largely uncovered owing to the loss which he feared would take place in the flaps by sloughing, a condition which, though foreseen at the time of operation could evidently not be avoided.

For the following account of the subsequent progress of the case, we are indebted to the courtesy of Dr S. Maynard Smith.

The patient recovered fairly well from the anæsthetic, and his condition slowly improved throughout that night and the following day. At 3 a.m. on the morning of the next day he suddenly became worse, and showed symptoms of severe collapse. The radial pulse was absent from the wrist. A second transfusion of two and a half pints of saline solution, containing two ounces of brandy, was made into the right median basilic vein. There was an instant improvement which was well maintained, and rapid progress has since been made to convalescence. Parts of the flaps formed of the damaged tissues became gangrenous, and were, therefore, removed, but at present the patient is convalescent, and healthy granulations cover spots whence the gangrenous patches were removed. The effects of the second injection of saline and alcohol were, therefore, as excellent as those of the first, and evidently more lasting, as they formed the starting point of the patient's convalescence.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 10, 1899.

## THE PRINCE OF WALES' FUND AND THE SMALL HOSPITALS.

THE Royal Fund for the London hospitals is based upon principles so generous and so humane that the average man is tempted altogether to suspend his critical faculty. At the same time it will hardly be denied that a young institution is likely to possess some at least of the follies and imperfections of youth. The methods of raising money by philatelic devices, for instance, and by the granting of orders, savour rather of the ways of the charitable bazaar than of a royal appeal on behalf of a splendidly humane object. But it is with the distribution of the Jubilee Fund we are concerned rather than with its peculiar views upon eleemosynary ethics. First and foremost comes the question of the small hospitals and their share or otherwise in the awards. The lesser institutions stand in a sort of no man's land, and we note on the General Council of the Prince of Wales's Fund the names of well-known philanthropists who have openly advocated the extinction of the smaller hospitals. These particular views have been enforced by the Metropolitan Hospital Sunday Fund, but we are glad to say that the Saturday Fund has taken a juster view of the matter, and has made awards freely to the medical charities, great and small. As regards this point we long ago pointed out that one of the Funds must be right and the other wrong, but so far as we can remember no satisfactory explanation has ever been given by the Sunday Fund, of the principles upon which they have refused awards to most of the institutions. We exposed long since the fallacy of insisting upon a fixed relation between maintenance and to impose such a condition is to foster extravagance of the wildest kind in hospital administration. At the same time the Sunday Fund has again and again granted solid sums to institutions that laboured under grave unanswered public charges of dishonest management, while it refused any help to other medical charities administered with prudence and economy to the last penny. Are we to assume that the Prince's Fund will adopt the policy of swamping the small hospitals ? The answer to this question will be found in the list of awards, and meanwhile we should feel greater faith in the actions of the Council if fewer of its members were not already committed in that direction. The offer of a Visiting Committee to visit each hospital applying for a grant is a comparatively slight safeguard if the minds of the Council are made up beforehand. Certainly, the greater number, if not all, of the smaller hospitals that have altered their methods of accounts in compliance with the conditions imposed by the Sunday Fund, and who have applied for a grant with clean hands, have come empty away. Is the same thing to happen in the case of the Prince of Wales' Fund ? It seems that if the smaller Institutions are to be thus tabooed, the better plan will be to transfer their allegiance to the Saturday Fund, which is the only great central distributing agency in the metropolis which has treated them with common fairness. With the smaller charitable Institutions, as with other social organisations, unity is strength. Then there is another point on which we want some sort of definite assurances from the Prince of Wales' Fund, namely, as to their attitude upon the great question of hospital reform. At least four of the large hospitals make a money charge to patients, a fact that affords a curious commentary upon the ways of those responsible for the administration of vast charities. Is the fact of a money payment being exacted from patients taken into account by the Prince of Wales' Fund ? Then there is the further point of wards for paying patients which are founded by several of the great hospitals, such as Guy's and St. Thomas's, upon funds subscribed for the relief of the poor, if carried on to the injury of the main mass of the medical profession. There are many other matters involved in this knotty question of hospital abuse, but we venture to ask if the Royal

Fund takes into consideration the fact that in any particular hospital does or does not institute systematic inquiry with a view of excluding improper persons from participating in the funds of the charity. The constitution of the General Council of the Royal Fund is not above criticism. Among the really active members may be noted many who are committed to the support of the pay system by hospital patients, and of other abuses of which the general practitioner has complained bitterly for many a year. The Council is not representative of any but a narrow section of philanthropists. The main mass of the medical profession and the smaller hospitals are unrepresented. With a little more attention to these points we venture to say that the Prince of Wales would be more likely to convert the medical profession as a whole into active supporters from their present position of luke-warm critics.

## A HOSPITAL SCANDAL.

THE affairs of the Liverpool Hospital for Cancer and Skin Diseases appear to have fallen to a very low level if the literature emanating from its officers can be accepted as any measure of their morality. It seems that there are three honorary medical officers on the staff, Drs. Crawford, Taylor, and Whitford, and their relationship appears to have recently become strained, although some of the present charges date as far back as 1883. Notwithstanding these irregularities apparent harmony reigned until about two or three years ago when ominous clouds began to gather around the institution. They culminated in open charges of immorality, &c., against the senior Medical Officer, Dr. Crawford, which could only be met by a thorough investigation into the serious accusations brought forward by his two colleagues, Drs. Taylor and Whitford. On October 13th, 1898, the General Committee of the hospital selected five of their number to investigate the charges and report to the General Committee. This would have been an excellent opportunity for clearing up such an obnoxious scandal had the General Committee at this time acted prudently. In the selection of this Sub-Committee, however, three friends of the accused officer were chosen, to whom the accusers took exception on their appointment and in the presence of the Sub-Committee. The chairman's notice was forcibly directed to the fact, but he, poor man, could not see anything "wrong or inexpedient in Mr. Millar acting on the Sub-Committee," although Mr. Millar happened to be Dr. Crawford's private solicitor and patient. We are told in the Sub-Committee's report of March 8th, 1899, that their labours were preceded by an invitation to the Medical Officers to propose suggestions as to improvements in the internal management of the hospital." Now comes the *dénouement*. Whitford accuses Crawford (1) of using the hospital for personal gain; (2) of ignoring the regulations as to fees; (3) of having retained the services of hospital nurses for his private purposes; and (4) that impropriety had existed between Crawford, the matron, and the wards maid, &c. Crawford retaliates by accusing Whitford of visiting the matron at improper hours. Finally, the Sub-Committee concludes with recommendations for the better government of the hospital, finding that the charges brought against Crawford by Whitford and Taylor had "no foundation," and that there was no harm in the matron being kissed "without her consent." Indeed, they "could not understand a lady of Miss Thompson's character remaining on friendly terms with a man who had been guilty of improper conduct, while they considered her indiscreet in permitting Dr. Whitford's visits to be so frequent at such late hours." This report was signed by the five members, one of whom has since withdrawn from the position, and presented to the General Committee on March 23rd, and adopted with two dissentient votes, Drs. Taylor and Whitford. On April 10th the General Committee again met with a number of disapprovals, calling on Drs. Whitford and Taylor to resign, as well as the matron. A requisition was then sent to the Liverpool Medical Institute calling a meeting for April 29th, to consider the anomalous position of affairs which resulted in that body refusing to have anything to do with such questionable matters. The latest to hand is that a general meeting of the donors, subscribers, &c., of hospitals is called to meet on the 10th inst. (to-day) to decide what future steps are to be taken to restore order. We wish them God-speed, and we trust that the steps decided upon will have the desired effect. We have studiously avoided any unnecessary personal details, even though some of them appear to be distinctly germane to the matters under consideration. We are, however, less concerned with the morality of individuals than with the good management of a medical charity.

## THE CARE OF EPILEPTICS.

IT is remarkable that such a deserving class of hapless persons as chronic epileptics should not have excited more sympathy in this country than the past has proved to be the case. This fact has attracted a good deal of notice among our Continental neighbours, especially in view of the solicitude which we have ever displayed for our insane. This country set the example to the world in showing how the insane should be provided for, and the reputation which we enjoy in this regard is one which is not likely to be lost. With respect, however, to the care of chronic epileptics, the reverse is the case. While epileptic colonies and asylums, both on the Continent and in America are comparatively numerous, it can scarcely be said that in this country any serious effort has as yet been made to deal with the question. As a matter of fact, up to the present there are only three epileptic colonies in England. Of these, one is at Chalfont, providing for about 50 inmates; another near Liverpool—the Maghull Home—with accommodation for about 150 inmates; and a third at Godalming, providing accommodation for 50 female epileptics. Altogether then, it would seem that throughout the country only two hundred and fifty chronic epileptics can be provided for in special homes for the purpose. It is true that the London County Council intend to have an epileptic colony at their new asylum, now building, on the Horton Manor estate in Surrey, and that something of the same kind will also be carried out in Lancashire by the Chorlton and Manchester Union. Nevertheless, the fact remains that probably many thousands of unfortunate epileptic persons are now living about the country under conditions entirely unsuited to the requirements of their pitiable state. As showing moreover the backwardness which prevails in this regard, mention may be made of the fact that in Scotland nothing whatever has been done in the making of provision for chronic epileptics. And yet, as Dr. Ireland points out in an interesting paper upon this subject in the current number of the *Scottish Medical and Surgical Journal*, there are probably no fewer than six thousand of this unfortunate class of persons in Scotland alone. According to Pelmann's statistics there are fifteen epileptics to every ten thousand of the population, and upon this showing it may readily be gathered, how great is the need for extending and multiplying these epileptic colonies. Dr. Ireland also draws attention to the marked progress which this movement is making in the United States. This progress is shown by the following statement of Dr. Powell:—"During the last two years a wave, a movement, a sentiment, has spread over the United States for segregating epileptics in colonies, provided liberally with land, shops, schools, and expert medical attendants. In 1894 the Craig colony, so well known by reputation in this country, was opened in New York, and a 'national society for the study of epilepsy, and the care and treatment of epileptics' is now doing good work in furtherance of its objects. Part of the duties of the Society is to organise new homes based upon a study of the epileptics' needs, and," quoting from Dr. Powell, "the study of the utilisation of the epileptics' labour, for economic, scientific, and ethical reasons, as well as the study of the educational methods to be employed, including manual, industrial, intellectual, and moral forms and forces." No one who has paid the least attention to the subject can dispute that, apart from all other reasons, upon the common grounds of humanity alone adequate provision for chronic epileptics is an urgent matter of social reform which should claim the attention of the State. Moreover, one feels bound to admit that philanthropy could scarcely find a better outlet than that of making happy the lives of persons whose disease has caused their lot to become so pitiable. We trust that Dr. Ireland will follow up his excellent appeal for help in this direction, in the paper above referred to, by taking some active steps to bring the urgency of the movement before a wider circle than that of the profession, and try and influence the public to see how much philanthropy could do for chronic epileptics.

# Notes on Current Topics.

## Cocainisation of the Spinal Cord.

To Professor Bier, of Kiel, belongs the credit for suggesting and practising a new method of procuring what may be termed localised general anæsthesia. Starting with the idea that the injection of a small quantity of cocaine into the spinal canal would suppress, for the time being, the functions of the nerve roots and of the non-medullated nerves contained in the cavity, he put his theory to the test in six patients suffering from surgical lesions, their age varying between eleven and thirty-four years of age. Under the influence of the injections he was able to perform resections, erasions, &c., without pain although consciousness was in no wise affected. He first anæsthetises the soft parts over the lumbar region by the subcutaneous injection of a solution of cocaine and then introduces a fine trocar into the spinal canal by Quincke's method. Through the canula he injects a quantity of solution equivalent to from a fiftieth to a quarter of a grain of the anæsthetic. Within from five to eight minutes of the injection complete analgesia of the lower limbs is produced, which gradually extends to the trunk. In three cases it extended to the nipple, and, in one instance, the subject being a child eleven years of age, it involved the whole of the body, leaving only the head free. Insensitiveness to pain lasted about forty-five minutes, and then gradually disappeared. Sensibility to touch and heat was not affected, but the application of hot bodies did not give rise to pain. No untoward symptoms followed the injections, except in one or two instances vomiting and rather persistent headache. Dr. Bier did not hesitate to try the effects of the injections on himself and on his assistant, Dr. Hildebrandt, and in his own case, as the cannula did not fit the trocar with sufficient accuracy, he lost a considerable quantity of cerebro-spinal fluid. This accident gave rise to marked vertigo whenever he assumed the erect position, and this symptom did not subside until after nine days repose in bed. In other respects his experience confirmed that of his patients. We do not suppose that this method of inducing regional anæsthesia is likely, for the time being at any rate, to take the place of general anæsthetics, but, as under strict antiseptic precautions, the procedure appears to be devoid of any immediate or subsequent risk, it might conceivably render service in cases when the administration of chloroform is contra-indicated.

## Curly Hair.

THE tendency to curliness of the hair is a striking feature in certain individuals, and is characteristic of certain races, but the etiology thereof is one of the physiological conundrums which have hitherto eluded scientific investigation. No subject of original research, however, is too high or too low for a Fellow of the Royal Society and Professor Thomson, at the recent *conversazione* of that very select body, was enabled to demonstrate the factors underlying the production of curly hair, though he did not go so far as to define its bearings on character or temperament. He enumerates three factors in the process, a peculiarity of the hair shaft, the action of the hair muscle, and the sebaceous gland. Straight hair is usually circular in section and it is straight because it is cylindrical, a shape which renders it proof against distorting influences. If the shaft, on the contrary, be flat and riband-like, it is unable to resist the pull of the little muscular filament which is attached to each hair root, and this traction gradually modifies the direction of the hair follicle from which it springs. The curve thus produced in the follicle thereafter confers a curve on the growing hair, and as the formation is general curliness results. There is another variety of curliness which is not due to this process, but is more or less intimately associated with the application of metal tongs, heated to a suitable temperature, the effect whereof is to induce asymmetric contraction of the hair shafts. The etiology of this form of hair-curl does not stand in need of any scientific explanation, it is merely an outward and visible manifestation of innate vanity with which science has nothing to do. We know that under the influence of powerful emotions, especially those of a disagreeable nature, the hair is apt to become straighter than usual. This is due to the contraction of the hair muscle, and the phenomenon is well rendered in the colloquial phrase expressive of the hair "standing on end." More obscure is the not less colloquial phrase which attributes to certain indescribable emotions the effect of "making the hair curl." Of this a scientific explanation is necessary, and, unfortunately, is not forthcoming. Each individual hair may stand on end, like quills upon the fretful porcupine, but science does not afford us any trustworthy clue to the particular circumstances under which the hair will curl in response to an inward psychical disturbance. Obviously Professor Thomson has but touched the fringe of the subject.

### Academical Protectionism in France.

The protectionist policy in regard to foreign students, which was inaugurated in France some two or three years since, is bearing its fruits. In deference to obscure, but none the less efficacious, political considerations the French Government introduced restrictions in respect of the admission of foreign students which threaten to eliminate that inoffensive but not uninteresting individual from French academical circles. The Paris medical school had, for many years, occupied an almost unique position in the educational world, though of late the ever increasing progress of the German school has tended to undermine that position. Not satisfied with this natural decay the Government thought proper to decide that, in future, foreign medical students would have to be relegated to the provincial universities and, adding injury to insult, such students were virtually debarred from obtaining the ordinary diploma conferring the right to practise medicine. The result has been a steady decrease in the number of foreigners registered as students in France. From 1,137 in 1895, the number has steadily diminished to 840 in 1899, and as years go by this number will infallibly undergo still further diminution. Foreigners object to being sent into the provinces when their primary object in coming to France is to avail themselves of the exceptional opportunities for study which the Paris school affords, and they particularly resent the trick of offering them a spurious and valueless diploma in lieu of that accorded to their French colleagues. No better means could be devised for destroying the prestige of the French schools abroad, and if this be the object of these illiberal measures the Government may be congratulated upon their success.

### A Comparison in Morality.

Certain French journalists, delighted to find an opportunity of criticising their neighbours, have drawn a very sombre picture of English morality, based on the prevalence of a class of advertisements in the daily and weekly press to which attention has been called somewhat forcibly of late. Much as we deprecate the publication of such advertisements, we cannot admit that they afford *prima facie* evidence of any widespread demoralisation in our midst. As well might we infer an exalted standard of morality among our neighbours across the Channel from the absence of similar advertisements in their journals, for, curious to relate, none such are to be found in their otherwise impure columns. There is one touch of nature which makes all the world kin, and that is in respect of sexual irregularities. We believe in all sincerity that we are a more moral nation than many others, the French among them; but this does not preclude a certain proportion of incontinent, though possible loyal subjects, and some misguided women who "have stooped to folly, and find too late that men betray" sacrifice money and principle in the vain endeavour to physically rehabilitate themselves. In truth, the publication of these advertisements might justify a slur on our commercial honesty, but certainly not on our morality, seeing that none of the nostrums so speciously brought before the public have in reality any claim to be considered a specific for menstrual irregularity due to physiological causes.

### Undertakers' Charges.

Last week a somewhat gruesome find was made in the goods depôt of a London station. The size and weight of a long rough deal case roused the suspicion of the railway officials, who opened the box and disclosed a polished pine coffin, with a brass name plate bearing an inscription. Inquiry showed that the coffin contained the body of a young actor who had died recently of pneumonia while touring in the provinces. As he was in poor circumstances, and his comrades wished to save expense, they resorted to this novel way of removal. It is stated that the carriage of the case was 16s. 2d., while the removal of the body over the same distance would have been £11 19s. This incident shows up in a ghastly fashion the way that the railway companies extort money from the friends and relatives of dead persons. The disproportion between the carriage of the deal case and the coffin is monstrous and cruel. After the strolling actors had paid the undertaker's charges, it was hardly likely they would be able to find the wherewithal to fill the greedy maw of the railway monopolists, to whom death appears to be a mere signal for plunder. The only thing we know of that at all compares with the funeral carriage railway rates is the bloodsucking of the undertakers. Taking advantage of the outburst of sorrow-stricken helplessness that follows, or should follow, the death of a near one, they proceed to fleece the friends in a way that is little short of criminal. Charges and fees rain down freely as April showers. To our mind one of the most rational institutions in the United Kingdom is the Funeral Reform Association. It is to be hoped that the excellent body in question will turn its attention to the question of railway tariffs for the dead.

## Election of Examiners at the Royal College of Surgeons, Ireland.

These annual elections took place, in accordance with the Charters of the College, on Tuesday, the 2nd inst. These Charters prescribe that, at this date, the Council of the College may, if it thinks fit, resolve to declare any Professorship in the College to be vacant, but, should they omit to do so, the Professors retain their offices, *ipso facto* for another year. Within the memory of the College no Chair has thus been declared vacant, friendly hints having always proved sufficient to obtain the resignation of any Professor who was not regarded as capable. On this occasion no Chair was declared vacant.

The election of Examiners caused a very close contest in respect of the Surgery, Midwifery, and Ophthalmology Courts. For Anatomy the outgoing Examiners, Professor Bermingham and Fraser, were re-elected, as were also those in Physiology, Histology, Biology, Pathology, Chemistry and Dentistry. For the two Surgical Examinerships previously held by Professor Stoker and Mr. Patteson seven candidates presented themselves, including Mr. H. G. Croly, Mr. F. Conway Dwyer, Mr. MacFeely, Mr. Dallas Pratt, and Mr. Edward Taylor, and it has transpired that the result depended on a casting vote. In effect, Mr. Croly and Mr. Conway Dwyer were elected, succeeding the two out-going examiners. For the Midwifery Examinership there were four competitors, Mr. Hearn, Mr. Fred Kidd, Mr. Alfred Smith (the out going examiner), and Mr. Stevens. In the end, Mr. Kidd was elected after a spirited contest. For the position of Examiners in Ophthalmology three candidates offered themselves, viz., Messrs. Arthur Benson, who had resigned his seat on the Council to become eligible, Mr. Maxwell, and Mr. Louis Werner. The two last-named gentlemen were chosen. There was also close competition for Examiners in the Preliminary Education Court, Mr. J. L. Woodroffe and Mr. John Fraser being eventually elected.

## Watering the Streets.

Some different method of watering the streets and highways is urgently called for, and the matter should be taken into careful consideration by the vestries and other authorities concerned. The haphazard method of sending the contractors' water carts round the thoroughfares, as at present obtains, is, perhaps, just the worst method of achieving the objects aimed at from a sanitary point of view. Much of the foulness of the air pervading the streets in summer is due to the decomposition of the mud in the hot sunshine after the water carts have rendered it moist. Filth on the streets in a dry state has no obnoxious effluvia, and does no harm to the public health, unless, perhaps, it is disturbed by winds and deposited in the form of dust. On the other hand, foul emanations arising from moist decomposing mud are offensive to the olfactory sense, even if they are not directly harmful, and, moreover, to provide a culture ground for pathogenic bacteria, such as the water-carts afford by the moisture they disseminate, is distinctly objectionable upon scientific as well as hygienic grounds. We are glad to see that some steps have been taken to raise this matter again by members of the profession. The Lewisham Board of Works have been memorialised by a number of medical men in the south-east suburbs, who point out the injuriousness of the present system, and suggest that the roads should only be watered in the early mornings and then thoroughly swept. In this suggestion we heartily concur, and now that the roadways and thoroughfares are so much occupied by cyclists it is important, in the public safety, that the watering process should be carried out at a time when it does not constitute a risk to "wheelmen." The treacherous, slippery surface of a freshly watered dirty thoroughfare has, upon many occasions, been the direct cause of loss of life to unwary cyclists.

## Stamp-lickers' Tongue.

A commentary upon the paragraph which appeared in our issue of last week was in circulation at the very moment of our going to press. A case of fatal blood-poisoning occurred at Preston, and was the subject of a coroner's inquiry at Fleetwood. The deceased had a wounded knee, to which a piece of stamp-paper had been applied, and it was suggested that the cause of death was to be found in the gum. Dealing with this point, the Postmaster-General last week wrote to the coroner saying that pieces of the paper in question had been examined, both biologically and chemically, in the Government laboratory without detection of any irritant substance. There was no evidence that the gummed stamp-paper at present in use was capable of setting up blood poisoning, and it was unlikely that the death of deceased was in any way connected with the application of the stamp. With all due deference to the Postmaster-General we should like to ask that distinguished official of what the sticky substance of postage stamps is composed? Is it or is it not, as alleged, obtained from the serum of the horse? If so, are any special steps taken to exclude bacterial contamination? A plain answer to these plain questions is clearly within the grasp of the scientific advisers of the Post Office, and will go far to allay the public curiosity upon a subject which has a direct bearing upon every citizen of this vast empire, to say nothing of the rest of the world beyond seas.

### Œsophagismus.

Œsophagismus is a very rare condition, and its etiology is involved in considerable obscurity. That its occurrence, however, is associated with the abuse of tobacco, as has been stated, receives some confirmation from a case recorded by Dr. Lowe in the current number of the *Inter-Colonial Medical Journal of Australia*. The patient was a labourer, whose history was that he could only force food into his stomach by taking a pint or so of water afterwards. The difficulty of swallowing had persisted for three years and a half, and it would generally occur several times during a meal. If he could not force the food down by taking fluid, regurgitation would follow, and nothing would pass into the stomach. The condition, he complained, was becoming worse, so much so that at the present time he was obliged to leave the table about three times during a meal in order to force the food down or allow it to regurgitate. There was no history of hypochondriasis, syphilis, injury, gout, or rheumatism, and the health in other respects was good. A probe-pointed bougie could be easily passed into the stomach, and there was no evidence of œsophageal stricture or of any organic disease. The only detail of importance to be obtained from the history was that the patient had been an excessive smoker. The author merely records the case without saying whether he had attempted anything in the matter of treatment.

### No Medical Privilege.

Considerable curiosity was excited in medical circles by a paragraph which went the round of the press a short time since relating to the acquittal of a Gosport practitioner of a charge of riding his bicycle on the footpath, in virtue, it was alleged, of an old Act of Parliament which authorised medical men, on their way to an urgent case, to take the shortest route. We learn from the organ of the Cyclists' Touring Club that the statement in question belongs to the category of "pure inventions." When called upon to answer the charge, the practitioner in question gave it as his "impression" that an old statute existed which authorised his violation of police regulations and the hearing of the case was adjourned to admit of the production of the Act. As was to be expected, it was not forthcoming, but the magistrates consented to dismiss the case upon payment of costs, coupled with the injunction that the defendant should go and sin no more.

### The Mechanical Dispenser.

Some one who can afford to advertise in the *Times* for pleasure and not apparently for profit has been poking fun at the firm of Boots and Co., who have been running a score of branch chemists' shops with the aid of unqualified assistants. The firm is now threatened with the extinction of this line of business by the possible passing of the Companies Act Amendment Bill, and, being naturally anxious in mind at the prospective loss, is offered by advertisement the following kindly suggestion:—"To Inventors.—Wanted, for the use of limited liability drug companies, a mechanical arrangement (incapable of qualification) to facilitate the delivery across the counter of articles subject to the obstructive provisions of the Pharmacy Act, so as to afford a convenient means of free trade distribution. Very liberal terms offered for a machine that would secure perfect immunity for companies.—Apply to Boots, care of Mr. John Smith, 123a, Dashwood House, Broad Street, E.C."

### London School of Tropical Medicine.

The dinner, at which the Right Hon. Mr. Chamberlain will preside this (Wednesday) evening, at the Hotel Cecil, in connection with the London School of Tropical Medicine, gives promise of a decided success, both financially and socially. The Lord Chamberlain, Lord Lister, Lord Strathcona and Mount Royal, and the Marquess of Lorne have intimated their intention of being present, and the extensive resources of this large hotel are expected to be tested to the full. Among the contributors to the fund for the School are the Colonial Office, £3,550; the Bishop of London (Marriott Bequest), £2,000; the King of the Belgians, £200. The Japanese Embassy has also consented to allow their new battleship, the 'Shikishima, to be exhibited for the benefit of the charity previous to its leaving the Thames.

### Oyez! Oyez! Oyez!

We are requested to publish the following announcement: "Their Royal Highnesses the Duke and Duchess of York have consented to open the new building of the Royal London Ophthalmic Hospital, *alias* the Moorfields Eye Hospital. The new building is in City Road, about one mile from the present site in Blomfield Street. Provision is being made for forty additional beds, and for a much larger out-patient department. The hospital at present relieves over 400 cases a day." If any of our readers can find in the two concluding sentences any source of satisfaction they are to be congratulated. To the profession at large this ever-increasing pauperisation of the public is a perpetual menace.

### The Prevention of Consumption.

The great statutory general meeting of the National Association for the Prevention of Consumption and other forms of Tuberculosis was held on the 4th inst., the Earl of Derby in the chair. Dr. St. Clair Thompson read the report of the organising committee and defined the scope of the work before them. He announced that 1,252 members had already been enrolled, and 25 branches had been formed, chiefly through the action of medical societies. The financial situation was satisfactory and on motion from the chair the report was adopted and the council elected.

### The Sensational Performance Again.

Last week the recurring scandal of the "shocking" accident to the acrobat took place before the eyes of a public audience at the Alexandra Palace, London. A performer who goes by the name of the "American Blondin," after a series of daring feats on a tight rope at a height of a hundred feet, went to the roof of the huge building to take his "long dive" into a net stretched below. On rebounding to some height he struck for a second time the net, which gave way, and he was dashed with great force into the orchestra stalls. He had a leg broken and was terribly injured about the head and body. It is said that the poor fellow had talked of the possibility of an accident, and only lately said he hoped a big crowd would see it if ever it happened. The reason for this curious wish may have been simple vanity, but there is no hope left that the sight of such accidents will ever fill the mind of the public with disgust at this kind of amusement. A list of the persons killed in public performances during the last fifteen years would afford a good deal of reflection for the student of human nature. How is it Government does not step in and stop this waste of human life for the open and avowed purpose of putting money into private pockets? Life is protected in other directions, often in what may be termed an almost grandmotherly fashion; yet here we have an abuse of the most flagrant character allowed to flourish as the green bay tree. Where is the London County Council? When Parliament fails, that energetic body has often come forward to fill the gap. Here is an opportunity for a solid reform by way of control and licensing of places of public amusement.

### The Dundrum (Co. Dublin) Cause Celebre.

The hotly-discussed question of the election of a Medical Officer to this district, referred to more than once in these columns, has been finally settled by the appointment of a Dr. Carroll. It will be recollected that a previous election was declared void by the Local Government Board on the ground of "irregularity," the fault consisting in the absence of a voter which was obtained by a bogus telegram. We cannot blame the Local Government Board for having quashed the proceedings under the circumstances, but the point of the business is that the candidate who had been formally elected on the occasion was, by this decision, ousted from every chance of occupying the coveted position, although the Local Government Board itself admitted that he was, in all respects, a desirable selection. Both he and his rival competitor were told that they might compete at the new election; but everyone knew that this intimation only added insult to their injury, because there was not the faintest shadow of a chance that either of them would succeed. In the interval between the two elections the operation of the Irish Local Government Act had created a complete *bouleversement*, the religion and politics of the elective constituency (the only consideration which determines a dispensary election in Ireland) having diametrically changed. The effect of the decision of the Local Government Board has been to deprive the previous successful candidate of the professional income to which he had been looking forward for over twenty years, and he has our hearty sympathy. What is of more importance to the Poor-law Medical Officers of Ireland is that by this case it seems to be established that the Local Government Board has absolute power, without giving any reason, by the simple process of refusing its sanction, a very serious matter indeed for candidates without friends.

### Patent Medicine Frauds.

A man named Grigor was prosecuted a few days ago at Bow Street Police Court, London, for having obtained money on the false pretence that a certain nostrum compounded by him, which he calls "Varixia," is a sovereign cure for varicose veins. It transpired that the stuff is a weak solution of Witch Hazel, and, of course, perfectly inert, and that it was made up for him by a chemist for 2½d., bottle all complete, and sold at 2s. 9d. His own defence was as follows: "Many patent medicines are absolute frauds. They owe their success not to their merits but to extensive advertising." He was remanded.

### An Improvised Stomach Pump.

Dr. Burns, of Sunderland, who was called to a man who had attempted suicide by swallowing rat poison, found himself in a dilemma owing to his not being provided with a stomach pump. Nothing daunted, he is reported to have passed a tube into the stomach of the patient, and to have sucked out the contents, thus saving his life.

The Royal Zoological Society of Ireland has issued invitations for a Garden Party on May 19th, for the opening of the new building erected to perpetuate, in the gardens, the memory of the Revd. Prof. Haughton. The Lord Lieutenant and Countess Cadogan have promised to be present, and the meeting is to be addressed by His Excellency and by Lord Roberts and Sir Thomas Ball. We avail ourselves of this opportunity to congratulate the Society upon its recent activity and prosperity. The new Hon. Sec., Prof. Cunningham, is a host in himself, and is ably assisted by new Councillors, and the last report issued by the Council is, in style and material contents, quite a different product from its predecessors. If the administration persists in this policy it will speedily restore to the Gardens their lost popularity.

The date for the opening of the new building of the Royal London Ophthalmic Hospital, in City Road, by the Duke and Duchess of York, is Monday, June 26th.

### PERSONAL.

Mr. Robert Stroyan, who died last week at Johannesburg, has bequeathed £2,000 to the Norwich Hospital.

Mr. Brydges Williams has contributed a donation of £5,000 to the Prince of Wales's Hospital Fund.

Mr. Francis Sanderson Morrison, F.R.C.S.Irel., of Dundalk, has announced his candidature for the Council of the Irish College of Surgeons in the interest specially of the provincial Fellows.

Mr. Alban Doran, F.R.C.S., will be the Orator at the annual conversazione of the Medical Society of London on Monday next. He has chosen "Shakespeare and the Medical Society" as his subject.

Miss S. F. Fox, of Wimbledon, headed the list at the last occasion of conferring degrees at the Durham University, and she also took honours in the first examination for the degree of M.B.

The Dean of the Medical Faculty of Edinburgh University, Dr. T. R. Fraser, has returned from his duties as President of the Plague Commission; he met with an enthusiastic reception from his large class of students.

It is understood that Dr. D. A. Welsh, assistant to the Professor of Pathology in Edinburgh and Pathologist to the Royal Infirmary, is a candidate for the post of Professor of Pathology in Dundee, rendered vacant by Professor Muir's translation to Glasgow.

Sir W. H. Flower, the newly elected President of the Zoological Society, was in his younger days an Army surgeon, and went through the Crimean campaign. He was subsequently appointed Assistant-Surgeon to the Middlesex Hospital.

Mr. R. B. McCausland, M.B., F.R.C.S., surgeon to Stevens' Hospital, Dublin, has announced himself as a candidate for a seat on the Council of the Royal College of Surgeons, Ireland, at the coming election on the first Monday in June.

Dr. Walter Essex Wynter, F.R.C.P., has been appointed Lecturer on Pharmacology and Therapeutics at the Middlesex Hospital Medical School, and Mr. Alex. G. R. Foulerton, F.R.C.S., D. Ph. Lecturer on Public Health at the same institution.

Surgeon-General Sir W. Guyer Hunter, K.C.M.G., will take the chair at the annual dinner of the Indian Medical Service at the Hotel Cecil on June 8th. The Hon. Sec. is Mr. P. J. Freyer, 46, Harley Street, London, to whom all communications should be addressed.

Dr. George Johnston Stoney, some time chief in the laboratory of Lord Rosse's great telescope in King's County, afterwards Secretery to the Queen's University in Ireland for several years, and well known in other capacities as a very distinguished scientist, has been awarded by the Royal Dublin Society the first "Boyle" medal ever struck, in consideration of his most valuable publications on Boyle and Marriott's law.

The late Sir B. W. Richardson, M.D., F.R.S., who in his day was known as the Apostle of Temperance, is to have a Memorial Brass unveiled to his memory at the London Temperance Hospital on Thursday, the 18th inst. The Medical Temperance Association, of which he was for some years president, originated the idea, and few who have worked for the cause deserved the honour more. Dr. Sims Woodhead, Dr. Clark, M.P., and other members of the profession will take part in the ceremonial.

# Scotland.

[FROM OUR OWN CORRESPONDENT.]

### Edinburgh University.

From a report recently issued by the General Council, it appears that the number of students attending the University continues steadily to decline. The total number in 1890-1 was 3,488; in 1897-8, 2,780. The fall is most conspicuous in the medical faculty (from 1,951 to 1,405) and in arts. In the latter, however, the decrease of 200 is more apparent than real, and is due to the creation of a faculty of science in 1893. There is a considerable decrease in the number of divinity students, but the number of those studying law has remained pretty constant. In contrast to the diminution in the number of students, it is noteworthy that the expenditure (now under the control of the University Court) on salaries to principal, professors, lecturers, assistants, and examiners has increased from £48,167 to £54,213. The principal and professors only benefit by the increase to the extent of some £1,600, while the salaries of lecturers amount to £4,798, as compared with £1,226 nine years ago. Steps are at last being taken to catalogue the University library. The work will, of course, take a good many years and cost much money, but it will incomparably increase the value of the library. Two University chairs, History and Physiology, are now vacant.

Medical Students and Glasgow Fever Hospitals. — Should Fees be Charged?—Dr. Johnston, Medical Superintendent of Belvedere Hospital, has reported to the Corporation Hospitals Committee on the question of clinical instruction in the City fever hospitals to students attending the medical schools in Glasgow. It was pointed out by the superintendent, in tabular form, that the attendance was increased from 38 in 1893 to 127 in 1897-98. Formerly it was not compulsory for students to attend fever wards or hospitals of that kind, but now the new regulations of the General Medical Council make it compulory on all medical students in their fourth year to attend cliniques and lectures on fever and infectious diseases, and the medical superintendent (and lecturer) in order to meet the increased number of students was obliged to increase his classes from two to five, and latterly to seven, which, he says, is the maximum number that he is capable of undertaking. Further, the number of students are increasing steadily, and the period of time over which the course of instruction extends has been prolonged, until only two months (August and September) in the year are quite free from regular classes. The Medical Superintendent says it is worthy of note that, so far as he is aware, no student has ever carried infection from the hospitals, or contracted any infectious disease during the period of attendance at the cliniques. Now the question arises: Should the Corporation charge the students a fee for their instruction on fevers? The students naturally feel this an extra call on their already overtaxed pockets, and it is pointed out that it will be an advantage to the community for the practitioners of the future to become familiar with the symptoms and appearance of fevers, &c.; they will be better able to diagnose them at an early stage, and so assist sanitation. We do not say that a fee should not be charged for the advantages derived in being taught the practical part of infectious diseases, but let it be a modified fee. The fee for reporting a case of infectious disease is 2s. 6d., and a penalty of 40s. for not reporting, which seems somewhat absurd, and should be modified, when it is remembered that measles, although an infectious disease, is not included in the list of such for report. It is to be hoped that the Corporation will be able to see their way to save the already overburdened student from this extra tax.

The Dundee Medical School.—Dundee possesses an excellently equipped medical school, and is not unnaturally anxious to attract a large number of students. Owing to the transference of Dr. Muir to Glasgow University, his chair at Dundee is vacant, and *University Jottings* suggests that Dundee could not get a teacher with a more attractive personality than Dr. Sutherland, assistant to the Professor of Pathology in Glasgow University, who is among the number of applicants for the Chair of Pathology in Dundee College.

Typhoid Epidemic.—An outbreak of typhoid fever has taken place in Bathgate, a mining locality some little distance from Glasgow. At the outset the subjects were seized with influenza, but after a week or, in many cases, fourteen days, the well marked appearance of typhoid fever showed itself. This peculiarity seems to have misled practitioners of the district, who returned the cases as influenza. During the past three weeks more than thirty cases have been reported, and several deaths have taken place. Since the recognition of the disease the cause of the outbreak has been discovered to be due to the water supply, and is causing much alarm.

## MEDICAL SOCIETY OF LONDON.

The meeting on Monday evening last commenced as a general meeting for the election of officers, &c., Dr. F. T. Roberts being elected President for the ensuing year.

The first thing after the routine business had been disposed of was a report by Messrs. Gould, Sheild, and Stanley Boyd in reference to Mr. Battle's case, illustrating "the value of Coley's fluid for inoperable tumours." Having read the hospital notes of the case, and the published accounts and examined microscopical specimens prepared by Mr. Shattock, they formulated the following conclusions:—(1) That the pathological appearances were not conclusive; (2) that the clinical history did not exclude syphilis; and (3) that in view of the extreme difficulty of accurately diagnosing sarcoma from inflammatory formations only those cases the nature of which had been indisputably proved should be admitted as evidence of the value of any therapeutical measure.

### Twenty Cases of Encysted Vesical Calculi.

Mr. Bruce Clarke pointed out that in these cases where the stone is fixed to the bladder wall the usual symptoms of stone are absent, hæmaturia and pain rarely occur, and cystitis is usually the only symptom with which these cases are associated. At an early stage the symptoms they present are assumed to be due to some other cause, and the stone is often only detected when the bladder is opened This was so in half the cases he then related The exact position of the stone in the bladder wall varies considerably. Some are imbedded in the prostate, and some lie loose in cysts in other parts of the bladder, but these cysts are usually found near its base. The author showed that most of these cases occurred in persons between the age of 60 and 70, and insisted on the desirability of exploring doubtful cases of cystitis which do not yield to ordinary methods of treatment.

Mr Swinford Edwards concurred in praise of suprapubic exploration, and deprecated attempts to crush encysted calculi *in situ*.

Mr. Buckston Brown insisted on the importance of distinguishing between sacculi and pouches, pointing out that though a stone in a post-prostatic pouch could be removed suprapubically without laceration of the bladder wall, that was not the case with a really encysted calculus.

Mr. Freyer said he had operated on nearly 1,000 cases of stone in the bladder, and had only met with 20 or 25 instances of encysted stone. He pointed out that when the opening connecting the pouch with the bladder was small, a cutting operation was necessary, preferably the suprapubic operation, but if the opening were large the stone could be dealt with *in situ*. In 400 operations for stone on patients of all ages, with stones of all sizes, a cutting operation had only been found necessary in 8.

Mr. F. Eve related two cases of Resection of the Large Intestine with Recovery, and a discussion ensued, in which Mr. Battle and Mr. Wallis argued against the use of a button or bobbin in anastomosis of the large intestine, both surgeons preferring lateral anastomosis by suture.

# Correspondence,

We do not hold ourselves responsible for the opinions of our correspondents.

## THE ATTENUATION OF SYPHILIS.

*To the Editor of* The Medical Press and Circular

Sir,—Dr. George Ogilvie asserts in the Medical Press and Circular of May 3rd, that the "similarity" of the aggravated form of disease among British troops invalided home from India, to that depicted by Fergusson in Portugal, *was first pointed out by himself*, and states that my statement "in proof of the truth of Fergusson's views that the similarity of the aggravated form of disease among British troops invalided home from India was originally adduced by myself" "is a production of daring imagination, a fiction, &c.

In the *Lancet* of Jan. 29th, 1898, I stated that "Dr. Ogilvie considers that the sad state of the British Army at the present time in India (which *I might say is a counterpart to the state of the Army noted by Fergusson in Portugal*, is sufficient to considerably shake any theory of general immunity. The observations of William Fergusson (not Ferguson), for two years the Inspector of Hospitals to the Portuguese Army, seem to me to be so conclusive, and, moreover, verified at the time by Staff Surgeon Jebb that it is impossible to accept Dr. Ogilvie's interpretation." I repeat it was impossible. In Dr. Ogilvie's paper in the *British Journal of Dermatology*, November, 1897, and, as Dr. Ogilvie states, noticed in the *Lancet*, he had discredited Fergusson's observations on mitigated disease in Portugal in 1812; had enunciated the view that "the hereditary transmission of syphilitic immunity was a remote possibility, and that the attenuation of syphilis, whenever it takes place, is affected by the improvement in hygienic preventive and therapeutic measures" (*vide* his letter, *Lancet*, March 5th, 1898). Not one word had he said of Fergusson's alternative views of climate or noted causes of mitigation of syphilis, and while Dr. Ogilvie noted the sad state of the British troops invalided home from India; subscribed to the explanation of malignancy by lack of hygienic preventive and therapeutic measures as opposed to attenuation, he did *not* note the aggravated form of syphilis among British troops depicted by Fergusson in Portugal, *nor* his explanation of climate with its "febrile affections," intemperance, &c.

Such conclusions and omissions, obviously founded upon imperfect knowledge of Fergusson's work, led me to direct attention to the work of this great Army Surgeon in the fourth volume of the Transactions of the Royal Medical and Chirurgical Society, not only in justice to his name and work, but in favour of the many causes of mitigation and aggravation of syphilis.

In the *Lancet* of April 23rd, 1898, in defence again of Fergusson, I state: "He advanced the alternative view of climate (malaria) and intemperance to account for increased virulence, either of which theories may apply at the present day." Again, May 24th, as opposed to mercurial abuses.

On the other hand, Dr. Ogilvie, in his paper in the *British Journal of Dermatology*, July, 1898, in noting the aggravated form of syphilis in troops invalided home from India states, "The resemblance this description bears to Fergusson's narration is striking." Again, in the *British Medical Journal*, of November 19, 1898, he asserts, "In my paper on syphilis among British troops, Portugal, 1812, India 1896, to which you refer in the *British Medical Journal* of November 5, I have pointed out that there exists a striking resemblance between the state of affairs among British troops in Portugal, 1812, as described by Fergusson, and the state of affairs among British troops in India, 1896." On both occasions this similarity is used by Dr. Ogilvie to further his contention that malignancy is explainable by lack of hygienic preventive and therapeutic measures, and that whereas Fergusson later admitted the aggravation of syphilis among British troops in Portugal by the abuse of mercury, so now, perhaps, "a similar cause might be operative in India."

Unless Dr. Ogilvie has noted the "similarity" anywhere else previous to my letter in the *Lancet*; of Jan. 29th, 1898,, I repeat the "similarity" was originally adduced by myself, and in proof of the truth of Fergusson's observations and views respecting malaria as an aggravating factor in the foreigner, and in no way inconsistent with attenuation in the native.

2. With regard to Prof. Neumann and Dr. Ogilvie's remarkable statements, I think if your readers will refer to Dr. Ogilvie's paper they will find my remarks in the Medical Press and Circular, March 1st, correct.

Dr. Ogilvie's statement in his paper as opposed to that in the Medical Press and Circular is as follows:—Prof. Neumann in his historical introduction, "says that Portugal is 'less infected' with syphilis with regard to the intensity of the disease as well as its extent, that the course of the disease is a very favourable" one, that "spontaneous cure is not rare," that this benign character of the disease is apparent in the hospitals, that he, therefore, is in opposition to Fergusson, who "pointed out the malignancy (?) of syphilis in Portugal." This latter statement is evidently a slip of the memory excusable in so bulky a work. The note of interrogation is Dr Ogilvie's, and he here clearly objects to the statement that Fergusson pointed out *malignancy* in Portugal. But Fergusson, corroborated by Guthrie, did point out malignancy in Lisbon, in contradistinction to the attenuation noted in the bulk of the people, and I assumed that Neumann, being aware of this, found himself in opposition, and deliberately stated it, and that it was not a slip of the memory as Dr. Ogilvie supposed. Dr. Ogilvie now states that Neumann has corrected the statement as a misprint, which I regret, for from this as well as from his previous views noted by Dr. Ogilvie discrediting Fergusson's observations on mitigated disease in Portugal, I fear he is not fully acquainted with Fergussons remarkable work. Dr. Ogilvie thinks it a curious malady to show extremes between "very mild" and "malignant," but there is no inconsistency in Fergusson's observations, because it is known that in seaport towns, *e.g.*, Lisbon, syphilis from various causes assumes for the most part an aggravated form.

3 With regard to Professor Tarnowsky (St. Petersburg), Dr. Ogilvie does not quote correctly the statement which appealed to me in favour of transmitted hereditary immunity. He states that Tarnowsky relates "thirty cases of syphilis in the majority of which both parents and children had acquired syphilis," whereas my quotation is "in syphilis which never enters the gummatous period, and which is even exclusively limited to the initial symptoms abortive syphilis so to say, parental syphilis has transmitted a lesser receptivity to the syphilitic diathesis." I must leave it to your readers to judge for themselves the importance of such a statement, and to compare it with the apparently contradictory opinion Dr. Ogilvie quotes from the same authority. While adhering to transmitted immunity as one cause of modified syphilis, I deny, and have denied that it is the only cause. Dr Ogilvie limits his interpretation of attenuation to "acquired immunity, hereditarily transmitted," whereas it has been my endeavour to direct attention afresh not only to modified syphilis, but to the many causes of attenuation, apart from the question of treatment.

4. With regard to Dr. Ogilvie's complaint that I have unfairly drawn attention to his wrong spelling of Fergusson's name, which he says was done by mistake, and that I have not done so to others, the point is that it is Dr. Ogilvie who professed to throw discredit on Fergusson and his views, presumably with a full acquaintance of Fergusson's original work; whereas in this first paper there is no evidence of such; and the repeated incorrect spelling of Fergusson's name supports this view, which Dr. Ogilvie has not thought fit to deny.

On the contrary, the late Mr. Henry Lee's conclusions and appreciation of Fergusson's work were founded on knowledge of Fergusson's original work. The mistake in the spelling of the name occurring in his chapter in his work "On Syphilis," was occasioned, as he informed me, through his having written this chapter (1862) from memory of Fergusson's original work. This will be at once evident to those who are acquainted with the published lectures of Mr. Lee, delivered at the Lock Hospital in 1854, in which the name of Fergusson is spelt correctly.

I am, Sir, yours truly,

May 6th, 1899. John A. Shaw-Mackenzie.

## "THE ANTI-VIVISECTION GALA."

*To the Editor of* The Medical Press and Circular.

Sir,—Your leader on this subject has at least the merit of being good tempered, and, therefore, I am induced to put in a word to say that I am the "eminent surgeon" who took part in the function and against whom you perpetrate at least two mistakes. You seem to think that my conversion to anti-vivisection views is a recent matter, but it is a matter of nearly thirty years old. My first contribution to the literature of the subject was made twenty-six years ago, and the paper, which has been made a kind of text-book for the cult is eighteen years old, has appeared in nearly a dozen different languages, with combined issues of some half a million copies. If such a connection could bring about the fall for which you obscurely prophesy, I should have felt it long ago; yet, strangely enough, I never did. On the contrary, when the paper was read I had only one medical supporter, a woman, whilst now I could command hundreds.

Some day I shall have a tombstone put over me and an inscription upon it. I want only one thing recorded on it, and that to the effect that "he laboured to divert his profession from the blundering which has resulted from the performance of experiments on the sub-human groups of animal life, in the hope that they would shed light on the aberrant physiology of the human groups." Such experiments never have succeeded, and never can; and they have, as in the cases of Koch, Pasteur, and Lister, not only hindered true progress, but they have covered our profession with ridicule.

I am, Sir, yours truly,

Lawson Tait.

195, Newhall Street, Birmingham.

[How anyone can gainsay the unquestionable benefit to science of observations on living animals surpasses our comprehension. We are driven to the conclusion that Mr. Tait and his fellow anti-vivisectionists have a blind spot in their mental retinæ.—Ed.]

## MEDICAL AID ASSOCIATIONS.

*To the Editor of* The Medical Press and Circular.

Sir,—I think it is evident that the Medical Aid Officer has totally misinterpreted the letters that have appeared on the subject. Speaking for myself I have in no instance dealt with the question of salaries. In fact I submit that the remuneration received by medical offiers is hardly worth commenting upon. What is most objectionable is the system of canvassing for patients. I feel sure that "Medical Aid Officer" will not be prepared to defend a system whereby medical men build up practices by filching other practitioners' patients. I am not generally in the habit of using "heated" language in my correspondence, and I venture to appeal to you, sir, whether I have done so in this particular instance. It may interest the "Medical Aid Officer" to know that at a very largely attended meeting of the South Wales Branch of the British Medical Association held at Newport on May 2nd, a resolution that I proposed on the subject of medical aid associations was considered too mild, and that one was actually proposed and unanimously carried asking the General Medical Council to declare it "infamous conduct in a professional sense" for any medical man to hold office in any of the medical aid associations in which canvassing for patients is resorted to.

I would humbly submit that if we are desirous of keeping up the dignity of the medical profession we should, by every means in our power, put an end to the system of "touting" which is rapidly bringing medical men to the level of *credit* drapers.

How can we possibly expect the working classes to consider ours a dignified profession when they find men willing to ally their names to associations whose existence entirely depends on a house-to-house visitation?

It may be convenient for some of the leaders of the profession to ignore the existence of the evil, but I would like to point out that serious diseases are not usually cured by ignoring their presence.

I am, Sir, yours truly,
Cardiff, May 3rd, 1999. T. Garrett Horder.

## Obituary.

### DR. JOHN EUSTACE, OF DUBLIN.

The death of this much esteemed gentleman, at the ripe age of seventy-nine, has been announced within the last week. He and his brother—dead now for many years—were specialists in Psychology, and the joint proprietors of two private asylums, situated at Drumcondra, near Dublin, which establishments Dr. John Eustace held until his death. His qualification of M.B. and M.D. of the University of Dublin, dated from 1851. He was a member of the Society of Friends, and was universally respected, not only for his integrity, but for his business capacity and his geniality and kindliness.

## Parliamentary News.

Vaccination.—Sir W. Priestley (Edinburgh and St. Andrews Universities) asked the President of the Local Government Board whether it was true that in Ipswich and other localities, where previously there had been great opposition to vaccination, the cases of vaccination had notably increased since the passing of the Act of last year, and that many parents who had been persuaded to apply for certificates of exemption had not presented them to the vaccinating officer, but had subsequently had their children vaccinated. Mr. Chaplin, in reply, said there was distinct evidence that in a number of localities where previously there had been a great amount of default under the Vaccination Acts the number of vaccinations performed since the new Vaccination Act came into operation on January 1st last has been in excess of that for any corresponding period in recent years. In respect of Ipswich, the average quarterly number of vaccinations performed by the Public Vaccinator during 1897 and 1898 was only 33, whereas in the first quarter of the present year the number vaccinated was 198 Mr. Chaplin, in reply to Mr. Webster, stated that according to the latest information it was not the fact that during the present small-pox epidemic in Hull all the cases admitted to the hospital—which were 26 and not 25—were unvaccinated. Nineteen had been vaccinated, and the Medical Officer of Health reports these cases to be of a modified character and that none had died. (Cheers.) The remaining seven were unvaccinated; of these four had died. He had no means of estimating the proportion of unvaccinated persons of all ages in Hull, but during the last five years for which returns have been received some 20 per cent. of the children whose births were registered in the two Unions in which Hull is comprised, and who survived when the returns were made, were then unvaccinated.

Medical Officer for the Education Department.—The Committee of Council of Education have decided not to appoint a Medical Officer to deal with public health questions that are constantly occurring in connection with elementary schools, but propose for the present, at any rate, to refer matters under the Superannuation Act to the Medical Officer emoloyed by the Post Office and the Civil Service Commissioners.

## Medical News and Pass Lists.

### Medical Defence Union.

The following officers of the Union have been reappointed for the year:—President, Dr. W. S. A. Griffith, F.R.C.P.; treasurer, Dr. J. A. Masters, M.R.C.P.; hon. sec., Dr. Campbell Pope, F.R.C.S.; general secretary, A. G. Bateman, M.B.

The following members have been elected vice-presidents of the Union, and, together with the executive officers and elected members, form the Council of the Union:—Mr. Gunton Alderton, L.R.C.P.; Mr. C. A. Ballance, F.R.C.S.; Dr. Edgar Barnes; Dr. James Barr, M.R.C.P.; Mr. James Bisshop, L.R.C.P.; Mr. A. H. Dodd, L.R.C.P.; Dr. Lovell Drage; Mr. Samuel Evans, J.P., L.R.C.P.; Dr. W. A. Elliston, J.P.; Dr. J. S. Ferris; Mr. E. Clemson Greenwood, L.R.C.P.; Dr. W. P. Herringham, F.R.C.P.; Surgeon-General C. M. Jessop, M.R.C.P.; Dr. J. A. Masters, M.R.C.P; Dr. Arthur Luff, F.R.C.P.; Dr. C. H. Milburn; Mr. Marmaduke Shield, F.R.C.S.; Dr. Frederick Nicholls; Dr. Edward Nix; Dr. Reginald Pratt; Dr F. A. Purcell; Dr. Prior Purvis; Dr. Walter Rigden; Dr. R. Saundby, F.R.C.P.; Dr. F. J. Wethered, F.R.C.P.

### The French Hospital and Dispensary.

The thirty-first annual dinner on behalf of the funds of this institution took place on Saturday, the 6th inst, at the Hotel Cecil, M. Paul Cambon, the French Ambassador, in the chair, supported by the Lord Mayor of London and Sheriffs, and by many members of the *corps diplomatique*. The chairman said he had himself had an opportunity of inspecting the hospital, and had been greatly impressed by the ample provision for the care of the sick. He also spoke on terms of commendation of the convalescent home which had been recently opened at Brighton in connection with the hospital. He congratulated them upon living at the latter half of the century, than which he believed at no time had social, Christian and charitable sentiments more stirred the hearts of men. The Italian Ambassador responded to the toast in French. He pointed out that the hospital received not only French sufferers but sufferers of all nationalities. He alluded to a certain minister who was reproached for having appointed as surgeon to a vacant post a candidate who had not obtained the highest marks at the competitive examination. On being pressed to defend his selection he said that the candidate in question was the most conservative among the candidates, adding that conservatism in a surgeon was a valuable quality. The Lord Mayor also responded to the toast, which he thought tended to promote feelings of amity and good fellowship between the two peoples. During the evening the secretary, M. Pontdepeyre, announced subscriptions and donations amounting to £3,200. The musical arrangements were under the direction of Chevalier Tito Mattei, who was assisted by Mdlle. Hélène Michaëlis, M. J. Thomas, and Signor Giuseppi Maggi.

### University of Durham.

At the Convocation holden on Saturday, April 29th, 1899, the following degrees were conferred, viz.:—

#### Doctor in Medicine.

Addenbrooke, Bertram, M.B., B.S., Durh.
Baker, Alexander, B.A., Paris, M.B., B.S., Durh.
Bennett, Norman, M.B., B.S., Durh.
Bryant, Charles Hilary, M.B., B.S., Durh.
Daly, Ramsay Lamy, M.B., B.S., Durh.
Dix, William Ralph, M.B., B.S., Durh.
Francis, Harvey, M.B., B.S., Durh.
Sparks, John Peel, M.B., B.S., Durh.

#### Doctor in Medicine (Practitioners of fifteen years' standing).

Allen, T. W. J., M.R.C.S., L.R.C.P.
Bateman, F. A. N., M.R.C.S., L.R.C.P.
Fearnley, William, L.R.C.S., E.
Freeman, William T., M.R.C.S., L.R.C.P.
Jones, W. Makeig, M.R.C.S., L.S.A., D.P.H.
Lane, Alex., M.R.C.S., L.S.A., F.R.C.S., I.
Lawrence, H. Cripps, M.R.C.S., L.R.C.P.
Lessey, Sandford S., M.R.C.S., L.R.C.P.
Lettis, Thomas, M.R.C.S., L.S.A.
Mark, Leonard P., M.R.C.S., L.R.C.P., L.S.A.
Slater, William, M.R.C.S., L.S.A.
Thistle, Frederick T., M.R.C.S., L.R.C.P.

#### Bachelor in Medicine (M.B.).

Bailey, Ernest Castleigh, L.S.A
Boyd, James William Hugh
Brown, Robert T., M.R.C.S., L.R.C.P.
Cann, Thomas Ponsford
Davison, Henry Edward
Dudgeon, H. W., M.R.C.S., L.R.C.P.
Fox, Selina Fitzherbert
Hartigan, James Andrew
Hemmans, Lawrence Fielder
Hethcote, Douglas
Inman, Ernest
Johnson, Samuel Percy
McConnell, James
Milligan, James
Newman, Herbert R. C., M.R.C.S., L.R.C.P.
Picton, Guy Brougham
Stevens Bertram C., M.R.C.S., L.R.C.P.
Tuxford, Arthur Wren
Vincent, Ralph H., M.R.C.S., L.R.C.P.
Watson, Thomas Blandford

# Notices to Correspondents, Short Letters, &c.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

### FEES FOR ATTENDANCE ON A MEDICAL MAN.

*To the Editor of the* Medical Press and Circular.

Sir,—The writer has attended a retired medical man at latter's own request, one attendance lasting for seven weeks.

Patient died recently, leaving property, real and personal, to well-to-do relatives and the religious body to which he belonged, but nothing to the writer. As he left neither wife, family, nor poor relations behind, would not writer be justified in sending in a bill as for attendance in the case of an ordinary well-to-do patient? The amount of estate for distribution exceeds £6,000.

I am, Sir, yours truly,
"Dubium."

[We do not hesitate to express the opinion that the case described by our correspondent fully justifies his demanding his fees and enforcing his claim. If his doing so could have been, or could now be, of any injury to his medical *confrere* or his relatives, our correspondent might judiciously abstain from doing so, but, in our opinion, the circumstances narrated entirely absolve him from the observance of etiquette, and will acquit him of unkind or unsympathetic treatment of the family. We should, however, suggest that, for the sake of his own self-respect his demand ought to be moderate. He would follow the bad example of the family if he made any grasping claim.—Ed.]

**Pevensey.**—A damp upper soil is almost invariably connected with malaria. It is also associated almost certainly with specific diarrhœa, with typhoid fever, and in all probability with tuberculosis. Among other possibilities is that of the relation of cancerous diseases to dampness of soil, a theory that is ardently advocated in some quarters. Coming to your question, we should advise you to get a dry and porous soil if you can do so conveniently. If precluded from that course by unavoidable circumstances, the next best thing is to see that the curtilage of your house is well drained and that the basement is absolutely impervious throughout. Subsoil drainage has nearly rid the Fens of ague.

### TUBERCULOSIS.

*To the Editor of the* Medical Press and Circular.

Sir,—If medical men will urge the preachers and teachers in their respective neighbourhoods to induce breeders of stock to show consideration for the animals under their control two advantages will result—the animals themselves will be happier and better, and the food supplied be wholesomer.

I am, Sir, yours truly,
F. Lawrence,
Hon. Sec. Church Sanitary Association.
Westow Vicarage, York, May 7th, 1899.

### CURIOSITIES OF THE TELEPHONE.

A correspondent sends us the following amusing dialogue, the source of which we regret being unable to acknowledge, not knowing whence it is taken:—"Are you there?" "Yes." "Who are you, please?" "Watt." "What's your name, please?" "Watt's my name." "Yes; what is your name?" "I say my name is Watt." "Oh! Well, I'm coming round to see you this afternoon." "All right. Are you Jones?" "No; I'm Knott." "Who are you, then, please?" "I'm Knott." "Will you tell me your name, please?" "I'm Will Knott." "Why won't you?" "I say my name is William Knott." "Oh! I beg your pardon." "Then you'll be in this afternoon if I come round, Watt?" "Certainly, Knott." They were then "rung off" by the Exchange.

# Meetings of the Societies and Lectures.

### Thursday, May 11th.

**British Gynæcological Society.**—8.30 p.m.—Specimen—Dr. H. Snow: Large Mammary Intracystic Sarcoma. Papers Mr. J. W. Taylor, Birmingham: The Treatment of Gonorrhœal Salpingitis. Dr. John Campbell, Belfast: A Case of Pyosalpinx in which one of the tubes contained nineteen ounces of pus.

**Brixton Medical Society.**—9 p.m.—Mr. Percy Dunn: On some points in the Treatment of Iritis.

**Central London Throat, Nose, and Ear Hospital.**—5 p.m. Dr. Dundas Grant: Clinical Anatomy and Physiology of the Ear.

### Friday, May 12th.

**Clinical Society of London** (20 Hanover Square, W.).—8.30 p.m. Dr. Hale White and Mr. Golding-Bird: Three additional cases of Right Colotomy for Chronic Colitis. Dr. St. Clair Thomson: Chronic Empyema of the Maxillary Sinus, undoubtedly of two years' and probably of seven years' duration associated with inveterate cough and periodical headache; completely cured in eight weeks by simple drainage through the alveolus Mr. Mark Hovell and Mr. F. Eve: Cases illustrating the Pathology and Treatment of Chronic Suppuration of the Maxillary Sinus.

### Monday, May 15th.

**Central London Throat and Ear Hospital.**—5 p.m Mr. Lennox Browne's Lecture on Difficulty of Swallowing.

# Vacancies.

Bath, Royal Mineral Water Hospital.—Resident Medical Officer; unmarried. Salary, £100 per annum, with board and apartments. Applications to the Secretary by May 15th

Bedford County Hospital.—House Surgeon. Salary, £100 per annum, with apartments, board, lodging, and washing. Applications to the Secretary by May 15th.

Bethlem Hospital.—Two Resident House Physicians for six months. Apartments, complete board and washing provided, and an honorarium at the rate of £12 12s. per quarter. Applications, endorsed "House Physicians," to the Treasurer, Bridewell Hospital, New Bridge Street, E.C., by May 15th.

London Temperance Hospital, Hampstead Road, N.W.—Assistant Resident Medical Officer. Remuneration at the rate of £50 per annum, with residence, board, and washing. Applications to the Secretary by May 20th.

Glamorgan County Asylum.—Junior Assistant Medical Officer. Salary £130, rising to £150, with board, lodging, and washing. Applications to the Medical Superintendent by May 13th.

Grove Hall Asylum, Bow, E.—Junior Assistant Medical Officer. Salary £120 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.

Hospital for Women, Soho Square, W.—House Physician for six months. Salary £30. Applications to the Secretary by May 13th.

West Riding Asylum, Wadsley, near Sheffield.—Fifth Assistant Medical Officer. Salary £100 per annum, increasing to £150, with board, &c. Applications to the Medical Superintendent by May 16th.

# Appointments.

**Aitchison, T.**, M.B., C.M.Edin., Medical Officer for the Willington Quay District of the Tynemouth Union.

**Bower, George**, L.R.C.P., M.R.C.S., D.P.H., Clinical Assistant to the Chelsea Hospital for Women.

**Cameron, John**, M.B., Ch.B.Edin., House Surgeon to the Central London Ophthalmic Hospital.

**Copley, Mr.**, Resident Surgeon in Mercer's Hospital, Dublin; Assistant Medical Officer in Guinness's Brewery, vice Dr. Lumsden, appointed to the chief position.

**Dempsey, Martin**, M.D., Visiting Physician to the Mater Misericordiæ Hospital, Dublin.

**Foulerton, Alex. G. R.**, F.R.C.S., D.P.H., Lecturer on Public Health at the Middlesex Hospital Medical School.

**Gordon, Thomas Eagleson**, M.B., F.R.C.S.Irel., Surgeon to the Adelaide Hospital, Dublin; Medical Attendant to the Bank of Ireland, vice Dr. Harrison Scott, resigned.

**Lander, F. J.**, M.R.C.S.Eng., L.R.C.P.Lond., Medical Officer of the No. 1 District, Nottingham Union.

**Martin, James S.**, M.B., C.M.Edin., M.R.C.S., L.R.C.P.Lond., House Surgeon to the Rotherham Hospital.

**Norwell, J. S.**, M.B.Edin., Assistant Surgeon to the Perth Royal Infirmary.

**Perkins, H. B.**, L.R.C.P.Lond., M.R.C.S.Eng., Medical Officer for the Barking District of the Romford Union.

**Stabb, Ewen Carthew**, F.R.C.S.Eng., Surgeon to Out-patients at the Great Northern Central Hospital.

**Tait, J.**, L.R.C.P., L.R.C.S.Edin., Medical Officer for the Sharnbrook District of the Bedford Union.

**Wilson, A. Garrick**, M.R.C.S.Eng., L.R.C.P.Lond., Junior Out-patient Surgical Officer to the Royal London Hospital, Moorfields, E.C.

**Wynter, Walter Essex**, M.D., F.R.C.P., Lecturer on Pharmacology and Therapeutics at the Middlesex Hospital Medical School.

# Marriages.

**Alexander—Woodward.**—On May 3rd, at St. Clement Danes, James Whitelaw Alexander, M.R.C.P., L.F.P.S., The Lodge, Armley, Leeds, second son of the late Thomas Alexander, M.D., F.F.P.S.Glas., to Laura Woodward, niece and adopted daughter of the late James and Margaret Alexander, Grove House, Ripon.

**Kildahl—Willock.**—On May 4th, at St. Andrew's Church, Fulham, Edward Hulse Willock, M.R.C.S., L.R.C.P., second son of the late Edward Hulse Willock, 3rd Bengal Cavalry, to Eliza Frances Iris, eldest daughter of the late William Sobieski Kildahl, of Dublin.

**Levick—Castledine.**—On April 27th, at Kirkella, Harry Driffield Levick, M.B., B.Sc., F.R.C.S., of 132, St. Paul's Terrace, Middlesbrough, son of Henry Levick, of Thranstone, to Harriett Minnie Castledine, M.B., B.Sc., daughter of the late Henry Castledine, of Gloucester Gate, Regent's Park, London.

# Deaths.

**Eustace.**—On May 4th, at his residence, Elmhurst, Glasnevin, Dublin, John Eustace, M.D., J.P., aged 73.

**Paget.**—May 7th, at Litchfield Lodge, Hereford, Clara, widow of Sir George E. Paget, K.C.B., M.D., F.R.S., of Cambridge, aged 73.

**Pyne.** On May 4th, at Royston, Herts, Sarah Ellen, widow of the late Richard Pyne, M.R.C.S., J.P., aged 89.

**Reynalds.**—George Frederick Reynalds, M.R.C.S., L.R.C.P., of 4, Normanville, Church Road, Teddington, almost suddenly, at Taquah, West Africa, on Wednesday, February 15th, aged 30, from blackwater fever.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXVIII. WEDNESDAY, MAY 17, 1899. No. 20.

## Original Communications.

# MALFORMATIONS OF THE KIDNEY AND DISPLACEMENTS WITHOUT MOBILITY,

## WITH ILLUSTRATIVE CASES AND SPECIMENS.

By DAVID NEWMAN, M.D., F.F.P.S.,
Surgeon, Royal Infirmary, Glasgow.

(*Continued from page* 480).

### II. VARIATIONS IN FORM AND SIZE.

1. *General Variations in Form—Lobulation.*—Slight changes in shape from the typical normal kidney are by no means uncommon, and in more marked instances the organ may be elongated so as to become sausage-shaped, or it may be increased in thickness and globular in form, resembling the shape of the kidney in the fœtus. In a few cases the kidney has been found to assume the discoid shape. These alterations from what we may assume as the normal type, are often unassociated with any other anomaly; but when an abnormal condition exists, such as malposition of the kidney, atypical distribution of vessels, or malformations of other genito-urinary organs, then lobulation of the kidney is more frequent in occcurrence, and more marked in degree. In the fœtus and in young children slight lobulation is seen, but usually after the first year of life the lobules become fused, and are no longer apparent, unless in exceptional cases. In some of these the separation of the lobules may not be very distinct on the surface of the organ, but if a vertical section of it be made the original lobulated condition of the gland is seen. The persistence of this fœtal condition is generally more marked at the anterior than at the posterior aspect of the kidney. A section of the kidney shows the medullary substance arranged in wedges, which form the pyramids, separated from one another by the columns of Bertini. These pyramids correspond to the embryonic lobules of the kidney, though several lobules may fuse together in one pyramid.

2. *Hypertrophy of one kidney*—Hypertrophy of one kidney is not often met with independently of some condition which has produced a functional weakness of its fellow.

Hypertrophy of both kidneys is, however, often seen in cases of diabetes insipidus, and perhaps also in diabetes mellitus.

Enlargement of one kidney only may, however, occur independently of any functional inactivity or structural defect of its neighbour. The kidney may go on increasing in size beyond the normal limit, just as we may have excess of growth in one limb, or undue growth of individual fingers or toes, of the tongue, the larynx, or the lower jaw.

CASE 13.—*Simple hypertrophy of the left kidney only, right kidney normal in size and appearance.*

At a post-mortem examination upon a man, æt. 36, who died from fracture of the skull, I found the right kidney to be normal in weight, 6½ ounces, while the left weighed 10¾ ounces. The man was of average height, and weighed 11¼ stones. Both kidneys, on microscopic examination, were found to be typically healthy, with the exception of the histological elements of the left kidney which were uniformly enlarged, as has been observed in cases of compensatory hypertrophy.

(3) *Fusion of two kidneys.*—(*a*) Horse-shoe kidney; (*b*) sigmoid kidney; (*c*) disc-shaped kidney. The amount of fusion that takes place between two kidneys varies greatly. We may have the two organs united together across the vertebræ, at their lower extremities, by a narrow, thin, and flat isthmus, which may be formed of connective tissue only, as illustrated in Fig. 12, or the union may be made up of kidney parenchyma; these are the lowest grades of coalescence, and from these we meet with all degrees of fusion until we reach a condition where the two kidneys become completely incorporated in one another, so as to form either one disc-shaped organ (Fig. 17), generally situated in the middle line, or an elongated body on one side of the spine—the sigmoid kidney (Fig. 16); but in fused kidney, however unshapely the renal mass may be; the renal form may be entirely lost on both sides; the hilum may be absent; the pelvis may be distorted; and the bloodvessels most irregular in their distribution; there is still one feature in all its varying forms, namely, that they all possess evidence of two ureters, and not one only, as in true examples of single kidney.

We will first consider the lower degrees of fusion, and afterwards will give instances where more complete incorporation of the two organs has taken place.

(*a*) *Horse-shoe kidney* is the most common form of fusion. The two organs are joined together at their lower ends, sometimes by a simple band of tissue, as, for example, in Figs. 12 and 13. In other instances the union is more complete, while the renal form of the two lateral segments may not be retained, as in Fig. 14. Or, again, as in Fig. 15, not only may the renal outline be considerably distorted, but there may also be marked lobulation, as well as anomalous distribution of the bloodvessels, or deformity of the pelves and ureters.

CASE 14.—*Horse-shoe kidney, united by an isthmus of fibrous tissue at the level of the bifurcation of the aorta. Renal form well retained.* (*a*)

Horse-shoe kidney from the body of a man who died of pneumonia; the isthmus which unites the lower ends of both kidneys to one another is about 1 inch broad, and is situated in front of the bifurcation of the aorta; that vessel is unusually small in size. The right ureter arises from the pelvis by two distinct channels, and passes downwards in a groove, which is more distinctly marked than the corresponding one on the left side. The left ureter occupies a similar position, but the pelvis from which it arises is almost normal in form.

The blood supply is by five arteries, which pass off directly from the aorta. Two arteries supply the right segment, while the left is supplied by three. Considering the anomalous distribution, the arterial

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(*a*) Glasgow Royal Infirmary Museum, Series VII., No. 3.

supply is wonderfully symmetrical. On both sides an artery passes directly to the upper and convex aspect of the kidney, while the other arteries pass into the kidney at the hilum. In the specimen the veins have not been preserved (Fig. 12).

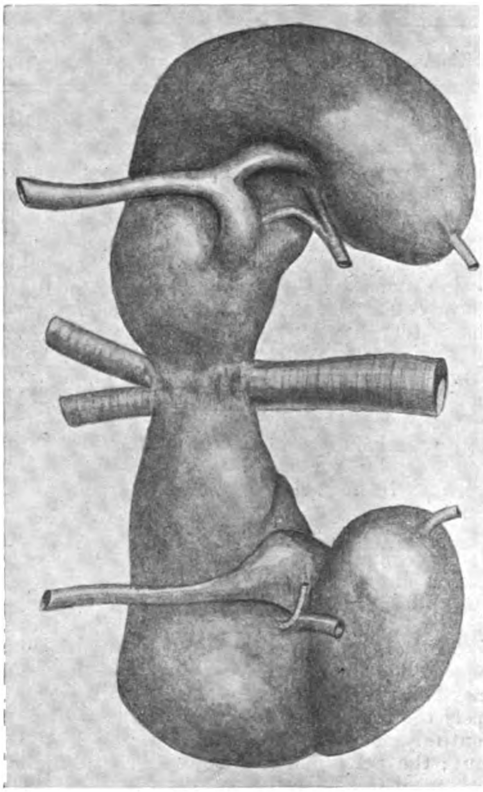

Fig. 12.

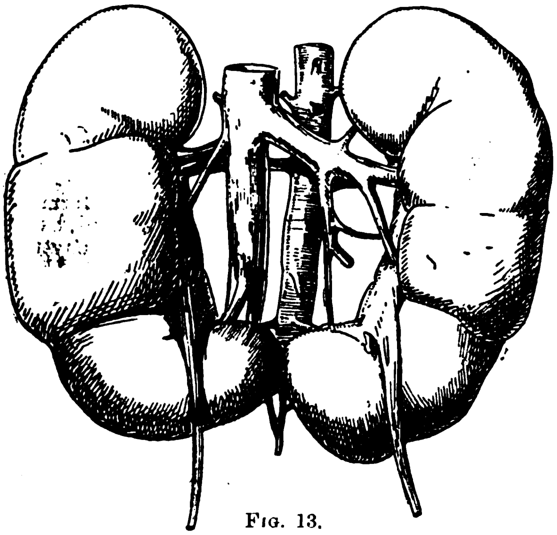

Fig. 13.

Drs. Sutherland and Edington published in the *Glasgow Medical Journal*, Vol. XLIX., page 89, an example of horse-shoe kidney. where the departure from the normal is even less than in the case just referred to. In their case the two kidneys are united by an isthmus of renal tissue which measures 1·3 cm. vertically, and 3 mm. antero-posteriorly. Both kidneys, however, are distinctly lobulated (Fig. 13).

Case 15.—*Horse-shoe kidney with lobulation and complete fusion of both kidneys, malformation of pelves, and anomalous distribution of bloodvessels.*

Both kidneys retain to some extent their renal form, and are united at their lower ends by a distinct lobule, which is marked off by two deep grooves, on the right side the pelvis is not greatly malformed. but on the left it is abnormally small, and is separated into two distinct branches, one passing to the upper, the other to the lower part of the organ. The right segment receives one artery, while the left is supplied by two, one entering at the hilum, the other close to the upper end of the kidney. Both renal veins pass out at the hilum (Fig. 14).

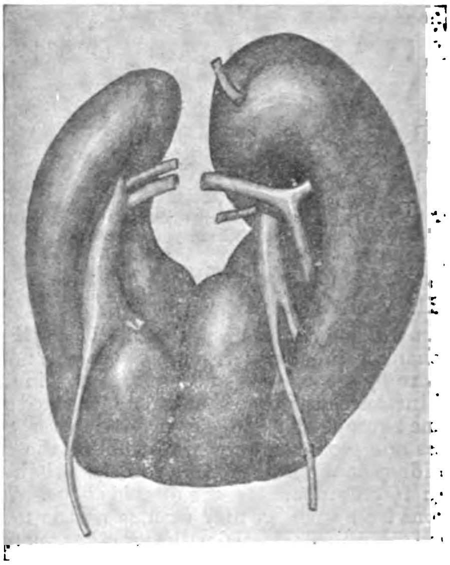

Fig. 14.

Case 16.—*Horse-shoe kidney with complete incorporation of the two organs. Lobulation of both segments, the ureters deformed, and anomalous distribution of the bloodvessels.* (*a*)

The two kidneys are completely united at their lower ends, and the whole renal mass although lobulated is, roughly speaking, uniform in diameter, and in this respect contrasts with the previous specimens.

When removed from the body the mass weighed 15¼ ozs. The arteries, which are small in size, sprang direct from the aorta, and the veins passed to the vena cava direct. On the right side three arteries enter the kidney on its upper aspect, while the left segment is supplied by an artery which enters the deformed hilum on the right side. Three venous trunks unite to form one vein before the blood is emptied into the vena cava. while on the left side one vein only leaves the kidney from the hilum. On the right side the pelvis is divided into three distinct branches, which unite, at the lower limit of the horse-shoe, to form the right ureter. On the left side the pelvis is also segmented into three parts, forming roughly with the ureter the appearance of a St. Andrew's cross. The ureter passes downwards in a deep groove on the anterior aspect of the horse-shoe.

As a rule the horse-shoe kidney rests on both sides of the spinal column, but lower down than normal, the isthmus generally crossing the vertebral column about the level of the bifurcation of the aorta. The band of union is almost always at the lower extremity, so that the concavity of the horse-shoe presents upwards. Cases, however, have been recorded where the union was found to be at the

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(*a*) Royal Infirmary Museum, Series VII., No. 4.

upper, in place of the lower, ends of the organ It has been already shown that the bond of union between the two segments may be slight, or may be very intimate. In the former, the blood-vessels, pelves, and ureters seldom depart much from the normal in their number or distribution; but when the binding of the two organs is very complete, the auxiliary structures also are markedly anomalous. This circumstance may raise the question whether or not the anomalous distribution of vessels may be regarded as a cause of the malformation of the kidney. The pelvis may be divided into several separate cavities, which unite to form the ureter some distance from the hilum. Monquiot (*a*) publishes a case where a kidney was placed transversely across the lumbar vertebræ, and had four pelves, four ureters, and as many arteries and veins. Whatever the other deformities may be the ureters seldom pass behind the renal mass. Durham (*b*), however, describes a case in which the ureters passed behind the organ. The united mass weighed 13½ ozs., and was formed by the union of the lower extremities. The structure of the kidney is described as normal.

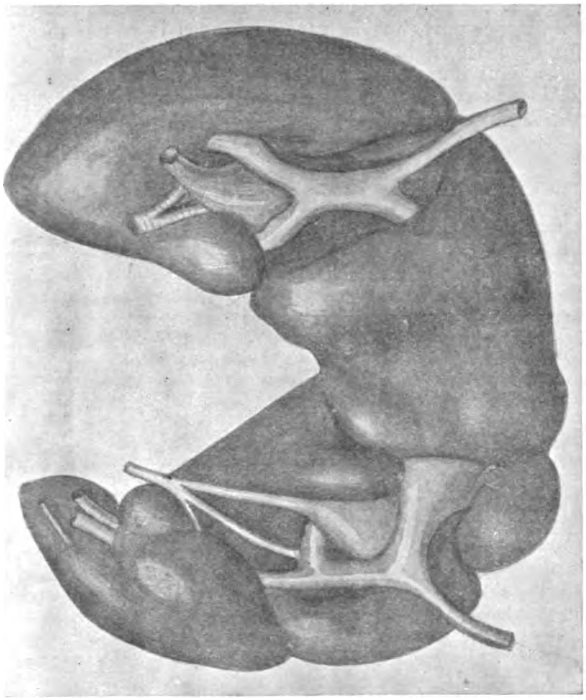

FIG. 15.

Sutherland and Edington describe an interesting example of horse-shoe kidney, in a male child, where there was a pyonephrosis limited to the left segment. On this side the pelvis was greatly dilated, and there were cavities representing dilated calices, which largely replaced the renal tissue and still contained remains of pus. The left half of the isthmus showed a similar lesion; the right side of the specimen and the corresponding portion of the isthmus were normal.

Morris (*c*) describes and illustrates a most unusual form of fused kidney, and one with which I am not familiar. The two kidneys lie together, as if the hilum of one kidney was placed against the outer convex aspect of the other. The following is his description of the specimen :—

"The two kidneys formed an irregularly shaped mass which weighed 13 ozs., and was lying on the front of the promontory of the sacrum. It was not an ordinary horseshoe, for the vessels and ureters were arranged most unusually. The central part of the mass was fissured by a sulcus, in which the ureter for the left kidney coursed downwards and the vein for the same upwards, passing into the vena cava just above the junction of the two iliacs. In the right half of the mass the ureters and vessels, instead of being situated centrally, were on its outer side; the ureter being in front of the vessels as in the left, and as is usual in fused kidneys. The arterial supply in each consisted of two or three arteries for each half of the mass about the size of radials derived from the common iliac arteries, and entered the lower part of each kidney. The suprarenal capsules were in their normal positions. The renal substance to the naked eye was healthy."

(*b*) *Sigmoid kidney*. Sigmoid kidney is an end to end fusion of the two organs. In this anomaly both kidneys occupy one side of the body only, but while the condition is unilateral it cannot be properly included under the term "single kidney."

The following specimen from the Museum of the Royal Hospital for Sick Children, given to me by Dr. Lewis R. Sutherland, illustrates very beautifully a typical sigmoid-kidney. I may quote his description of it in the *Glasgow Medical Journal* for February, 1898, p. 95 :—

"*Fusion of kidneys in a female child.* The fused mass, which measures 11·5 cm. in length, presents an elongated reniform outline, and is possibly formed by the superposition of one kidney on the other, as represented in the accompanying sketch (Fig. 16).

"The anterior surface of the mass is irregularly lobulated; the posterior surface is smooth. There are two distinct pelves, one above the other, each in its own hilum. The upper hilum presents antero-internally; the lower anteriorly.

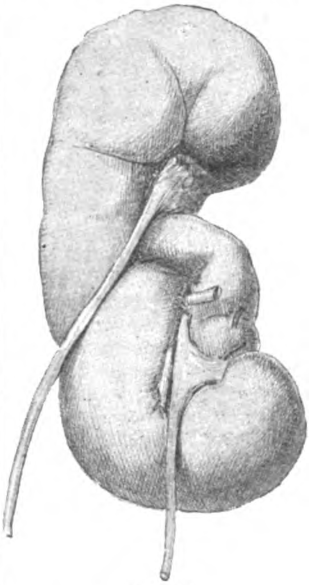

FIG. 16.

"The ureters, which are of normal dimensions pass downwards and outwards from the corresponding pelves, and lie in grooves on the anterior surface of the mass. The upper entered at the right, the lower at the left angle of the trigone. The bladder was normal. The vascular relations were not fully determined.

"The suprarenal bodies were normally disposed. An examination of the generative organs was not made. Microscopic examination of the fused mass shows normal renal tissue.

"The specimen was removed post-mortem from a girl about 7 years of age. The mass occupied the right renal region, and was distinctly palpable in life (G.H.E.). There was no trace of renal tissue found on the left side.

"*Note.*—The appearances suggest an incomplete union of two kidneys—the smaller (lower part of the mass) representing the left; the larger (upper part) the normally placed right kidney.

"From the relations of the lower ureter and pelvis inversion of the left kidney may possibly be inferred,

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(*a*) "Journal des Savants," 1878, Mai 16me.
(*b*) Guy's Hospital Reports," 1860, p. 407.
(*c*) "Surgical Diseases of the Kidney," 1885, p. 96.

as well as coalescence with the anterior surface of the inferior extremity of the right kidney. (Royal Hospital for Sick Children.)"

Almost precisely similar specimens are described by Dr. G. Broesike, of Berlin (*a*), and by Dr. A. Birmingham (*b*).

Sigmoid kidney may be regarded as intermediate between horse-shoe kidney and disc-shaped kidney. The first-mentioned fusion is very complete, while in the latter only the lower extremities of the organs are united. They differ also in the circumstance that the disc-shaped kidney and the horse-shoe kidney are most frequently placed in the middle line, while in sigmoid kidney one kidney is transferred to the opposite side, where it is joined to the lower or inner part of the opposite organ. Probably sigmoid kidney is the rarest form of fusion.

(*c*) *Disc-shaped kidney.* Disc-shaped kidney is applied to those instances where incorporation of the two organs is very complete, as for example in the following cases—an illustration of which has been given to me by Drs. Sutherland and Edington:—

"*Fusion of kidneys in a male infant. Hypospadias. Umbilical hernia sac.* The kidneys form a mass of approximately reniform outline, measuring 6·5 cm. vertically, 3 cm. laterally, and 2·5 cm. antero-posteriorily. The anterior surface shows distinct lobulation; the posterior surface is smooth (Fig. 17).

"The hilum faces anteriorly or antero-internally, a small amount of renal substance being situated towards the middle line behind. Emerging from the hilum are two distinct simple pelves, one above the other. This is corroborated on making a section of the mass. The lower ureter passes to the right side of the trigone, and is crossed anteriorly by the upper ureter on its course to the left side of the trigone.

There are three sets of renal arteries: (1) an upper, entering the upper end of the hilum; (2) a lower, entering the lower end of the hilum; and (3) a third vessel supplying the intermediate parts. Branches 1 and 3 arise from the lateral aspect of the aorta, one above the other at the crossing of the renal vein. Branch 2 arises from the anterior aspect of the aorta to the right and below the origin of the inferior mesenteric artery. The renal vein is formed mainly by three tributaries emerging from the upper and middle portions of the hilum. It crosses the aorta in the normal situation of the left renal vein. There is entire absence of corresponding renal vessels on the right side.

"The specimen shows further the obliterated hypogastric arteries, and a portion of persisting urachus likewise obliterated. The bladder is normal (shown turned downwards and forwards in the figure).

"The specimen was removed post-mortem from a male infant, æt, 2 months, who died of acute broncho-pneumonia.

"The 'fused kidney' occupies the left side. There was entire absence of kidney on the right side. The right suprarenal body, however, was present, as shown in preparation, but markedly flattened out on the under surface of the diaphragm. The left suprarenal body occupies its normal position. Both suprarenal bodies were supplied by vessels arising directly from the aorta, the left receiving in addition two twigs from the highest renal artery. The left suprarenal vein emptied into the left renal vein, the right suprarenal vein directly into the inferior vena cava. Microscopic examination shows a normal structure. The vasa deferentia, vesiculæ seminales, and testes were normal. There was fairly well-marked hypospadias. There was also a small umbilical hernia sac.

"*Note.*—The relations of the ureters to one another, and the origin of the lowest renal artery, are compatible with the possibility of the lower half of the mass, having occupied a position to the right of the median line. (Royal Hospital for Sick Children.)"

### C. Variations in the Pelvis, Ureters, and Bloodvessels.

Malformation of the pelvis and ureters is fairly common, but these are generally of little importance.

The pelvis and upper two inches of the ureter are very frequently abnormal in cases of misplaced or malformed kidney, but even where the kidney is normal in position and in form the ureters may be deformed. These abnormalities have been already fully illustrated in the foregoing cases, in some of which the pelvis has been seen to be double or in several divisions, each of which may have a separate connection with the ureter.

The ureter may be double only for a short distance in its upper part, but in rare instances it has been found so throughout its whole course. We have seen a double ureter extending to within two inches, and cases have been described where it has extended to within one inch of the bladder.

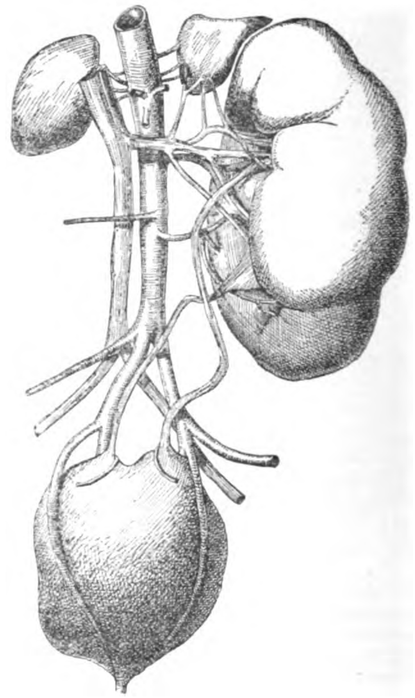

Fig. 17.

Mr. John Wood (*a*) describes such a case. He says: "That in a male subject four ureters were discovered emerging from the hilum of each kidney, they united after proceeding about four inches towards the bladder forming a pelvis from which sprang the ureter proper. On section of one kidney the hilum was found occupied by a quantity of fat and connective tissue, embedded in which the ureters could be traced to the infundibula communicating with the calices and pyramids; thus there was no pelvis within the hilum, but the calices united to form infundibula of which these ureters seemed to form a continuation, and they became united in the pelvis some distance from the kidney."

Cases also have been described by Thomson, Coen, Richmond, Longé, Féré, Josso.

It may be safely said that no abdominal arteries

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(*a*) Virchow's Archiv., November, 1894.

(*b*) "Dublin Journal of Medical Science, Vol. XC., p. 47.

(*a*) "Transactions" of the Pathological Society, London, Vol. VII, p. 261.

are more irregular in their distribution than are those which supply the kidneys. They may vary in number, in their source of origin, or in the mode in which they enter the kidney. Cases have been recorded where both renal arteries have originated from a common stem arising from the front of the aorta, or the renal blood supply may be augmented by branches from the internal, external, or common iliacs, from the suprarenal artery, from the hepatic artery, or from the middle sacral.

The mode of entrance of the arteries also varies. They may pierce the kidney at the hilum, or may enter at any part of its surface, but most commonly abnormal vessels are found at the upper extremity of the organ. Again, the renal arteries may give off branches to the diaphragm, to the ascending colon, to the liver, or to the pancreas.

These irregularities in source, number, and distribution are well known, and have been fully described by Professor M'Alister. (*a*)

Professor Joseph Coats showed a specimen at the Glasgow Pathological and Clinical Society, (*b*) which has some bearing upon the subject we are now considering. The specimen was one of hydronephrosis, where constriction of the ureter was caused by the pressure of an abnormal renal artery.

Professor Coats says, "The kidney has been supplied by two principal arteries. This artery has four branches, three of which pass into the kidney along the anterior border of the pelvis, whilst the fourth has passed rather downwards and backwards. In its passage this artery has encountered the ureter, and has crossed the latter shortly before its insertion into the apex of the pelvis. There is a deep groove produced by the artery, beneath which the ureter passes. The two rounded bulgings which here conceal the parts are, respectively, the dilated first part of the ureter and the apex of the pelvis. The dilated piece of ureter could be brought out by pulling on the ureter, and it was then seen that, at the place where the artery crossed the ureter, the wall of the latter was greatly thinned, the muscular coat being apparently destroyed."

We placed in the museum of the Royal Infirmary a peculiar abnormality of the kidney associated with a malformation of one ureter. The left kidney is about two inches longer than normal, and is divided by a deep groove into two distinct parts, the upper the larger, and the lower the smaller part, are each provided with a distinct pelvis and ureter, but the ureters join about two inches from the lower border of the organ.

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# A SERIES OF CASES OF ARTHROTOMY FOR THE RELIEF OF PAIN, REMOVAL OF SYNOVIAL FRINGES, LOOSE BODIES, AND FIBRO-CARTILAGES.

By C. B. LOCKWOOD, F.R.C.S.,

Assistant Surgeon and Lecturer on Descriptive and Surgical Anatomy, St. Bartholomew's Hospital.

The first part of Mr. Lockwood's communication referred to four cases in which the wrist joint had been opened for the relief of pain. Two of these occurred in women, and were possibly pyæmic. The joint was opened by longitudinal incision betwixt the extensor tendons, and was drained for some days, after which the wound completely healed. The relief from pain was immediate and permanent. The third case occurred in a man and was proved by histological examination to be tuberculous. It was treated in a manner similar to the two former cases. Pain was immediately and permanently relieved, and the disease was arrested. The fourth case also occurred in a woman. The inferior radio-ulnar articulation was inflamed, and had been for four years, and was the seat of extreme pain. It was opened by dorsal incision, and as the cartilage covering of the lower end of the ulnar was eroded and the bone inflamed, the head was removed. The incision was closed without drainage, pain ceased, and the ultimate recovery was perfect.

It was pointed out that in all these cases the operation was performed for the relief of pain. Mr. Lockwood had often performed arthrotomy in cases of acute septic arthritis in which pain had been present. Obviously, under these circumstances, the operation was not performed for the relief of pain but to give exit to septic or purulent fluid.

Arthrotomy for the removal of inflamed and elongated synovial fringes was next referred to. The case of a married woman was described at length. For six years she had had repeated attacks of synovitis, latterly the swelling and inflammation of the knee-joint had become almost continual. The symptoms were very like those which are caused by the presence of a loose body within the joint. None could be detected, and the joint was opened. The absence of a loose body was confirmed, but the whole of the synovial fringes of the joint were observed to be exceedingly long and inflamed. It seemed likely that some of them may have got nipped betwixt the articular surfaces. They were all removed. For this purpose the ligamentum patellæ was divided. A speedy recovery ensued. Nine months after the operation she said that the knee was better than it had been for years. She was able to walk about and perform her household duties. The movements of the joint were good and painless. It contained no fluid. Mr. Lockwood thought the membrane was still a little swollen. In connection with this case, the best manner of opening the knee-joint for the total removal of fringes was discussed. Another case of a similar character was likewise described.

Next some cases of arthrotomy in chronic osteo-arthritis were described. These were undertaken because the chondrifical and ossified synovial fringes got betwixt the articular surfaces either by having become detached or because they had very long pedicles. One of these patients was in her 70th year. Nevertheless, three weeks after four loose bodies had been removed from the joint she was walking about. In a second case, in addition to pedunculated cartilaginous fringes a pedunculated fatty growth of the synovial membrane was taken away. In yet another case of osteo-arthritis pedunculated fringe was removed. The joint ceased to lock, but the operation was followed by a certain degree of stiffness due to the progress of the osteo-arthritis. The avoidance of this complication was discussed. Finally cases of excision of the internal semilunar fibro-cartilage were mentioned. One was described in which the history four years after the operation showed that the result had been perfect. In a second case of removal of the internal semilunar fibro-cartilage the history was brought down to three years after the operation. With the exception of the scar the knee-joint was normal. The patient led a most active life and considered the joint as good as the other, quite perfect in spite of the absence of the fibro-cartilage. The third case was peculiar, having occurred in a woman. In this, again, the removal of the fibro-cartilage, whilst curing the locking of the joint, was attended with no other appreciable effect.

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(*a*) "Journal of Anatomy and Physiology," Vol. XVII., p. 250.
(*b*) "Transactions," Vol. III., p. 277.

# GENERAL HEALTH AS A FACTOR IN SKIN DISEASE. (a)

By MORGAN DOCKRELL, M.D.

In selecting a subject for my Presidential Address I was influenced by the desire to point out the importance that perfect harmony should exist between those practising general medicine, and those confining their attention to the special branches of medicine. And although I have on other occasions, and in other places, emphasised the fact that the interests of general and special practitioners, from a merely commercial view, are identical, the present seemed to me to be a fitting occasion to consider the identity of these same interests from that higher and more scientific plane where, free from personalities, pettiness, and all uncharitableness, we can look on disease defacing, as it does, the most perfect work of the great Artificer, and, looking, remember that no matter how local such disease happens to be, it exercises an effect on the whole economy, producing general disturbance, which reacts on the local trouble, thus indissolubly binding together cause and effect, necessitating a knowledge of systemic medicine with that of local treatment, and making the general practitioner a necessity to the special practitioner, and the specialist of service to the general practitioner.

My object then, gentlemen, this evening is to indicate clearly, and I hope convincingly, that it is equally impossible, for the specialist to practice his speciality successfully without treatment of the general health, as it is for the general practitioner of medicine to ignore the treatment of local disease on the ground either that the patient will grow out of it, or that by the perseverance of systemic medicine alone the local trouble will be cured.

And this takes me more immediately to the subject of my address to you—namely, "General Health as a Factor in Skin Disease." To some this title may appear almost a paradox, understanding as they rightly do that health is the maintenance in equilibrium of all the parts of an organised being so that the natural functions of all the organs may be performed freely and properly, and, therefore, any departure of the cutaneous envelope from the normal, either in its secretion, or thickness, or appearance constitutes a breach of this definition, and is, of necessity, an interference with general health. Unfortunately, however, this is not the case, and so one finds a large number of those practising dermatology ignoring the treatment of certain skin diseases by other than local means, or at the most prescribing certain empirical remedies internally, which have a reputation for curing particular diseases, without taking the trouble to ascertain the conditions of general health which have led up to them. And although it may be urged that such a distinguished authority as the late Dr. Tilbury Fox was in the habit of dividing diseases of the skin for the purpose of therapeutics into those, "1, which are purely local, 2, which require mainly local remedies, but demand the use of such as are general as auxiliaries to cure; 3, where general are the most important, local measures being employed as secondary aids to cure." I believe if he were living in these days he would recognise the importance of general treatment in all cutaneous diseases.

In the present day we have Kaposi stating "that both pathological histology and experiment have proved most cutaneous diseases to be purely local diseases which develop in the tissues of the skin, and which in a measure can be at any time produced at will in one who is in perfect health."

Jameson, on the other hand, says: "All measures which will cure our patients are not only permissible but to be recommended, and thus a combined external and internal treatment is best for all." With this latter opinion I readily agree, and I cannot help thinking that this, so to speak, impressionist method of simply prescribing for the condition that strikes the eye, is largely due to the overcrowding of our out-patient departments which prohibits us from giving that attention to general health which is so essential to skilful treatment, and especially is this the case with those who have not had the only true training for specialism, namely, some years in general practice.

For greater convenience I will deal with my subject under two heads, namely: 1. Conditions of general health requiring treatment first in those diseases where internal treatment is said to be unnecessary. 2. Quite apart from certain orthodox internal remedies advised for particular diseases.

1. *Those diseases where internal treatment is said to be unnecessary.*

Now, gentlemen, in the treatment of diseases of the skin it is always well to bear in mind a condition which, for want of a better term, may be called the "tone of the skin," namely, where the functions are healthy and performed with vigour, that is where the skin is well strung or in due tension, not over strung. When there is any departure from this, the general health is at fault, and so one finds certain diseases of occupation taking place, as, for example, the form of eczema, which affects barmaids, washerwomen, hairdressers, and others, who have carried on their calling for years without any trouble till from other causes their general health becomes impaired. Surely there is something more than mere local irritation to account for the square patch of eczema in the palm of the left hand of the bricklayer where the brick comes in contact with it, and those patches sharply limited in the right hand to the parts which grasp the trowel. And if not, how is it that he never gets better till his general health is attended to, and how is it that as the health improves, the local disease quickly responds to treatment. There is one factor, and one only, in all these conditions which enables the skin to resist the irritation of occupation, and that is general health.

You are all familiar with "Warts" (*verruca vulgaris*), and, I trust, but few of you hold Kaposi's view that they are not contagious. If you do, you can readily satisfy yourselves as to its fallacy by watching how quickly children looked after by a nurse with warts on her hands contract the disease if they happen to get out of health. Warts will last for years, resisting all kinds of local treatment until the mal-assimilation and the constipation, which is so commonly present, are treated. If, however, sulphate of magnesia, as advised by Colrat, of Lyons, or, in some cases, thyroid extract, be given internally in combination with local treatment, the warts disappear and no recurrence takes place as so often happens when only treated by local means.

But I can fancy some of you saying, the growth of hair out of place in woman can only require the local treatment of electrolysis. Here, again, general health must be taken into account. Amenorrhœa is often present, and when treated, strong hairs cease to appear. Young unmarried women with strong sexual proclivities which remain unsatisfied, require the administration of bromides internally. Again, in married women, where through the fear of pregnancy the sexual act is not completely performed, hairs develop and only cease to recur on the cause being removed. Again, young widows develop hairs, which disappear on re-marriage. And I would point out that the loss of mental balance is often so great owing to the worry or the disfigurement of constantly recurring hairs, that to prevent insanity, removal of the ovaries has been found necessary as the only way to check their continued growth.

Lest I weary you I will now pass to the second head, viz.:—

2. *Conditions of health requiring treatment quite apart from certain orthodox internal remedies advised for particular diseases.*

Gentlemen, the treatment of skin diseases is no longer a rule of thumb, the time has gone, and well gone, when a disease coming under observation means the use of a particular drug; it is now known that although a drug may be of benefit in one disease its use is subservient to those states of general health which have led up to and predisposed the individual to the local indication apparent on the skin. Hence it is the duty of every self-respecting practitioner who wishes to practice his art in a scientific spirit to make himself conversant with the state of health of all the organs of the body, to carefully inquire into the secretions, and the habits of his patient, and then, and not till then, to turn his attention to the disease of the skin complained of; above all, to remember there is no therapeutic panacea for any disease. Arsenic has its uses, but they are very limited. It has been a vastly over-rated drug, and its wholesale indiscriminate use has done an immense deal of harm in the past, and I fear in the present is still doing a certain amount.

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(a) Abstract of Presidential Address, delivered to the West Kent Medico-Chirurgical Society, May 5th 1899.

If we take the different conditions of general health exercising a marked effect on skin diseases, I would place *over-fatigue* as the most important factor. In the present state of civilisation we suffer from the over-fatigue of work and the over-fatigue of pleasure. The old saw that change of work was the best recreation no longer holds good. Our pleasures have become a toil, and are often harder work than our ordinary business. So, complete rest in bed will often cure an eczema or a pruritus in a few weeks, which for months, has baffled all treatment.

Then again *worry* exercises a marked predisposing cause in some of the diseases affecting the hair, not so much the ordinary anxieties of business as the petty annoyances of domestic infelicity, the nagging wife, the drunken husband, the sickly child, the interfering mother-in-law, all play their part in producing the neurasthenia which results in alopecia areata. Here your pilocarpin and thyroid extract internally are of no avail, unless you build up the nervous system by means of electricity, didynim, and other nerve tonics. Habits also require attending to, the matutinal pipe often indulged in travelling up to town in a smoking carriage is highly detrimental, producing, as it does, cardiac depression, just as later in the day the heavy luncheon, which is followed by brain work results in wasting of nerve tissue and indigestion, through neither the brain nor the digestive organs having the proper blood supply to carry on both processes at the same time.

*Sexual Indulgence* also has to be regulated, bearing in mind that what is excess in one is but moderation in another. Let me quote an example of this. In 1894 a patient consulted me for complete loss of hair and gave the following history:—As a young man, up to the age of 25, he had an excellent growth of hair, within three months of his marriage he was completely bald, and remained so till the death of his wife, which occurred four years later. Within a year he had a good head of hair, and this remained so till his second marriage five years afterwards; but six months only had elapsed when he was quite bald again, and has remained so to the present day. During his widowerhood he had connection about once in four months, while during his second marriage he did not have intercourse oftener than every two weeks.

*Uric acid* also has to be dealt with, not only as a predisposing cause when circulating in the blood, but also as an exciting cause when excreted by the skin. At the same time I do not wish to be understood for a moment as suggesting that there is any such condition as gouty eczema, any more than I believe that uric acid *per se* means gout. Uric acid *plus* something else, probably either a parasite or a neurosis, may result in a disease of the skin, so uric acid *plus* x results in gout. But that there is any of the varieties of eczema particularly found in gout, and thus allowing of the term of gouty eczema, I absolutely deny. If, then, uric acid in excess is present in any patient suffering from disease of the skin it must be dealt with by careful dieting, following out one of the several methods so ably supported by their different exponents, all equally good for certain individuals, though not all equally applicable to the same individual.

In those who have had syphilis, and who suffer from diseases of the skin not of a specific nature, it is absolutely necessary to treat with anti-syphilitic remedies, as otherwise one often finds a comparatively simple disease presenting marked obstinacy.

Time has not permitted me more than briefly to state the importance of general health in a limited number of cutaneous diseases, but it is of equal importance in those I have not mentioned; and so, gentlemen, whether we are general practitioners or specialists we each have our work to do; let us then do it to the best of our ability, recognising the good in all branches of our common profession, and above all remembering that the care of the general health is the chief factor in the treatment of disease.

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# Clinical Records.

## TWO CASES OF RESECTION OF THE LARGE INTESTINE, WITH RECOVERY. (a)

By FREDERIC EVE, F.R.C.S.,

Surgeon to the London Hospital and to the Evelina Hospital.

CASE I. was a large left scrotal hernia, strangulated for three days. Herniotomy showed that the sac contained a knuckle of the transverse colon, which was gangrenous. A glass tube was inserted into the intestine, and the latter was attached to the wound. Five weeks later the intestine forming the artificial anus was brought out of the abdomen after opening the peritoneum, resected and sutured. The intestine was returned, and the abdomen closed. Primary union and recovery without complication.

Case II. was an example of carcinoma of the descending colon, for which the writer was indebted to Dr. F. J. Smith. A woman, aged forty-seven, had suffered with pain in the abdomen, vomiting, constipation, and occasional melæna for seven months. A tumour in the left loin had been noticed for some months.

Occupying the left loin, just below the ribs, was a tumour, movable from side to side, and evidently situated in the descending colon. The constipation culminated in an attack of obstruction, during which the first operation was performed. This consisted in bringing out the tumour with several inches of healthy bowel, and fixing the bowel to the parieties. The bowel was drained by the insertion of a glass tube.

Ten days later the protruding portion of the bowel was removed, and mesenteric edges of the divided ends brought together with sutures.

After allowing an interval of a month for the inflammatory effusion around the wound to become absorbed, an incision was made around the artificial anus down to the peritoneum. The latter was not opened, but was separated from the parieties for about two inches all round the protruding bowel. The free ends of the intestines were refreshed and brought together with Lembert's sutures. The parieties were then closed over the bowel. The wound was completely healed three weeks after the operation. At the present time the patient appears perfectly well, and has suffered no inconvenience.

The writer was of opinion that in these and similar cases the bowel should be drained, even although only moderate symptoms of obstruction existed.

Although Murphy's button could be inserted very rapidly and readily, the intestines could not be completely drained, and the shock of the resection was added to the illness from which the patient was suffering.

He thought that for the large intestine, at any rate, suture was safer than the use of Murphy's button.

Case II. was published especially to draw attention to the merits of extra-peritoneal resection and suture for artificial anus as the safest method. It was introduced by the late Dr. Greig Smith.

This operation was attempted in Case I., but had to be abandoned, owing to the extreme thinness and friability of the peritnoeum. This was probably due to stretching of the membrane from the presence of a large hernial sac in its neighbourhood.

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MR. GORDON, surgeon to the Adelaide Hospital, has been appointed as Medical Officer to the Bank of Ireland vice Dr. Harrison resigned. Mr. Gordon has acted as *locum tenens* for some time past.

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(a) Read at the Medical Society of London, May 8th, 1899

# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

Meeting held Friday, May 12th, 1899.

Mr. Langton, F.R.C.S., President, in the Chair.

Dr. **Hale White** and Mr. **Golding-Bird** read a paper on

### THREE ADDITIONAL CASES OF RIGHT COLOTOMY FOR CHRONIC COLITIS.

The object in all three cases was to give the colon absolute rest.

**Case I.**—The patient was a lady, æt. 36, seen with Dr. A. E. Taylor. She had had membranous colitis twenty years with latterly great pain, and almost complete inability to take food. She was wasted, anæmic, and a complete invalid, unable to take any exercise. The whole colon was tender to pressure. On May 13th, 1896, the first stage of right lumbar colotomy was performed, the bowel being opened six days later. The patient did uninterruptedly well, was relieved from pain, and gained in strength. In May, 1897, the artificial anus was closed. In November, 1898, the patient said she was perfectly well, she ate ordinary food, took outdoor exercise, and was about to learn to ride a bicycle.

**Case II.**—The patient was a woman, æt. 31. In September, 1896, she began to have abdominal pain, and soon, because of the pain, gave up taking solid food. Her illness continued until her admission into Guy's Hospital, under Dr. Pye-Smith, in December, 1897, when she was found to be passing membrane. She was then very anæmic and weak, and was suffering severely. As she became worse, in spite of all medical treatment, the first stage of right lumbar colotomy was performed March 3rd, 1898, the bowels being opened on March 8th. She remained four months in the hospital, and when she left she was in perfect health, and had remained so up to the last time she was seen. It was proposed to close the artificial anus this spring. The patient was averse from hurrying, as she was so well in her present condition.

**Case III.**—The patient, a man, æt. 35, had been in the tropics and Egypt. Eight years ago he had bad diarrhœa with bleeding. This had continued on and off till his admission to Guy's Hospital. He had suffered much from abdominal pain. He had been treated in hospitals medically without any success. He was admitted into Guy's Hospital in November, 1898. He had continuous diarrhœa, had lost control over the bowels, was very wasted, anæmic, and had the appearance of a man who had not much longer to live. As he was becoming worse, on December 31st, 1898, the first stage of a cæcotomy was performed, and the bowel was opened five days later. He gained much flesh and colour, quite lost his abdominal pain, and left the hospital at the end of February feeling well enough to work, and in May reported himself as very well. He was now of good colour, and plump.

The authors referred to their previous published case, two other English cases and the German case. They pointed out that all *a priori* argument was in favour of a right colotomy for chronic disease of the colon, for it secured absolute rest for that structure, and the cases now brought forward showed clearly that the colon was not necessary for the maintenance of perfect health. They recommended palliative or curative right-sided colotomy, for severe and, otherwise, hopeless examples of the following diseases:—(1) Intractable membranous colitis. (2) All forms of chronic ulceration of the colon that had resisted medical treatment, and which were obviously otherwise incurable. Most cases of very chronic dysentery were probably to be cured without colotomy. (3) Cases of idiopathic dilatation of the colon.

The colotomy must be right-sided, and colotomy was preferable to cæcotomy, for when the latter operation was done, fluid fæces escaped from the artificial anus, and this gave rise to much trouble, while further it was difficult to prevent some fæces passing on into the colon. In the three cases of membranous colitis reported, it was interesting to observe that the formation of membrane ceased directly the bowel was stitched to the skin, and before it was opened. Its formation appeared to be reflexly inhibited, and this was of importance as pointing to a large neurotic element in the cases, a view which is supported by the fact that membranous colitis is most common in women, that all the cases operated upon have been women, and all have had a history of pelvic troubles. The authors believed that it was not necessary to wash out the bowel from the artificial to the natural anus, and they considered that more experience was needed before deciding upon the time for which the artificial anus should be left open, but it should certainly not be less than six months.

The **President** said that the authors' results seemed to show that an opening into the ascending colon would relieve this terrible condition. He himself had a case under his care at the present time in which he proposed to open the colon. He asked whether from the point of view of surgical treatment any distinction was drawn between membranous cases and those of mucous colitis; also whether there had been any difficulty in closing the opening in those cases in which it had been kept open for several months.

Dr. **Hingston Fox** mentioned the case of a gouty woman, æt 48, under treatment for chronic colitis. She had hæmorrhage from the bowel, which was attributed to hæmorrhoids. In August last she took to her bed with severe attacks of hæmorrhage, and frequent motions containing much mucus and pus. Enemata and local treatment caused much irritation. The symptoms ultimately subsided very rapidly after the sphincter had been forcibly stretched by Mr. Charters Symonds, and she remained well for some months, but there had recently been some return of symptoms.

Dr. **Norman Dalton** asked whether the method had ever been tried in cases of acute ulcerative colitis?

Mr. **J. Charters Symonds** said that in the case mentioned by Dr. Hingston Fox he had been led to dilate the sphincter because the disease appeared to be localised to the lower end of the rectum, and he mentioned another case in which there was hæmorrhage from the rectum in which examination revealed nothing abnormal. In that case also the symptoms ceased after dilatation of the sphincter. He thought that right colotomy was better than left, and mentioned a case in which he regretted that he had chosen the left operation. The patient was a man, sixty years of age, who had had four attacks of hæmorrhage from the bowel. There was a hectic temperature and signs of ulceration. A left inguinal colotomy was performed and the lower part of the bowel washed out. This was followed by temporary relief, but the bowel subsequently contracted and the artificial anus could not be closed. At the necropsy many nodules of new growth could be seen on the wall of the intestine, and Mr. Symonds thought that longer relief would have been given if the ascending colon had been opened instead of the descending.

Mr. **W. J. Walsham** asked what method was adopted for the purpose of closing the wound.

Dr. **Hale White**, in reply, said that the intensity and not the variety of colitis was the guide as to surgical treatment. He did not know of any cases of acute ulcerative colitis which had been treated by this method.

Mr. **Golding Bird**, in reply, said that he had not had any difficulty in closing the wound. He used the method which had been employed by Laurie, freeing the bowel for three-quarters of an inch round and then uniting the raw surfaces by Lembert's sutures. Cases of acute ulcerative colitis were seldom recognised. He mentioned one case in which a girl who was admitted for supposed anal fissure died with symptoms of acute colitis and subacute peritonitis, and after death very extensive ulceration of the whole colon was discovered.

### EMPYEMA OF THE MAXILLARY SINUS.

Dr. **St. Clair Thomson** related a case of empyema of the maxillary sinus, undoubtedly of two years' and probably of seven years' duration, with persistent cough and regularly recurring headache, which was completely cured in eight weeks by simple drainage through a tooth socket. He recorded the case, because there was a tendency on the part of some rhinologists lately to disparage the method of treatment through the alveolar border, which was first employed by Cowper as long ago as 1698. Indeed, some practitioners held that this method was quite futile in cases of long standing. He quoted a case in which he had positively diagnosed the empyema two years before the patient was operated on, and in which the history pointed to the presence of pus in the antrum of Highmore for possibly seven years. During this period the patient had suffered from chronic cough, which had resisted every treatment. She had also for more than four years had what she described as a frightful headache, lasting three days, and regularly recurring with the cessation of menstruation. The maxillary sinus was opened with a drill through the alveolar border; a spiral (Ellis) drainage tube was inserted; and the cavity was washed out once daily with a simple alkaline lotion. At the end of a month the liquid came through quite clear, and doubtless treatment might then have been discontinued. For the sake of security the washing out was continued at decreasing intervals for another month, when the drainage tube was removed and the opening allowed to close. The patient's cough entirely ceased. the headaches never recurred; and the cure was confirmed by observation nine months afterwards. This case suggests that in all cases of empyema of the maxillary antrum—especially where there is already a hollow tooth socket—this simple method of treatment should be tried before having recourse to more severe operative measures. The opening is easily made; the patient is able to carry out the treatment at home; and it does not prevent a more extensive operation later if the suppuration proves intractable. The case also shows that a long history of empyema does not necessarily show that the case will resist cure by this easy method.

Mr. T. **Mark Hovell** and Mr. **Frederic Eve** read a paper on

### CASES ILLUSTRATING THE PATHOLOGY AND TREATMENT OF CHRONIC EMPYEMA OF THE MAXILLARY SINUS.

The paper demonstrated that chronic antral empyema was frequently associated with the formation of papillary outgrowths from the lining of the cavity so abundant in some instances as to fill it. These could only be effectually dealt with by free opening of the cavity and removal of the growth; and even then they sometimes recurred. Antral suppuration was sometimes the earliest symptom of malignant disease commencing in that cavity. In six consecutive cases related, numerous papillary growths existed in three, a large polypus in one case, granulation in one case, and in only one instance was the lining membrane of the cavity natural. In the three cases presenting well-marked papillary growths suppuration had existed for periods varying from five months to three years, while in a patient with polypoid growth the discharge from the nostril had existed for two or three years. The pus contained streptococci in three cases in which a bacteriological examination was made. *Treatment.*—This consisted in freely opening the antrum through the canine fossa so that the cavity could be inspected, and the growths removed; and in two instances a counter opening was made through the inner wall of the antrum at the level of the floor of the interior meatus The cavity was first packed with iodoform gauze, and afterwards treated with antiseptic irrigation. In one case the growths recurred, and the antral wall was again scraped. The three patients whose antra contained papillary growths had previously been treated by tapping through the alveolus and the insertion of a tube without improvement. All the patients were cured except one, who was greatly improved. It was pointed out that the antral growths would tend to increase the mischief by causing retention of pus owing to the blocking of the orifice into the nostril, or such a small opening as could be made through the alveolus. The only treatment likely to be effectual was therefore free exposure of the cavity and removal of the growths. Bare pieces of fangs projecting through the floor should be sought for. The seventh case related was that of a gentleman, æt. 57, in whom antral suppuration was the earliest symptom of malignant disease in that cavity. On opening the antrum it was found to be filled with carcinoma, the existence of which had not previously been suspected. The superior maxilla was subsequently removed successfully.

Sir **Felix Semon** thought that it was possible to treat the great majority of cases of antral empyema successfully by the method of simple drainage through the alveolus, although there appeared to be a tendency among the younger rhinologists in favour of more complicated methods of procedure. Most of the cases were due to mental trouble. In a minority of cases of some standing there were papillary outgrowths, and then opening and scraping as performed by Mr. Eve and Mr. Hovell were required, but the milder method should be tried first as a routine treatment.

Mr. **Charters Symonds** agreed that alveolar drainage should always be the first step. In the long standing cases where this did not effect a cure the antrum should be opened, and an independent opening made in the inner wall below the inferior turbinated bone. It was usual in such cases to find polypi or papillary outgrowths.

Mr. **W. J. Walsham** agreed with what had fallen from Mr. Symonds, and mentioned a case in which the empyema was found to be due to a fang which had been retained when the tooth with two other fangs had been extracted.

Mr. **Eve**, in reply, said that he and Mr. Hovell performed simple drainage through the alveolus first The cases which they had brought forward represented the minority in which this procedure did not cure the condition.

Dr. **St. Clair Thomson**, in reply, said that the interesting paper by Mr. Hovell and Mr. Eve tended to confirm his thesis that the simpler method should be tried first. He understood that it was Mr. Hovell's practice to try alveolar drainage in all cases, and that it was only in the resistant cases that he sought the co-operation of Mr. Eve for the canine operation. It would be interesting to know the proportion of cases in which Mr. Hovell had found this necessary. As to how long it was wise to persevere with this simple method, he had himself known of cases which had healed up after having to continue it for eighteen months. On the other hand, there were many patients in whom the secretion of pus continued, but who were so content with the daily washing out of the antrum that they declined further measures.

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## OBSTETRICAL SOCIETY OF LONDON.

Meeting held Wednesday, May 3rd, 1899.

Mr. **Alban Doran**, F.R.C.S., President, in the Chair.

### RUPTURED TUBE FROM A FATAL CASE OF TUBAL GESTATION.

Dr. **Addinsell** showed the uterus and appendages removed post-mortem from a young woman, who died within ten minutes of her admission to hospital. On the previous day, while carrying a tray upstairs, she suddenly felt faint, and was obliged to go to bed. The doctor who saw her next day ascertained that she had missed a period, and diagnosed ruptured tube—a diagnosis which was confirmed by Mr. Bland Sutton. On her arrival at the hospital she at once became unconscious and blanched, and in spite of the injection into the subcutaneous tissue of over two pints of saline solution, she shortly afterwards expired. The abdomen was immediately opened, and was found full of blood. The Fallopian tube on one side was infantile in respect of development, and the other had a rupture, from which blood was still exuding. No fœtus had yet been discovered. The left ovary was large and felt cystic.

Dr. **Horrocks** questioned the value of the subcutaneous injection of saline solution under the circumstances, seeing that it must necessarily be somewhat delayed in absorption, as the circulation must have been very slow. He would have preferred injecting directly into a vein. He referred to the case of a woman who after one operation for ectopic pregnancy, subsequently developed a second extra-uterine gestation in the other tube.

Dr. Morris asked whether there were any means of distinguishing between tubal abortion and ruptured tube. That, he observed, was important, because in the case of abortion one need be in no hurry to operate, whereas in the other event early intervention was indicated.

Dr. Eden said he had seen the patient on her arrival, but her condition was already too grave for anything to be done; in fact, she died almost at once. With regard to the injection, he pointed out that before they had completed the injection of the second pint of fluid the first lot had been absorbed, though the whole proceeding did not take more than five minutes. Under such urgent circumstances, he thought it was better to inject subcutaneously than to waste time looking for the median basilic vein.

### FIBROID OF THE BROAD LIGAMENT WEIGHING FORTY-FOUR AND A HALF POUNDS (TWENTY KILOGRAMMES) REMOVED BY ENUCLEATION; RECOVERY. WITH TABLE AND ANALYSES OF THIRTY-NINE CASES.

Mr. Alban Doran said:—In this case, where the tumour seems to be the heaviest of its kind on record, the patient was 28, and her last confinement was six years before operation. Shortly afterwards a tumour developed in the left iliac fossa; three years later it became impacted in the pelvis. Dr. Ward Cousins succeeded in pushing it into the abdominal cavity; this gave great relief, but the tumour grew rapidly and albuminuria and anasarca set in. The catamenia remained normal throughout. The tumour grew in such a manner that the lower ribs were not stretched out, but pushed back behind it. In order to spare as much blood as possible, the ovarian and round ligament vessels were ligatured proximally and distally, the capsule divided between the ligatures, which were then tightened, and lastly the incisions in the capsule united, so that after its complete division horizontally, and the securing of the cervix uteri, the tumour was enucleated without loss of blood. The cut edge of the capsule was drawn together with a purse-string suture, its cavity being packed with iodoform gauze. The serre-nœud was left on the cervix as it answered well its purpose, and lay separated by the capsule and its packing from the peritoneal cavity. Though very weak for a few days, the patient did well. The packing was removed in forty-eight hours; the deep cavity soon shrunk up. The author, after reviewing tables prepared by Sänger, Bayard Holmes, and Lang, brought forward a table of thirty-nine cases of "fibroid" (fibroma and myoma) of the broad ligament, with an analysis. In no less than six the patient was under thirty years of age, and in just as many over fifty. Menstruation seemed unaffected, nor was flooding ever noted. In two cases, including the author's, there were renal symptoms, from pressure on one ureter. The growth was often rapid, but in Binaud's case, closely watched for two years, the tumour only attained the weight of 9 oz. The large tumours caused pain and discomfort, interfered with nutrition, but rarely proved painful. In twenty-seven cases, including all under 20 lbs. in weight, the tumour was sessile, embedded in the folds of the broad ligament. In eleven, possibly twelve, the tumour was pedunculated; in one the pedicle was twisted. In twenty-five cases the weight was given. The tumour weighed over 40 lbs. in one, the case here related; between 30 and 40 lbs. in two; between 20 and 30 lbs. in two; between 10 and 20 lbs. in ten; between 1 lb. and 10 lbs. in eight; and 1 lb. in two. Of the eight pedunculated cases, six or possibly seven recovered from an operation resembling ovariotomy. Six out of twelve simple "enucleations" of sessile tumours died, but all six date before 1890. Vautrin, of Nancy, twice did panhysterectomy after enucleation, saving both patients. Pollosson, of Lyons, successfully enucleated the tumour, deep in the pelvis, from under the peritoneum ("paraperitoneal" method). In three cases the serre-nœud or elastic ligature was applied to the cervix. All recovered. When the tumour is small, and limited to the side from which it originated, it may sometimes be safely removed with its ovary and tube, the hypertrophied connecting tissue uniting it to the uterus serving as a pedicle. When the tumour is large, the removal of both appendages and amputation of the uterus is usually unavoidable. Retro-peritoneal hysterectomy is probably the best procedure, if practicable. The chief duty of the surgeon in enucleation of broad ligament tumours is to avoid loss of blood. The patients are nearly always sickly and anæmic, although flooding does not occur in this class of tumour, and they bear hæmorrhage badly. The author urges the method which he adopted as the best way of avoiding loss of blood. Pressure forceps on the distal side are untrustworthy.

### RETRO-PERITONEAL FIBROID UNDERGOING SUPPURATION.

Dr. C. H. Roberts read notes of a case of large retroperitoneal fibroid, apparently not of uterine origin, also occurring in the broad ligament. Most of the tumour had been converted into an abscess cavity. It, with its contents, weighed 38 lbs. It had only slight adhesions to the uterus. It was removed from a woman, æt. 50, who had never been pregnant. It had first been noticed thirteen years before, and eight years ago was subjected to the electrolytic treatment. During the last month she had lost flesh rapidly, but the only definite pressure symptom was œdema of the feet. The abdomen measured 48 inches. Mr. Meredith removed the tumour, the lower part was solid, but the upper part was tapped, and 13 pints of thin greyish pus escaped. It was completely enucleated, and an elastic ligature applied to the cervix, which was subsequently cut through and removed along with the uterus.

Dr. Horrocks raised the question as to the microscopical signs on which one relied to distinguish between fibroid and sarcoma. When he had asked this question on a previous occasion, he had been told that if the growth recurred it was a sarcoma, and if not, a fibroid; but he urged that one would like something more definite for clinical purposes. He thought that clinically the President's case looked malignant.

Dr. Maclean recalled that eighteen months ago he had shown a specimen of fibromyoma of the broad ligament, weighing 14 lbs., removed from a woman, æt. 39. In the upper part of the tumour was the uterus, three times its natural size, and the ovaries and tubes were pressed to the right side. There was a connection with the uterus on the right side about the thickness of the thumb.

Mr. Butler-Smythe pointed out that in view of these cases the uterus was pushed up and the vagina elongated, and he referred to a case which he had seen with their President, in which the top of the uterus was on a level with the umbilicus. Under the circumstances the usual incision would be useless. He thought the President's case was one in which the intra-peritoneal treatment would have been best. He himself had had a similar gigantic tumour to remove, but unfortunately the patient died during the operation.

Mr. Alban Doran, in reply, said he had since had to operate in two other cases of fibroid of the broad ligament, one of them ending fatally, but it was one that had already been tampered with, the patient having four years previously been operated upon in the Colonies by a surgeon, who, finding a cystic tumour, thought it was malignant, and had drained. The wound had never healed, and the condition was septic. On operating he found a cystic sessile fibroid, and he performed retro-peritoneal hysterectomy, but she died 53 hours later from shock and sepsis. The second case was the one he had seen with Mr. Butler-Smythe, and there he operated by the intra-peritoneal method. The patient forty-four years of age, had first noticed the tumour four years previously. It proved to be a sessile cystic fibro-myona burrowing deeply behind Douglas's pouch. He performed retro-peritoneal hysterectomy, and as he did not care to drain he drew up the capsule firmly from behind the cervix, and sewed it over the flap of peritoneum in front of the uterus. The patient was actually convalescing, but in the second week she had had a sharp attack of parametritis. That he pointed out was always a danger in retro-peritoneal operations, but even so he thought it was preferable to drainage. He could not think the tumour in his original case was malignant, for such a large tumour if malignant would certainly have provoked severe constitutional disturbance, and would have got much softer.

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## ROYAL ACADEMY OF MEDICINE IN IRELAND.

### Section of Surgery.

Meeting held Friday, April 7th, 1899.

The President, Mr. R. L. Swan, in the Chair.

### HEY'S INTERNAL DERANGEMENT OF THE KNEE-JOINT.

Dr. Knott read a communication on this subject, in which he made emphatic objections to the generally-received view that this lesion was a displacement of one of the semi-lunar fibro-cartilages of the articulation. He described the signs and symptoms of the condition as it had frequently occurred in his own person, and compared them with the original description of Hey, and the subsequent accounts of other recognised authorities on the same subject. Dr. Knott's own view was that a subluxation of the corresponding condyle of the femur took place, the joint then becoming "locked," with the articular surface of the condyle "over-riding" the prominent margin of the inter-articular fibro-cartilage.

Mr. T. Myles said that the most striking feature of the descriptions in the text-books of this injury was the apparent total ignorance of the ordinary elementary anatomy of the knee-joint. For instance, in a recent work of Allingham's (?) he has evidently never dissected the attachment of the internal semilunar cartilage. He himself had seen a considerable number of cases. In two cases he opened the joint expecting to find a loose cartilage, but found a pedunculated cartilage in the knee-joint. One case had a history pointing to displacement of the internal semilunar cartilage, but he found a small pedunculated cartilaginous body, growing from the front of the joint, projecting between the condyle and tibia. On two other occasions he found the anterior attachments of the internal semilunar cartilage completely torn away. Annandale (?) originated the operative treatment of this condition, but personally he had always failed to attach the semilunar cartilage to the tibia In every case in which he removed a piece of the cartilage the patient always complained of permanent weakness in the joint. Skiagrams of the affection he considered to be most misleading and absolutely futile, and the length of the ligamentum patellæ would be compensated for by the increased contraction of the quadriceps extensor.

Mr. R. C. B. Maunsell had removed a semilunar cartilage a year ago from a girl's knee. She had complained for several years of recurrent attacks of the dislocation. Recovery was rapid, and the patient was now perfectly strong.

Mr. Croly mentioned the case of a gentleman who came to him with one knee slightly flexed and hopping on the good leg; his knee-joint was "locked." He failed to find relaxation of the ligamentum patellæ, nor could he feel anything nummular on the inside of the knee. Extension, followed by sudden flexion, gave instant relief, and patient insisted on walking home. The interesting thing was the slight violence causing the affection, but that applied to all dislocations. The joint was locked in all the cases he had seen. The reason why the external cartilage was not displaced was that the popliteous tendon tied it so tightly in its groove. He thought there was a difference in symptoms of loose cartilage and this affection. The former caused a sickening sensation within the knee itself, whereas the latter caused intense pain over the line of the internal semilunar cartilage. He thought that Mr. Maunsell was very fortunate in the case where he had removed the cartilage, but he did not approve of the proceeding.

### ADVANCEMENT OF THE RECTI MUSCLES OF THE EYEBALL.

Mr. Story described the method of advancing the recti muscles in the treatment of strabismus, which he had devised more than three years ago, and had considered to be his own peculiar property till a publication in the "Annales d'Oculistique" had informed him that the essential point in his operation had been anticipated, so far as publication was concerned, by Valude. The essential point is splitting the tendon longitudinally, and suturing each half of it separately to the conjunctiva or sclerotic. Each half is engaged in a loop of suture lying at right angles to the direction of the fibres of the tendon, and the knots are tied over glass beads to prevent the sutures cutting too rapidly through the conjunctiva.

Mr. Benson was impressed by the satisfactory results, the operation not being followed by the disfigurement which often resulted from lumpiness of the edge of the tendon near the margin of the cornea in former operations. He himself had employed a modification of Schweigger's operation, and frequently shortened the tendon rather than advance it to the edge of the cornea, and had been well satisfied with the results. One of the great difficulties was not so much to get *a* result as to get *the* result, and it was extremely difficult to measure the amount of result that will be obtained. In his modification of Schweigger's operation it was necessary, in order to avoid strain on the sutures, to put in an anchor suture. The pulley operation was a most abominably complicated thing to do. He thought it probable that for the majority of cases the operation described by Mr. Story would answer the purpose better than any other single operation.

Mr. Maxwell pointed out that when a tendon is advanced it is not the cut end alone which unites to the eyeball, but the conjunctiva having been raised up from the globe, a raw surface is left below and above, and the tendon becomes adherent to that raw surface at the level of its division to the eye. The great objection, he thought, in almost all operations, is that the tendon is divided, and if any slipping should occur, the patient's condition is worse than formerly. Another objection is that the suture is inserted into the tendon at one side, which is firm enough provided the thread is carried across the tendon, but the other end is inserted into the conjunctiva, which is soft and delicate and easily torn. He described a method of his own to obviate slipping, in which tendon was stitched to tendon and the muscle was not divided at all, and even if slipping should occur, the original condition would remain.

Mr. Story, in reply, approved of Mr. Maxwell's operation. He did not think that there was the same chance of one of the sutures giving way in his operation as in many others, because the only pull in his operation was directly along the tendon to the conjunctiva.

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## HARVEIAN SOCIETY OF LONDON.

Meeting held Thursday, May 4th, 1899.

Peyton Beale, F.R.C.S., Vice-President, in the Chair.

### ARTHROTOMY FOR THE RELIEF OF PAIN.

Mr. C. B. Lockwood related a series of cases of arthrotomy for the relief of pain, an abstract whereof we publish on page 505.

Mr. Howard Marsh insisted upon the importance of the subjects raised in the paper. In regard to pain as a symptom of many joint affections he pointed out the important part played by tension and agreed that in many instances this was best relieved by free incision into the joint. Transverse division of the patella was perhaps the most satisfactory method of freely exposing the interior of the knee. Mr. Marsh had operated in about forty cases for the removal of the internal semilunar fibro-cartilage; in all the result had been satisfactory, and in none had any impairment in the function of the joint been recognisable. In a few instances the affection had been met with in women and twice in children under ten years of age.

Mr. Herbert Allingham had operated in fifty cases for one or another of the various conditions mentioned in Mr. Lockwood's paper. The series included eighteen cases in which the internal semilunar cartilage was excised and thirteen in which the dislocated cartilage was sutured in position, and eleven cases in which loose cartilages and three in which osteophytes were removed. In one case of chronic rheumatism the joint was drained and in three cases although nothing definite was found to explain the symptoms the latter were relieved by arthrotomy. In Mr. Allingham's opinion the most satisfactory view of the interior of the knee-joint was obtained by a longitudinal division of the patella through an incision beginning at the upper part of the joint and continued downwards into the ligamentum patellæ.

Mr. W. J. Walsham had, during the last 18 months, also operated upon about twenty cases of the kind under discussion without any mishap. He insisted upon the importance of careful preparation of the patient for such operation and thought it very advisable to keep the knee fixed on a splint for a week, if possible, beforehand. He strongly advocated transverse division of the patella as the best means of freely exposing the knee-joint. Mr. Walsham agreed that the symptoms of a dislocated semilunar cartilage were often not such as were described in the text-books and might consist of little more than a crack or snap during the movements of the joint. In the treatment of such cases after operation he advised that movement should be commenced at the end of a fortnight and that the patient should be allowed to walk at the end of three weeks.

Mr. Jackson Clarke referred to the case of an athletic man who had had pain in a knee-joint for four years, originating in a sprain sustained in playing golf. The symptoms were so severe that at first it seemed likely that the joint would require to be opened. Mr. Clarke, however, first tried the effect of a support that prevented lateral and rotation movement at the knee. This measure proved successful, and enabled the patient to play football, polo, and other vigorous games. At the end of a year the apparatus was left off and the patient had no further trouble.

Mr. Raymond Johnson referred to a case in which suppuration in the knee-joint followed an operation for the removal of a semilunar cartilage. He at once drained the joint by free lateral incisions, and recovery followed with a very fair amount of movement. He believed the infection of the joint took place from the skin, and was in part accounted for by the fact that at the time of the operation there was still a good deal of fluid in the joint. It was certainly much safer in these cases to delay operation until the attack of synovitis had subsided. A question was asked as to the probable nature of some cases of diffuse villous synovitis in which there were no definite evidences of osteo-arthritis. The speaker also referred to the comparative rarity of the origin of loose cartilages in joints resulting from detachment by injury of a portion of the articular surface.

The Chairman congratulated Mr. Lockwood upon the success with which he had followed up such a considerable series of cases. The long villous processes found in the synovial membrane in some cases of rheumatoid arthritis were microscopically identical with the villous processes normally found in the rabbit's knee, and which had masses of mucoid material projecting from them.

Mr. Lockwood replied.

## BRADFORD MEDICO-CHIRURGICAL SOCIETY.

Meeting held on April 18th.

The President, Dr. Berry, in the Chair.

Dr. Enrich gave a microscopical demonstration.

Mr. Hall showed (1) a small dermoid cyst of the ovary, in which there were three cavities, the first contained hair, the second teeth and bone, and the third a mucoid fluid. (2) A calculus removed six months after lithotrity.

Dr. Kerr showed a case of optic neuritis following measles.

Dr. Rabagliati showed the pelvic organs with some intestine removed post-mortem from a patient who had suffered from fæcal fistula, following pelvic abscess.

Mr. Wilmot showed a patient suffering from acromegaly.

Dr. Metcalfe read a paper on the

### OPERATIVE TREATMENT OF UTERINE CANCER.

After alluding to a case of cervical cancer which he had recently had under treatment, Dr. Metcalfe discussed the relative propriety of the operations of supra-vaginal amputation, and of vaginal hysterectomy. While admitting that there was a very large body of modern opinion in favour of complete hysterectomy he cited Schröder, John Williams and others who advocated supra-vaginal amputation, and pointed out that the immediate mortality from hysterectomy was higher than from supra-vaginal amputation, while the recurrence rate was no lower. The advocates of hysterectomy say that the high recurrence rate is due to the fact that hysterectomy has been reserved for more severe cases, while supra-vaginal amputation has been practised on the early cases. Dr. Metcalfe then described the distribution of the pelvic lymphatics, and expressed the opinion that it is impossible by vaginal hysterectomy to remove the whole of the diseased area, together with the lymphatic glands, and consequently that if the disease has spread beyond the limits of the uterus, recurrence is probable after either hysterectomy or amputation of the cervix.

Drs. Rabagliati, Wood, Hall, and Althorpe discussed the paper, and Dr. Metcalfe replied.

Mr. Miall read a paper on

### CONTAGION FROM A HISTORICAL POINT OF VIEW.

He said: Disease was considered transmissible, in very early times, by charms and ceremonies, some of which are still extant. Ideas of cleanness and uncleanness, which are almost universal among primitive people, also involved the idea of contagion which prevailed at the dawn of history in Egypt, Persia, and Greece. In India inoculation for the small-pox was practised by the priests still earlier. Thucydides records the contagious character of the plague at Athens, B.C. 430, and about the same time Hermippus, the comic poet, mentions the itch as transmissible. A little later Isocrates alludes to consumption as contagious, and Aristotle has no doubt of the contagious nature of the plague. But the strictly medical writers in Greece before the Christian era ignore contagion. They account for epidemics by noxious airs, influences of celestial bodies, eclipses, tidal waves, earthquakes, famine, wars, and other causes affecting many at the same time. The Greeks had no word for contagion, but they expressed the fact in numberless ways, quite unequivocally. Aretæus was the first medical author who recognised contagion at all, this was in the second century, A.D. Lucretius first uses the term contagion, which soon acquired a technical meaning. He was followed by Virgil, Ovid, Livy, and most Latin authors, except the medical writers. The latter do not allude to the subject till we come to Cœlius Aurelianus, though the Greeks had long adopted the notion. Bubonic plague can be traced back further than any epidemic disease; it is now possible to identify it in the sixth century, A.D., when it pervaded the Roman Empire, eastern and western, for fifty years. According to Gibbon, it depopulated the most flourishing countries, some of which have never recovered. In three months, five to ten thousand persons died daily at Constantinople. At this time, Mayrius looks upon it as decidedly contagious, while Procopius, another contemporary historian denies contagion in strong terms. For a thousand years after this the same disease appeared at intervals in every country in Europe. The recognition of small-pox by Rhazes in the tenth century was an important event in the history of epidemics, for though the disease had probably appeared long before, it was not properly marked off by physicians. From that time measles, chicken-pox, and ultimately scarlet fever, typhus, and enteric fever were gradually analysed and separated from one another. The belief in contagion was gradually placed on a firmer foundation. Rhazes does not lay much stress on it, though he admits that small-pox and measles are contagious. He dwells principally on the great susceptibility of children, and the less susceptibility of older persons. There are thus three lines of thought in ancient history in regard to epidemics. The idea of contagion, that of the patient's susceptibility, and that of a common cause for epidemics. These three theories still contend with one another.

## France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, May 13, 1899.

### Pulmonary Congestion Without Expectoration.

At the last meeting of the Medical Society, M. Rénon spoke on certain cases in which affections of the lungs in the adult followed their course without expectoration. In the pulmonary congestion of Woillez the absence of expectoration was the exception. Woillez remarked it once and the speaker knew of four other examples. In the pleuro-pulmonary congestion of Potain expectoration was the rule, and he found on record but one case where it was absent.

In spleno-pneumonia that absence was much more frequent, and influenza, by modifying considerably the regular evolution of pulmonary congestions, had contributed to the frequency of the phenomenon, M. Huchard insisted on a new form, which he styled bronchoplegia, in which the patients did not expectorate, and which was due to the action of the influenzal poison on the pneumogastric.

The common features of these congestions were violent dyspnœa and a double souffle, with a slight sound of bronchephony. In the majority of cases the absence of the expectoration did not much influence the evolution of pulmonary congestions, consequently the prognosis need not be modified. Exception should be made, however, in respect of bronchoplegia, which was frequently fatal.

### The True Cause of Appendicitis.

M. Taisans said that for a long time already different authors remarked a coincidence between appendicitis and certain affections of an influenzal nature, hence the conclusion that influenza might under certain circumstances engender appendicitis. For him this variety, far from being the exception, should be considered as the rule, as appendicitis breaks out in the course of an attack of influenza, or sets in some time after that attack. In any case the relation of cause and effect between the general malady and the affection of the appendix was extremely probable.

This view of the etiology of appendicitis furnished the only explanation of two facts of incontestable reality; viz., that appendicitis had become extraordinarily frequent within the last ten years, that is to say, since the great epidemics of influenza made their appearance. In the second place each annual epidemic of influenza is accompanied by a kind of epidemic of appendicitis. The speaker concluded by saying that in his opinion the true cause of appendicitis was influenza.

### An Incubator ad hoc.

A medical journal relates the following curious incident. A young girl became passionately fond of a young man who finally refused to marry her. The parents of the disappointed belle brought an action against the obstinate *fiance* for seduction. A medico-legal examination was ordered by the court, which revealed the linen stained with blood and the hymen ruptured. The girl declared that she had a violent struggle with her seducer before he committed the act. No trace of violence, however, could be found on her body. On examining the vagina the medical expert was no little surprised to find an oval smooth foreign body there, which turned out to be a hen's egg! In the extraction it broke, and was received in a semi-liquid state in a basin. The most curious part of the affair would have been if the egg previously fecundated had sojourned the necessary period in the vagina of the young virgin transformed into an artificial incubator. She would have been delivered of a chicken, and the medico-legal question would have been complicated with a problem of teratology.

### Prevalence of Typhoid Fever.

The seasonal increase in the prevalence of typhoid fever in Paris is once again exciting public attention in a disagreeable way. Interested pleas are continually being put forward with the view of exonerating the water supply from the responsibility, and it is quite possible, after all, that the extensive disturbances of soil which have been entailed by the preparations for the approaching exhibition may have contributed to swell the death-roll. Although water pollution is always the principal factor in the productions of widespread epidemics, there are many other possible sources of infection open to explain the numerous more or less sporadic cases. Foremost among them is the deplorable condition of Paris from a hygienic point of view. There are special technical reasons for suspecting the water supply, too intricate for explanation here, but a powerful Government department is interested in proving that all is for the best in the best of worlds, the large number of deaths from such an eminently preventible disease as typhoid fever to the contrary notwithstanding.

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## Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, May 13th, 1899.

At the Surgical Society Hr. Eiselsberg, Königsberg, read a paper on

### Hæmorrhage from the Stomach after Operations

During the past three years he had observed hæmorrhage from the stomach after operations in six cases in seven years in the Königsberg Klinik. (1) The day after Bassini's operation; (2) after hæmorrhage and ligature of omentum; (3) after omental hernia; (4) after extirpation of carcinoma of the rectum, there was no hæmetemesis, but collapse and death on the fifth day; the autopsy revealed numerous hæmorrhages in the mucosa of the stomach and peritonitis; (5) strangulated hernia, replacement, purulent peritonitis, death in three days; in the stomach were 30 fresh erosions; (6) ileus laparotomy, torsion of omentum, hæmatemesis, death; the autopsy showed peritonitis and fresh ulcers of the stomach, of carcinoma of the rectum, extirpation; the wound did well, but on the ninth day collapse, black stools and death, the autopsy revealed a deep duodenal ulcer. There could be no doubt as to the causal relation between the operation and the hæmorrhage. Vomiting after narcosis could not be the cause, as in two cases there was no vomiting; in six cases, however, there was ligature of the omentum, and in the seventh the omentum was probably contused. In an experiment on an animal, multiple hæmorrhages into the stomach followed twisting of the omentum.

Hr. Konig, jun., Berlin, related a case of

### Persistent Vomiting.

The patient, a woman (shown), had suffered for fifteen years from persistent vomiting, at last all food was rejected. In June 1898, posterior gastroenterostomy was performed, but with no benefit, and six weeks later a second attempt was made. This time the two loops of intestine were united by Murphy's button, but again no good resulted, the vomiting still continued. The patient then came to Berlin under v. Bergmann's care, when laparotomy was again performed. The bowel was firmly attached to the stomach and lay behind it. It was closely sutured to the stomach, and a communication made between the two loops. A further gastroenterostomy was made, this time anteriorly with attachment of a broad piece of bowel. The result was good, the vomiting ceased entirely and the nutrition was good. She had gained 6 kgrm. in weight.

Hr. Braun, Gottingen, performed gastroenterostomy in November, 1897, on a man, æt. 25, who suffered from severe gastric troubles. The patient did well. Eleven months afterwards acute peritonitis came on and he died. The cause, as shown by the autopsy, was perforation of the jejunum some centimetres from the stomach, from an ulcer, apparently caused by outflow of gastric juice.

Hr. Kahn related a similar case. A year after successful gastroenterostomy acute abdominal pain came on with death within twenty-four hours. A porforation had taken place, where the jejunum joined the stomach. Anterior ante-colic gastroenterostomy had been performed.

Hr. v. Bech, Carlsruhe, reported a case of gastro-enterostomy with Murphy's button. After some months renewed acute symptoms of ileus made a second laparotomy necessary, when the Murphy's button was found firmly seated in its original position. After this the button descended spontaneously, and the symptoms disappeared. As the cause of illness he had found in some cases acute flexion of the intestine from adhesions In one case obstruction of the bowel was found to be caused by a tumbler belonging to a bedroom water-bottle fixed in the rectum. This was with difficulty removed without breaking. This patient then called to mind that once, on getting out of bed, he had sat down suddenly on the water-bottle, with the tumbler placed in an inverted position over it. The neck of the bottle was smashed, and the tumbler, which he thought was also broken, had passed up into the rectum!

Hr. Kader, Breslau, related the case of a woman who had been operated on by a gynæcologist. Ten days later ileus-like symptoms came on. The wound was reopened, and the patient remained under treatment for six months, and at the end of that time she was discharged improved. But again symptoms resembling ileus came on, and the patient became very weak. Then a piece of cloth, the size of a pocket handkerchief, was removed from the rectum, which had plainly been left in the abdomen, and had found its way into the bowel. Later on, acute strangulation took place and peritonitis. At the laparotomy a loop of small intestine was found kinked and gangrenous in the pelvis. Death. At one part of the intestine a cicatrix was found, the point of entrance of the cloth. In order to study the passage of foreign bodies out of the peritoneal cavity into the bowel, he performed the following experiment: He drew an indiarubber ring round a piece of bowel and returned it into the abdominal cavity. Later on the ring had become embedded in new growth around it, and still later it had passed into the bowel, the wound in the intestine being closed with a cicatrix.

Hr. Hadlich, Kassel, recited the case of a man on whom laparotomy was performed. At the operation the colon was found to end in a blind pouch, a space a hand-breadth in width separating the two blind ends. The destruction of the intervening portion had probably been caused by adhesions, resulting from appendicitis.

Hr. Henzel recited a case of the long continuance of a foreign body in the abdominal cavity. Six years ago a young man had been operated on for echinococcus of the abdominal cavity. The operation was tedious, and as collapse threatened the abdomen was closed in a hurry. The patient recovered. Fourteen months afterwards he felt violent pain in the region of the sigmoid flexure, with drawing up of the left leg and a tumour on the left side of the abdomen. Echinococcus was again diagnosed. The abdomen was opened, a large quantity of exudation was found, and in the midst of this a large torsion forceps, which must have been left in at the first operation 2¼ years before. The patient recovered.

## Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 13th, 1899.

### HYSTERIA.

AT the Medical Club, Schlesinger showed a female patient, æt. 16, with peculiar movements of the head which were probably hysterical as she formerly had other marked nervous movements that suddenly disappeared In the present illness the movements of the head were backward, and in order to control them the finger had to be put in the mouth in order to hold the head forwards.

### ESTIMATION OF PHOSPHORUS IN THE BLOOD.

Dr. A. Jolles exhibited an apparatus which he has devised for the measurement of phosphorus in hæmatic analysis. Where the phosphorus is present only in small quantities as in the blood the process is usually long and tedious, but with Jolles' phosphor-meter the operation is greatly simplified. In his demonstration he referred to the essential elements of the blood cells and emphasised the fact that it must not be considered a simple albuminous body, but one containing a phosphatic proteid or, as Kossel has aptly termed it, nucleo-albumine. Smith had isolated albumen and cytoglobin from the red corpuscles, and altogether these are not complete. A group of nucleo-proteids have been formed. Recent investigation of the albuminous part of the leucocytes and "nucleo-histon" show them to contain 3·025 per cent. of phosphorus which form by decomposition a nucleïn or leuco-nucleïn with 4·7 per cent. of phosphorus, the peculiar feature whereof is its combination with an albuminous base. It is acknowledged that the flat corpuscles have homogenous contents and mostly of albumen while the nucleus contains the nucleïn. The non-albuminous substance of the cell is richer in phosphorus as in lecithin, which by its acid combination plays an important part in the blood. The relative proportion of phosphorus in the normal blood is constant in the leucocyte, but whatever its function may be there can be no doubt as to its importance. In pathological conditions it is often increased or diminished in the presence of micro-organisms, poisons, or other foreign bodies. when the task of the leucocytes seems to be to change injurious into innocuous material.

The bacterial foundation of a bacterial property in the leucocyte has been more than once repeated in the publications of Kossel, Metschnikoff, Roux, Hahn, Schattenfroh, &c., which would lead us to the conclusion that there must be some enhanced property of the cell to assume a defensive attitude towards infection by causing an increased secretion of alexine. With this knowledge, the destruction of red blood corpuscles and the increase or modification of leucocytes or other constituents would probably increase the average amount of phosphorus, which could be early recognised as a pathological change. In the normal condition blood serum contains very little lecithin, or *debris*, as well as phosphate of soda. He therefore concludes that the phosphatic contents of the cell comprise the total phosphorus, while the serum has relatively very little in the normal condition. An examination, to be of any practical service, must have for its object the determination of the phosphorus present in the cellular element as well as the serum.

The principle of his method is the depth of colour produced by potassium molybdate when heated to 80 degs. C. (176 Fahr.). In order to separate the phosphorus from its various combinations in the blood, it is first evaporated to dryness, and carbonised and subsequently dissolved in soda and nitre (3·1) with the addition of a little nitric acid. It is again evaporated, and afterwards re-dissolved in hot water, when it is ready for the colorimetric apparatus. Hitherto the inaccuracy of the colorimeter when compared with gravimetric estimation have rendered the results very fallacious. To overcome this source of error Jolles has devised his phosphormeter, which is a combination of various tubes containing different quantities of phosphorus, under similar conditions which thus can be easily compared with the substance under examination. In conclusion, he gave a demonstration of 22 healthy cases where the blood cells and blood serum contained fixed quantities according to age sex, and mode of life.

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# The Operating Theatres.

## MIDDLESEX HOSPITAL.

**Large Fibro-Cyst of Uterus with an Ovarian Tumour.**—Dr. **William Duncan** had under his care a patient, æt. 55, who, after undergoing a fatiguing walk, suffered with acute abdominal pain. She was found to have acute peritonitis, and this, under appropriate treatment, passed away, and then a cystic tumour was detected in the abdomen, reaching up to the level of the umbilicus. No vaginal examination was made, the patient being a single woman. Abdominal section was performed, and when the peritoneal covering was opened a large cyst, having all the appearance of an ovarian cyst, presented itself. There were numerous recent adhesions over the surface; these having been broken down a Spencer Wells's trochar was inserted into the cyst and about two quarts of clear serous fluid drawn off, and the emptied cyst was drawn out of the abdomen; it was now found to have a solid portion at the base and this again was found to be springing from the fundus uteri by a fleshy pedicle about an inch in diameter. This last was transfixed with silk and tied. Peritoneal flaps were cut and reflected down, then the tumour was cut across about half an inch above the level of transfixion. The stump was covered over by continuous sutures drawing together the flaps of peritoneum. On passing the hand down into the pelvic cavity this was found to be filled by an unilocular ovarian cyst about the size of a cocoanut. This was removed in the usual manner and the abdominal walls sutured in three layers. Dr. Duncan remarked that this case presented some interesting features:—1. That the patient had not only a large pelvic cyst of the uterus, but also an ovarian cyst filling up the pelvis of the existence of which she was absolutely ignorant, nor had they caused her any symptoms whatever until the onset of the peritonitis after her long walk. 2. The tumour felt through the abdominal wall, and also seen after the opening of the abdomen, had all the signs of an ordinary ovarian cyst, and it was only after the drawing out of the collapsed cyst from the abdominal cavity that it was found to be a fibro-cyst springing from the fundus of an uterus which was in itself perfectly normal in size and appearance. 3. The pelvic cyst, although free from adhesions, could not be drawn up until strong pressure was made by the fingers of an assistant per vaginam. The patient made an uninterrupted recovery.

## WESTMINSTER HOSPITAL.

**Double Castration for Tuberculous Disease of both Testicles.**—Mr. **William Turner** operated on a man, æt. 42, who had been admitted with swelling of both testicles; that of the right one commenced two months ago and gradually increased in size; it was tender at first, but lately has become insensitive; the left testicle commenced to swell a month ago and was still tender and painful. There was no tuberculosis history in the patient's family, and his children were all alive and quite healthy. He lived in the country and there was no cause so far as he knew for this condition. The epididymis of both testicles was very much enlarged, and also hard and irregular. At the posterior and outer side of the right epididymis there was a fluctuating swelling which was firmly attached to the skin and not translucent. The vas deferens on either side was markedly thickened though the structures of the cord were not affected. There was an inguino-scrotal hernia on the right side, and on examination *per rectum* a craggy mass about the size of the end joint of the little finger was found in the position of the right vesicula seminalis, the prostate too was slightly enlarged and tender. The left vesicula was apparently normal. He had been complaining lately of some frequency of micturition, and the urine contained a slight amount of albumen, though there was no definite indication of pus. There were no signs of phthisis or of any other tuberculous lesion elsewhere. On the left side an incision was made over the external ring, the structures of the cord divided the testicle shelled out of the scrotum through the opening, the vas and the blood-vessels ligatured separately, and divided as high as possible, and the testicle removed. On the left side the incision was carried right into the scrotum, and the adherent skin removed with the testicle *en masse*. Above, in the inguinal region, the incision was carried well external to the internal abdominal ring, the external oblique was slit up, and the sac of the hernia isolated; the sac had a large sub-peritoneal lipoma attached to it lying in the canal; the lipoma was removed and the sac freed; the structures of the cord were then separated from their coverings, and the vas isolated. The vessels, &c., were ligatured and divided, as on the other side, and the vas separated down about two inches, through the internal ring to the brim of the pelvis' ligatured, and divided, the end being touched with pure carbolic. as there was some purulent fluid in its lumen· The hernial sac was transfixed and ligatured, after Mitchell Banks' plan, and the canal closed by McEwen's method, the external oblique being sewn up with a continuous suture. The whole wound was brought together with a continuous silk suture, a drainage tube being inserted in the lowest part of the scrotum. Mr. Turner said that he had advocated this operation in preference to simply opening and scraping the abscess, particularly owing to the fact of the vesicula seminalis on the right side being markedly affected, and the probability of some further trouble in the urinary tract in consequence of the albuminuria and of the enlargement of the prostate. The ultimate prognosis of cases of this description, he remarked, appears to be bad, owing to the early affection of the prostate, bladder, and kidneys, but he thought it seemed only reasonable to hope that a free removal of so great an amount of the disease might give the patient a better chance of recovering from the rest of the trouble. It was quite evident, he pointed out, that the testicles were perfectly useless to him as sexual organs, this being borne out by the patient's history. As regarded the immediate prognosis, he thought there did not appear to be any reason why the patient should not go on satisfactorily; but it might be interesting to see whether the affection in the lumen of the vas on the right side would affect that part of the wound with tuberculous disease, and ultimately lead to the formation of a tuberculous sinus. He did not consider it justifiable to continue the separation of the deep parts for the removal of the remaining portion of the vas in the pelvis, as that would have involved the complete removal of the right vesicula seminalis, and this, he thought, would have been very heroic treatment. He hoped, with the removal of the greater part of the disease, the remaining portion of the vas would gradually shrink with the improvement of the patient's general health. He did not anticipate any nervous symptoms, such as dementia or mania, to follow the removal of both testicles, as they were both greatly affected with tuberculous disease, the double castration of normal testicles, however, he pointed out, having often led to such effects.

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### Vital Statistics.

The deaths registered last week in the thirty-six great towns of the United Kingdom corresponded to an annual rate of 16·5 per 1,000 of their aggregate population, which is estimated at 11,404,408 persons in the middle of this year. The deaths registered in each of the last four weeks in the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000:—

Birkenhead 18, Birmingham 16, Blackburn 13, Bolton 19, Bradford 18, Brighton 17, Bristol 15, Burnley 16, Cardiff 10, Croydon 15, Derby 9, Dublin 24, Edinburgh 18, Glasgow 20, Gateshead 13, Halifax 18, Huddersfield 18, Hull 17, Leeds 18, Leicester 14, Liverpool 20, London 16, Manchester 20, Newcastle-on-Tyne 17, Norwich 14, Nottingham 15, Oldham 17, Plymouth 22, Portsmouth 14, Preston 19, Salford 19, Sheffield 14, Sunderland 17, Swansea 14, West Ham 10, Wolverhampton 17. The highest annual death-rates per 1,000 living, as measured by last week's mortality, were:—From measles, 2·2 in Manchester, and 2·6 in Bolton; from whooping cough, 1·8 Birkenhead and in Preston, and 2·8 in Burnley; and from diarrhœa, 1·5 in Derby. In none of the large towns did the death-rate from scarlet fever, or from fever reach 1·0 per 1,000.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 17, 1899.

## SPORT v. VIVISECTION.

The National Anti-Vivisection Society of Great Britain has had another gala day. Our readers will remember at the former great foregathering held a few weeks since, the promoters killed the fatted lamb over an "eminent" surgeon, who alone of the elect of medicine had joined their standard. The fallacies of the arguments advanced by their pillar of support were pointed out at the time not only in our own columns but also in those of several of the leading lay newspapers. This second meeting at St. James's Hall, following hard on the heels of the first, was not sanctioned by a single member of the medical profession who has established any claim to scientific consideration. A number of titled folk, with the aid of a few church dignitaries, met together and showed their profound ignorance of the methods and meanings of vivisection, while they calmly assumed the right to guide mankind in the regulation of a branch of experimental science of which they clearly had not touched the fringe. One speaker, a type of the sentimentalist, sincere, eloquent, titled, narrow, maintained that the Society was engaged in one of the noblest causes that had come before the nation since the abolition of slavery. To prolong human life by the torture of animals was morally wrong, and if the vivisectors could make us live a hundred years it would be a miserable exchange for the extinction of pity in the human heart. This curious piece of antivivisectionist metaphysics is riddled with the fallacy of assumption· Let us see how far it will hold water. If it be wrong to prolong human life by the torture of lower animals (admitting, for the sake of argument, that question-begging phrase), surely it is no less wrong to kill them for the purpose of sustaining life. *Ergo*, we should all become vegetarians or die the death. But it is a moot point if there be not a remote common origin of vegetable and animal life. At any rate, the vegetarian destroys alien life every time he eats an onion or munches a radish. The vegetarian then supports his own life by means that are more cruel, inasmuch as they involve destruction of alien life, than the methods of the vivisectionist who merely "tortures'—again accepting an absurd term—lower animals to subserve the welfare of humanity. But what is the position of our gentle metaphysician towards the sportsman who tortures the lower animals for mere purposes of amusement and recreation? For an answer to that pertinent question we may turn to the utterances of his chairman, the Duke of Portland, who has at length answered the repeated challenge thrown down to the anti-vivisectionists upon the matter of sport. The downright views of the noble lord are those of an avowed sportsman. Let us examine them. The object of the sportsman, said he, was to kill his quarry outright with as little pain as possible. Then why does his grace not shoot tame deer instead of pursuing them as Master of the Queen's Buckhounds over half a county? Surely instantaneous death inflicted by a cartridge would be better for the deer than being flayed and disembowelled by barbed wire fences and being torn to pieces by savage dogs. Moreover, "the object of the sportsman"—as defined by the Duke—namely, to kill his quarry outright with as little pain as possible, would be certainly and absolutely attained by the keeper's gun. As with deer, so with foxes. Then the noble chairman went on to advance the extraordinary argument that sport, and the laws that protected it, were the greatest friends to the animals pursued, because if it were not for sport they would very soon be extinct, and would no longer exist except as specimens in the Zoological Gardens. We presume his Grace speaks of protected sport, because the extinction of wild animals, as, for instance, the giraffe and elephant, is being effected at this present moment in Africa still in the sacred name of sport. What animals the speaker had in view it is hard to imagine. Does he assert that the fox and the deer would become extinct in England if they were not hunted and shot? If so, we very much question whether they would thrive and multiply multitudiuonsly were they no longer the object of the tender solicitude of sportsmen. Pheasants and partridges are not indigenous to this country. We venture to assert that the United Kingdom would not be a penny the worse were every animal now the object of sport in the country extinct within a couple of years. Nay, more, it may be pretty safely asserted that agriculture and the productive power of the nation would be benefited thereby, although the sportsman, titled and otherwise, would have to seek his diversion in other directions. Henceforth it must afford a comforting if somewhat grim satisfaction to every sportsman that the animal he is pursuing with intent to kill is deriving solid benefit from his kindness. Bad for the individual the chase undoubtedly must be, but think of his kindred and his posterity saved from the obscurity of the Zoological Gardens. What creature would think of the terrors of a flight for life from the fangs of a bloodthirsty pack. when the survival of his species was at stake? Then came the Duke's trump card, so to speak, in this flourish of sportsman rhetoric. Sport tended, so he explained to his enthusiastic following, to the better understanding of the case, the requirements, and the natural habits of animals, which knowledge was absolutely necessary to keep them in health and therefore in the enjoyment of life. To round off his argument he need only have added that sport tends to the better knowledge of how best to kill the unfortunate lower animals which it is his tender object to keep in health and enjoyment of life. The fox and the deer that head the run across country may henceforth be happy that they are kept by the sportsmen out of the hands of the accursed vivisectionists in order that their health and happiness may be maintained—that is to say—up to a certain pitch, and apart from such accidents as barbed wires or railway engines, or the attentions of sharp-fanged hounds.

To the merely scientific onlooker it would seem that the experimental investigation of disease conducted upon the lower animals would lead to a sounder knowlege of how to prevent and how to cure their maladies. Pasteur, who made and confirmed his discoveries by means of vivisection, was enabled to stamp out anthrax in the herds of Europe. The saving of suffering involved in that simple statement is incalculable. A fact of that kind, however, hardly falls within the limited knowledge of the anti-vivisector, which rarely extends beyond the "torture trough" and the "cruel and degrading practices" of vivisection—that is to say, words that declare his mind to be made up before he approaches the discussion of the subject. The Duke of Portland believes that horses are better looked after in Great Britain because we are a nation of sportsmen. That may be so; but we venture to say that any day his Grace will find more cruelty to horses in one short street in a busy City than he would find in twenty years of vivisection. His Grace is Master of the Queen's Buckhounds. We have often commented on the gross cruelty to tame deer hunted under his auspices. He has now broken silence, and under cover of a veiled attack upon the medical profession has indirectly proclaimed to the world his defence of that species of sport which seeks to promote the comfort of the "carted" tame deer. We trust Her Majesty will carefully consider the views advanced by the Duke of Portland at St. James's Hall.

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## THE NEW REGISTERS.

THE General Medical Council has issued the "Medical and Dental Register" for 1899 within the past week, nearly a month later than last year's date, and nearly two months later than the date of some previous issues. Probably the increased size of the *Medical Register* may account for some of this delay, but it is a coincidence that the lapse of punctuality has occurred just after the retirement of Mr. Miller from the Registrarship and the accession of Sir William Turner to the Presidency. The total strength of the British medical profession, as represented by the *Register*, is 35,057, and of the dental speciality 4,966, the medical practitioners having increased by 415 since last year, and the dentists only by 29, this discrepancy being accounted for by the gradual dying off of the mob of chemists' boys, tobacconists, and such-like who obtained admission to the *Dental Register* without qualification in 1878. It is more than twenty years since Mr. Tomes and Sir John Lubbock inflicted on the dental speciality this blow, and there still remain 3,217 such practitioners to be disposed of before dentistry can assume its proper status as a speciality. We have said that the total strength of the profession holding British qualifications in all parts of the world is represented by the *Register* to be 35,057, but, as we have repeatedly pointed out, the official list affords only a widely approximate estimate of the actual number of qualified men. As anyone who has to do with the compilation of medical directories knows, a very considerable number who obtain qualifications never register at all. At first it is incumbent on them to save the £5, which the process costs; afterwards, when they have established themselves in practice, they, in Ireland or the colonies, gain very little by registering because they very rarely are called upon to sue for their fees. Furthermore, if they succeed to a property or to a monied wife, the probability is that they drop the profession altogether, and never appear in the official list from first to last. Then there are the men who die, but whose names remain on the *Register* for years afterwards. The compiler of the *Register* cannot deal with these cases as a directory compiler would do, for, before he erases a name he must, even if he saw the man die, send to his registered address two registered letters at an interval of three months asking whether he is alive or not. But, again, the individual may not have died, but simply migrated, in which case, after his name has been erased, he may turn up again, and a long process and payment of a renewal fee must be gone through before he can be restored. All these sources of error make the *Register* quite unreliable in many respects. We make these observations because some of our contemporaries have been grumbling at the inaccuracy of the *Register*, and we do not think it fair to the compilers to lay upon them the blame which is chiefly attributable to the law. Much, however, may be done by watchfulness. Before the *regime* of Mr. Miller as Registrar the *Register* teemed with mistakes, and he reduced it to comparative accuracy by persistent ferreting out of the dead and migrated men. We have, as yet, no reason to doubt that the new Registrar inherits his energy in this direction.

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## VENEREAL DISEASE IN THE NAVY.

THE recently issued statistical report of the health of the Navy for the year 1897 contains some interesting figures regarding the prevalence of venereal disease in the Service during that period. The total force of officers and men afloat was 80,540, and out of this number 11.906 cases of venereal disease were returned. The cases admitted of the following classification:—Primary syphilis, 3,956; secondary syphilis, 2,177; gonorrhœa and its sequelæ, 5,773. Again, 218 men were invalided in consequence, and there were ten deaths. In comparison with the previous year, the ratio per 1,000 cases of primary and secondary syphilis shows a slight increase in 1897, and contrasted with the average ratios of the last ten years, there is an increase in the latter disease, but a decrease in the former of 5·39 per 1,000. Furthermore, a slight increase for 1897 is also apparent in the ratios for gonorrhœa and its sequelæ. The report shows that the ratio of cases per 1,000 for primary syphilis was 49·11; for secondary syphilis, 27·03; and for gonorrhœa and its sequelæ, 71·67. It must be conceded that these figures are very high, and far beyond what might be the case were efficient control exercised in the prevention of contagion. The question of invaliding, moreover, must always be a serious one, but this is nothing in comparison with the loss of time and labour incurred by the men being placed on the sick list while suffering from venereal disease. Approximately about 12,000 men were unable to do their necessary duties for longer or shorter periods during 1897 in consequence of attacks of syphilis or gonorrhœa. On the China station the number suffering from the latter disease reached the enormous total of 118 per 1,000. It is not needful to tax the imagination in order to determine what the result of this loss of effective strength would be to the Service in the event of hostilities. And after all this is the point of view from which the subject should be viewed. Social purists, with, of course, the best intentions, cannot, or will not, see that the evil arising from the dissemination of foul diseases must be worse in its effects than the offence against morality by which that dissemination is brought about. Surely our first duty in the interests of humanity is to prevent disease. If the reasoning of the social purists were carried to its logical conclusion it would be an offence against religion for man to interfere with the dissemination of disease in any form. Fortunately, however, there is no danger of such a condition of affairs ever becoming an "article of faith" outside the confines of that limited but misguided sect, the "Peculiar People." Nevertheless, one of the worst features of the whole matter is that the social purists are for the most part utterly ignorant of the oftentimes terrible effects of venereal disorders upon the health of the victims. The former may or may not know that a disease like constitutional syphilis is an hereditary one which is apt to play havoc with the offspring of syphilitic parents. They probably know nothing of the pitiable state into which a young wife may be reduced by gonorrhœa conveyed to her by her infected husband. These and other matters bearing upon the question at issue cannot be ignored; under present circumstances, however, it would seem to be the case that the race, or at least some portion of it, is exposed to serious degenerating influences in consequence of the sentimental opposition of those who are ignorant of their subject. Wiser councils in time may prevail, but meantime much harm is being done by the absence of measures designed to control the dissemination of venereal disorders.

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## Notes on Current Topics.

### Coley's Fluid in Sarcoma.

Not long since, Mr. Battle brought before the Medical Society of London a very remarkable case of sarcoma which had completely subsided under the influence of injections of Coley's fluid. The case excited a good deal of interest, but it was pointed out at the time that growths reputed to be malignant do sometimes undergo resolution, even in the absence of all treatment. Moreover, although Mr. Battle had done his best to establish the diagnosis in his case, it was objected that it did not rest upon an unassailable basis. The question was referred to a committee for further inquiry, and their report has now been received. They express the opinion that the microscopical preparations do not present unequivocal evidence of the sarcomatous nature of the growths, though Mr. Shattock had held that they did; moreover, it was thought that the possibility of the growths being syphilitic had not been absolutely excluded, and it was agreed that the clinical history of the case was, if anything, rather opposed to the diagnosis of sarcoma. The committee rightly enough insist that no conclusions bearing on the therapeutical value of a remedy should be based upon cases which do not present the necessary element of absolute certainty of diagnosis. For the present, therefore, Coley's fluid must be regarded as still on its trial. As it is a method of treatment by no means devoid of risk to the patient, and in view of the extreme difficulty of establishing the diagnosis beyond the reach of carping critics a positive conclusion is likely to be delayed, but it is better so than that a delusive panacea should be foisted on the public only to bring discredit on medical science when experience has shown that it was only a therapeutical Will o' the Wisp.

### The Need of Hospital Reform.

The Charity Organisation Society are doing their best to bring about the establishment of a certain hospital board for London, but all who have paid the least attention to their efforts must feel irritated by the lamentable lack of organisation which they have hitherto displayed in the promotion of that object. Whoever has been responsible for the proceedings so far cannot be congratulated upon the result. One of the most prominent features in their undertaking is that the Society does not seem to be in touch with those anxious to help forward the movement. Again, they issued a post-card recently summoning a meeting upon the subject, giving the names of various well-known medical men who were expected to speak, one being so described that it was almost impossible to comprehend to whom the secretary intended to refer. This, of course, was only a small detail, but it is sufficient to show that the organisation of the Charity Organisation Society in this regard is more inefficient than otherwise. At the meeting, however, which was held on the 8th inst., Lord Methuen in the chair, an excellent, practical, and useful speech was made by Sir William Broadbent. After pointing out that if a central hospital board were established, such a board would be capable of abolishing to a great extent the prevalent abuse of medical charities, Sir William expressed the hope that a union of the Prince of Wales's and the Hospital Saturday and Sunday Funds would be shortly made, and that the so-called Central Hospital Council would eventually become combined with the proposed central board. No better arrangement than this could be suggested in the interests of the hospital charities, and we are glad to note that these views are held by Sir William. If now Sir William would only gain the ear of the Prince of Wales, and impress upon His Royal Highness how valuable the arrangement would be, he would be doing a great service to the hospitals, besides placing the whole subject of the administration of these public funds upon a proper business basis. Under present circumstances it seems difficult to understand why three separate funds should exist. It would clearly be better if there were one Common Fund, whose administration were placed in the hands of a representative body elected from among all the charities entitled to benefit therefrom.

### Christian Scientists in New York.

The Christian Scientists have hitherto been allowed a great deal of liberty in New York, but the scandal has now become so great that the authorities have been compelled to take action. Several families have been proceeded against on the charge of culpable negligence in not providing medical attendance for relatives who had died, and it is hoped that by taking active measures of this kind, it will be possible to suppress the evil. It is somewhat curious, however, that such irregular practitioners as the Christian Scientists should have found any favour among a practical people as the Americans. In this country a good deal of attention was drawn to the matter by the death of Harold Frederick, but the evidence given at the inquest upon his case revealed some eccentricity on his part in regard to medical men which was sufficient to account for the mistake that he made in having a Christian Scientist to attend him. But that there should be any such persons as Christian Scientists at all is another curious matter, for of all the pretenders among health curers, they form a class which has fraudulency stamped upon it, besides being utterly wanting in any detail of attractiveness.

## A Vaccination Centenary.

THE hundredth anniversary of the first vaccinations in Vienna, and on the Continent of Europe, was celebrated last week in the Austrian capital. On May 10th, 1799, a native of Geneva, Dr. De Carro, who was practising in Vienna, received from Dr. Edward Jenner some vaccine virus, and with it he vaccinated his two eldest sons. Dr. De Carro had made the acquaintance of our great countryman while studying medicine in Edinburgh. Soon afterwards a law was passed stipulating that vaccination should be carried out in the Austrian Army. Meanwhile Dr. De Carro began to prepare the lymph in Vienna according to Dr. Jenner's instructions, and by him it was sent to all parts of the world—for example, to Greece, Turkey, Bombay, Ceylon, and Sumatra. Thus, next to Jenner, it is probably only just to attribute to this Viennese practitioner the credit of disseminating the valuable prophylactic measure of vaccination throughout the world. Save for the active part which he took in connection therewith it is quite likely that the benefits of vaccination would have been much less quickly disclosed.

## The Unqualified Dispenser.

THE General Medical Council has done its best to throw cold water on the outcry against the employment by medical practitioners of unqualified dispensers, and the Government is apparently delighted to have an excuse for leaving matters as they are There is not much reason to suppose that such accidents are common, but it is impossible to gainsay the assertion that if they are frequent the public would not be likely to hear of them, seeing that it rests with the person who has most to lose from a scandal to get the dead past to bury its dead. Still, one would have expected the General Medical Council, which has shown such tenacity (of late) in prohibiting unqualified assistants from performing professional duties, to have displayed the same interest in respect of the assistants equally unqualified from a dispensing point of view, because dispensing is an essential part of medical practice for the bulk of practitioners. *Truth* calls attention to the matter and, very cogently asks how it happens that the General Medical Council, which dealt out such Rhadamanthine justice three years ago to the man who was acting as the practitioner's assistant without qualification has so far changed its mind now that it "believes that the best protection to the public is afforded by the responsibility of the practitioner for the acts and defaults of the servants he employs." *Truth* suggests, which we would not dare to do, that the *volte face* of the General Medical Council is attributable to the fact that the unqualified medical assistant did frequently become and was likely to become a serious competitor for practice and fees, while the bottlewashing boy could not be dangerous in that sense. The question is likely to come up at the forthcoming meeting of the Council, but we are not sanguine of any progress being accomplished in this direction. During the last few years the most noteworthy measures decided upon in Council have been introduced at the instance of the Direct Representatives, and the latter are not likely to throw themselves into a movement which could not fail to render them loathsome in the eyes of the majority of their constituents, without, politically speaking, any compensation. The fact that the outcry was started by the chemists and druggists, obviously in deference to trade interests, will not commend it to the profession. Public opinion is not alive to the importance of the complaint, and in the absence of a popular outcry, the unqualified dispenser is likely to pursue the even tenour of his way unharmed by interference at the hands of the General Medical Council or of the Privy Council.

## The Baby Incubator in the Law Courts.

AN action was tried last week before Mr. Justice Day in which the proprietor of the Imperial Baby Incubator sued Dr. Devane for damages for having failed to carry out an undertaking entered into, in virtue of which Dr. Devane was to examine babies brought for incubator treatment at the Crystal Palace, and to attend to the health of both babies and nurses. From some cause, or causes, into which we need not enter, matters did not run smoothly, and ultimately a baby died in the incubator. This led to the exhibition being put an end to, and as the plaintiff attributed the mishap to the negligence of the doctor he claimed damages. We cannot help thinking that the managers of the Crystal Palace were gravely to blame for having authorised such a distressing exhibit, and we fully endorse the remarks which fell from the Judge in condemnation thereof. There is undoubtedly a sphere of usefulness for baby incubators, but that sphere is not in a public exhibition. It is a strictly medical matter, and in future the proprietor of this apparatus will be well advised to restrict his publicity to a medical public. It is hardly necessary to add that the jury gave their verdict in favour of the defendant.

## Instruction in Tropical Diseases.

AT the festival dinner of the "Dreadnought" Seamen's Hospital Society, which took place last week at the Hotel Cecil, Mr. Chamberlain emphasised the fact that in the great work of civilisation and government our greatest enemy is not the hostility of the natives, nor the physical difficulties inseparable from residence in countries in which primeval nature still holds full sway, but rather the attacks of deadly diseases which weaken where they do not kill, and carry off many of the ablest and most energetic of our countrymen who carry the flag into these distant parts. He pointed out that it is not so much a question of mere hygiene, though this is not to be despised. What is required is a body of trained practitioners and, above all, of trained observers and investigators, who shall make the subject their own, and gradually wrest from Nature the secret of affording immunity against, and cure for, the various murderous diseases which render many otherwise eligible parts of the globe uninhabitable for human beings.

### A Liverpool Hospital Scandal.

Since we alluded to this discreditable affair in our last issue, the donors and subscribers of the Liverpool Cancer and Skin Disease Hospital have met and passed a resolution proposed by the chairman, "that the report of the Special Committee be approved; and that Drs. Taylor and Whitford be removed from the office of honorary surgeons to the hospital." An amendment to this was proposed by a member, "that the subscribers and donors being dissatisfied with the result of the Committee's investigation, the Lord Mayor be appealed to and requested to appoint a committee to investigate the matter raised in the report." One would reasonably conclude that such an amendment was the most honourable and conclusive course to pursue in order to escape further criticism, and to close a scene that has now become repulsive with charges and recriminations, and thoughtful men will regret with us that this was not adopted. Our surprise is intensified by the chairman's preface to the resolution to the effect that certain letters were not in evidence while the sub-committee was investigating the management! This is an awkward statement. Is there not other information still wanting which an independent inquiry would discover? Another bad feature was noticeable in the voting: forty-five voting for the proposition and thirty-three for the amendment. Of the forty-five who voted for the proposition thirty-six were stated to have qualified as governors ten days before the time of meeting at the minimum qualification. This is a magical coincidence and phenomenal if true, reflecting the utmost discredit on those whose sole aim should have been the assurance of offering every opportunity for a disinterested inquiry and the restoration of order, peace, and confidence in the institution. We are not yet without hope that the managers will accept an independent inquiry and free themselves of the odium that still hovers round the whole transaction.

### Food and Drug Adulteration.

The fierce tussle which has been going on in the Grand Committee on the Adulteration Bill is nearly coming to an end. The contending parties may be divided into three camps; first, the adulterators who want leave to incorporate as much margarine in so-called butter, as much starch in cocoa, as much water in real butter, and so with other commodities as will pay them best; second, the home producers who are striving with all their might to boycott foreign produce by preventing margarine being coloured to look like butter, or preventing foreign meat or other produce being sold as home stuff; third, the purists, represented by the Government, who desire to protect the public against both these parties. The only important point which remains for decision is whether an invoice produced in court shall protect the immediate vendor against prosecution. It is the law, at present, that the shopkeeper selling an adulterated article shall be held innocent if he can present to the court a warranty from the person from whom he bought the article. That provision has seldom been operative, because either the shopkeeper knew perfectly well that the article was adulterated, and asked no questions because he wished to sell it cheap, or because the producer objected to give anything in the way of a written warranty, knowing that, if prosecuted, the shopkeeper could fall back upon him for damages. Consequently the average shopkeeper is never able to produce any better evidence than an invoice, and the purists strive to have such document accepted as a legal guarantee. The sanitary authorities are not favourable, because such decision would push them back, in their endeavour to force the Act, upon unknown persons whose names and addresses they cannot know at first, and who often are out of the legal jurisdiction.

### Cat's Meat Sausages.

A case tried last week by the North London Police Court magistrate opens up various considerations of the deepest gravity as affecting the health of the people. To put the matter in a few words a sausage maker and a cat's meat dealer, both in the wholesale trade, were charged with having deposited and sold unsound meat for human food. The collusion and the fact were abundantly proved, and from the evidence it appeared that meat not good enough for cats was considered fit for sausages. Both defendants were fined £50, with the alternative of two months' imprisonment. Considering the vast amount of untraceable and deadly disease that stalks through the metropolis, we venture to consider an offence of this kind one of the most criminal that could be committed. Everyone who dies from eating such a sausage as that vended by these rascals—and such deaths must be manifold—is to all intents and purposes murdered by a reckless tradesman for the sake of a few pence blood money. Needless to say these wretched conspirators paid their fines, and doubtless went home chuckling to their suburban villas. The only fault we have to find with the magistrate's verdict is that there should have been no alternative to the fine, which should have been inflicted in addition to the imprisonment. Fresh legislation of a Draconian character is needed to repress these constantly recurring bad meat offences. Some years ago the *Daily Chronicle* emitted a famous Philippic against the filthy practice of eating sound horseflesh. What has it to say about this fraudulent foisting of decayed horseflesh upon Her Majesty's lieges?

### Joint-Stock Doctoring.

Further inquiry into the genesis of this new company, "Bland Limited," established in Dublin for the purpose of carrying on joint-stock doctoring by any number of unqualified persons under the cover of one or two registered practitioners, informs us that the company is a syndicate established to take over the business of Leonard and Co., which carries on several branches in Dublin, and is believed to be practically under the control of Mr. MacWalter, a qualified practitioner. The scheme of the syndicate is undoubtedly a strong one from a commercial point of view, but if the Lord Chancellor passes the Bill for the control of joint-stock doctoring, which Bill now lies on the table of the House of Lords, there will be an end to the company, as also there will be if the General Medical Council decrees the covering of such method of practice by a registered practitioner to be "infamous conduct in a professional respect."

### The "Jigger" or "Chigger."

The Government of Bombay has approved measures having for object to prevent the introduction of the disease known as the "Jigger," or, as it is sometimes written, "Chigger." The disease, it will be remembered, is produced by a parasite known to science as *Pulex penetrans*. It usually attacks the feet, the female burrowing under the skin, where it gradually enlarges to the size of a pea. In the earlier stages detection is almost impossible, the very minute black spot denoting the presence of the insect being easily overlooked. Later on, as the enlargement, due to the development of numerous eggs, increases, a slight itching or pain is felt, and the skin is seen to be discoloured. When fully developed, the sac containing the egg ruptures, the eggs escape and develop into the mature insect. The sac can be wholly removed, but the operation is a difficult and delicate one. When the sac is ruptured a very serious inflammation, proceeding to disease of the bone, is sometimes set up.

### The Coming Annual Meeting of the Irish Medical Association in Cork.

So far as the arrangements for the annual meeting of the Association have been completed they will be as follows:—The meeting will open in the Examination Hall of the Queen's College on Tuesday, June 20th, at 3.30 p.m., and at the conclusion of the meeting the President and Council of the College will entertain the members. In the evening the dinner of the Association will be held at the Royal Victoria Hotel at 7.30 p.m. On Wednesday, the 21st inst., the profession in the county and city of Cork will entertain the members on an excursion to the harbour to view the Regatta, and luncheon will be served to them. We understand that the profession in Cork has invited many persons of distinction and official importance to the annual dinner. It is hoped that arrangements may be made with the several railway companies for the issue of return tickets to members attending the meeting at single fares.

### Salaries of Medical Officers of Health in Dublin.

The Guardians of the South Dublin Union have given formal official notice to the Medical Officers of Health within their jurisdiction that they will not, in future, pay the salary of £25 a year to each, and the doctors are referred to the Borough Council, *i.e.*, the Dublin Corporation, for their sanitary emoluments. The Guardians of the North Union have not yet followed this lead, and it is doubtful that they will do so until their legal liability is put beyond question. Heretofore, the dispensary doctors have, in their capacity of Medical Officers of Health, been recognised as being as much the functionaries of the Corporation as of the Union, but they have received their salaries without question from the guardians, and these salaries have been, we believe, paid exclusively out of the rates. Whether the new Local Government Act has made a change in this respect we are not at present able to say.

### Infectious Disease Notification.

The Bill to extend the compulsory notification system to all sanitary authorities throughout the kingdom got its second reading in the Lords last week, and may be now considered to be the law of the land. There is satisfaction in the reflection that no power can compel such authorities to undertake the expense and trouble of the system if they do not like to do so. They can simply ignore the system, as has been done in scores of districts in which, in accordance with the fashionable craze, the adoption of it was enacted many years ago

### The Disinfection of Empty Apartments.

The Society of Hygiene of the Seine has had under its consideration this question. It appears that tenants of apartments in which infective disease has existed have, on many occasions, vacated the premises and gone beyond reach without letting anyone know that the rooms were infected, the consequence of which was that new tenants entered into possession and, in some instances, immediately caught the disease. A change of law was proposed which would make the outgoing tenant amenable for this concealment.

### The Council Election at the Irish College of Surgeons.

In addition to the names of Messrs. Story, Patteson, Morrison, and MacCausland, mentioned in another part of our issue as candidates for seats on the Council at the forthcoming election, we record the names of Mr. Dallas Pratt, of Jervis Street Hospital, and Mr. Robert Henry Woods, Throat and Ear Surgeon to the House of Industry Hospitals.

### Death of the "Sleeping Boys"

Both the Congo boys who have been in the Charing Cross Hospital for the last three months, suffering from ' sleeping sickness," are now dead. The disease to which they have succumbed is common enough in certain parts of Africa, but the parasite—a variety of filaria sanguinis hominis—only attacks coloured people.

The action brought by the Medical Defence Union for the recovery of a penalty against a retail chemist called Tempest, at Pontefract, was heard last week, he being charged with falsely representing himself to be a doctor of medicine. The case had been tried at a previous sitting, but the jury failed to agree. It was contended that the defendant had only acted within his rights as a registered chemist in giving people medicine, although it has been laid down that to feel a person's pulse and to look at his tongue before giving medicine constitutes an infringement of the Apothecaries' Act. We regret to say that the jury gave a verdict in favour of the defendant. This is only another example of the ambiguity of the law on the subject of unqualified practice, and of the difficulty of enforcing it even when the main facts are not disputed.

A melancholy inebriate at Birmingham last week swallowed a quantity of laudanaum with suicidal intent, and the task of keeping him awake after the administration of the usual remedies fell to a constable, who took his duty *au serieux*. So vigorously did he carry out his mandate that, by the time he was relieved, he had scarcely a button left on his tunic or shirt, and everyone knows that the buttons are the most sensitive parts of a policeman's attire. We gather that the patient resented being shaken up at intervals, and retaliated by shaking the constable, also at intervals.

A hospital nurse at Birmingham, who, though summoned as a witness, failed to put in appearance at an inquest, sending as excuse that she was engaged at a serious operation, was last week fined £5, on the ground that her place in the operating theatre might very well have been taken by some other nurse. This is right as far as it goes, but it is to be hoped that the hospital authorities will intervene to disarm the coroner or else pay the penalty.

The Jodrell Professorship of Zoology in University College, London, will be vacant at the end of the present session in consequence of the resignation of Professor Weldon. Applications must be sent in before June 5th.

## PERSONAL.

Professor R. E. Jebb, M.P., has consented to distribute the certificates and prizes at King's College, London, on July 12th.

The late Dr. C. J. Hare has bequeathed £500, free of legacy duty, to the endowment fund of the Royal College of Physicians, of London.

Miss Roberts has presented to the Royal College of Physicians of London a portrait, by G. T. Watts, R.A., of her father, the late Sir William Roberts.

Sir Henry Frederick Norbury, M.D., K.C.B., Inspector-General of Hospitals and Fleets, and Director-General of the Medical Department of the Navy, has been placed on the retired list.

Mr. Hy. Gwynne Laurence, M.B.Lond., came out first in the Honours List for Medicine of the University of London last week, taking the Gold Medal and Scholarship of £100, and first class in obstetrics.

Dr. J. Buckley Bradbury, Downing Professor of Medicine in the University of Cambridge, will deliver the Croonian lectures in June on "Some Points in connection with Sleep, Sleeplessness, and Hypnotics."

Dr. J. B. Coleman, Visiting Physician to the House of Industry Hospitals, Dublin, and Dr. Francis Charles Martley, lately of St. Mary's Hospital, London, have been elected to be Fellows of the Royal College of Physicians, Ireland.

Mr J. B. Story, surgeon to St Mark's division of the Royal Victoria Eye Hospital, Dublin, (Professor), and recently examiner in ophthalmology in the College has announced his candidature for a seat on the Council of the Royal College of Surgeons of Ireland.

The order of the Medjidieh of the second class has been conferred by the Khedive of Egypt on Surgeon-General William Taylor, C.B., M.D., of the Army Medical Staff, and the same order of the fourth class to Lieut.-Colonel Arthur Thos. Sloggett in recognition of service rendered in the Soudan during the recent campaign.

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## Scotland.

[FROM OUR OWN CORRESPONDENT.]

Tuberculosis Prevention Movement in Glasgow.—The Glasgow Southern Medical Society has just concluded a lengthy discussion on "The Prevention of Tuberculosis." In view of the widespread interest in the matter and the likelihood of definite action being taken by the citizens shortly, it was decided that the discussion should not be confined to members of the medical profession, but that all classes likely to be affected by new regulations should be invited to take part in the discussion. Consequently there was a very representative body present of all kinds—farmers, health officers, veterinary surgeons, &c. The conclusions arrived at may be shortly stated as follows:—The mortality in this country from tuberculous disease is greatly on the decrease, that the disease is preventible, and much can be done by the co-operation of the public and the medical profession, if not to entirely exterminate it, to greatly lessen its ravages. It is a true germ disease and not hereditary as was formerly supposed. That it is communicable by the milk of cows, still more so from man to man, the chief danger being infective expectoration. Bad hygienic conditions tends to its propagation. It is proposed that there should be formed in Glasgow a society for the spread of knowledge regarding tuberculosis, and the means to be used for stamping it out. Every assistance is to be given to the sanitary authorities, and the City Improvement Trust should see that narrow lanes and back tenements be removed so as to admit more sunlight into places which are now in perpetual darkness. If the suggestions pointed out by the meeting be carried out, even to a minimum degree, we shall at last find Glasgow to be a veritable Hygiea.

Medical Opposition to Notification in Ayrshire.—At the last meeting of the Northern District of the Ayrshire County Council, the Sanitary Inspector reported that several medical practitioners throughout the district had intimated that they would not sign the certificate adopted at the district meeting, for removal of cases of infectious diseases to the hospital. It was agreed to ask the opinion of the Local Government Board and county clerk as to whether the form adopted was within the provision of the Act.

A Medical Election Dispute.—The village of Eaglesham, not far distant from Glasgow, is at present much exercised over a muddle which lately occurred in the business of the Parish Council. About two months ago Dr. Pollock, the medical officer, resigned his appointment, Dr. Stuart, of Hamilton, bought the village practice, with the expectation that he would receive the public appointment, he being the only medical man in the village. The Parish Council met on March 25th to make the appointment, when Dr. Robertson, of South Harris, was nominated along with Dr. Stuart. Six members attended the meeting, three of whom, not including the chairman *pro tem.*, supported Dr. Robertson. The chairman, on being asked for whom he would vote, made reply which conveyed the impression to the clerk that he supported Dr. Stuart. A minute was accordingly prepared to the effect that Dr. Stuart was duly appointed, which was duly signed by the chairman after being read to the meeting. Dr. Stuart was duly notified of his appointment, but it now turns out that the chairman was under the impression that when he signed the minutes he was doing so in favour of Dr. Robertson, whom he wished to support. Dr. Robertson was also in due course informed of his success. The result is legal opinion is being taken to settle the matter.

GLASGOW MEDICO-CHIRURGICAL SOCIETY.—The following office-bearers have been elected for session 1899-1900: President, Mr. H. E. Clark. Section of Medicine—Councillor, Dr. J. A. Allan; Secretary, Dr. Hinshelwood. Surgery—Councillor, Mr. Maylard; Secretary, Dr. J. H. Nicoll. Pathology—Vice-President, Dr. J. Lindsay Steven; Councillor, Dr. Teacher; Secretary, Dr. R. M. Buchanan. Obstetrics - Vice-President, Dr. Edgar; Councillor, Dr. Gibson; Secretary, Dr. Balfour Marshall; Treasurer, Dr. Barclay Ness; Editorial Secretary, Dr. W. R. Jack; and General Secretary, Dr. W. K. Hunter.

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# Parliamentary News.

THE LAW OF CONSTRUCTIVE MURDER was admitted by the Home Secretary to require amendment, but the matter, in his opinion, presents such grave technical difficulties that the Government do not see their way to introduce a Bill with that object in view themselves, or to offer facilities for such a Bill, during the present session. In the meantime, the judges have been asked to communicate their views on the matter.

PRESERVATIVES IN FOOD.—In answer to a question, the President of the Local Government Board said it had been decided to appoint a departmental committee to inquire into the use of preservatives in food.

VENEREAL DISEASE AT GIBRALTAR.—In reply to a question in the House it was stated that during the five years ending 1897 the admissions to hospital for venereal disease among the garrison of Gibraltar averaged 290 per annum per thousand, as against 152 at Malta and 170 among the home troops. The average daily number in hospital was 28·3 per thousand, as compared with 13·5 at Malta and 15 at home.

THE MIDWIVES BILL has again been postponed, and was put down for yesterday (Tuesday). Unless it then reached a second reading its fate is sealed for the present session.

VIVISECTION.—In answer to Mr. Paulton, the Home Secretary stated that the special certificates issued to persons desirous of performing certain experiments on living animals were merely to authorise them to keep the animal alive after the influence of the anæsthetic had passed off when killing the animal would necessarily frustrate the object of the experiment, and they provided that the animal should be killed so soon as that object had been attained. He added that he would certainly not allow the issue of any certificate for experiments involving dissections or painful operations without the fresh use of anæsthetics. He declared his continued adhesion to the paragraph having reference to the exemption from the obligation to give anæsthetics, pointing out that these certificates were only given for such operations as inoculations and hypodermic injections which were of a comparatively painless character.

UNQUALIFIED DISPENSERS.—In reply to a question by Major Rasch as to the grounds on which the General Medical Council had declared accidents due to the employment by medical men of unqualified dispensers were rare, Sir J. Gorst said that the infrequency with which such accidents were reported to the Privy Council confirmed the opinion that they were very rare, and on this account the Privy Council had not thought it necessary to ask the Medical Council for any further information.

# Correspondence

We do not hold ourselves responsible for the opinions of o correspondents.

## THE ANTI-VIVISECTION GALA.

*To the Editor of* THE MEDICAL PRESS AND CIRCULAR.

SIR,—You think that I and my fellow anti-vivisectionists have a blind spot on our mental retinæ, whil we think that you and your vivisectionists suffer from chronic glaucoma.

It is not a question as to whether science has benefited by experiments on living animals or not, that is not the issue at all, for "science" is a word which is erroneously rendered. The real question is whether or not the arts of medicine and surgery have not been so consistently marked by experiments in themselves most abhorrent, that so much evil has been done and so little good, that they should be given up entirely. Everybody admits that such method of research is so untrustworthy as to be outside the use of surgeons altogether. The last important convert to this view is my much-esteemed friend, Mr. Frederick Treves, concerning the surgery of the intestines.

Dr. Vivian Poore, in his recent lectures, tells us that the thing medicine has greatest reason to be proud of is the banishment of typhoid fever, and this has been accomplished absolutely, in spite of the erroneous conclusions derived from experiments on animals. Will you venture to call the scandalous story of tuberculin a scientific triumph? Is the absolute failure of Pasteur's anti-rabic serum a therapeutic victory? Is the cold shoulder already given to antitoxin something very scientific and a matter of pride to our vivisection science? You really have incurable chronic glaucoma.

I am, Sir, yours truly,
LAWSON TAIT.

195 Newhall Street, Birmingham.

[It is idle to bandy argument with a polemic who prefaces the most highly contentious statements with the bland "everybody admits." We are curious to know how far "my much-esteemed friend Mr. Frederick Treves" approves of Mr. Tait's throwing his mantle over him in this patronising manner.—ED.]

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# Literature.

## DR. SOUTHWOOD SMITH—A RETROSPECT. (*a*)

THE author gives a picturesque account of the life of her grandfather—1788-1861—not in a series of tableaux, as is so often done, but in a veritable living-picture which irresistibly carries the reader's interest from start to finish. Brought up to become a minister of a body of Calvinistic Dissenters, at eighteen, from conscientious scruples, he gave that career up and was cut off by his family for ever. Left a widower with two daughters at twenty-four, he entered Edinburgh University and devoted himself to medicine; at this time he wrote "Illustrations of the Divine Government." Qualifying he went to Yeovil, where he took charge of a congregation, and, at the same time, practised medicine. Soon, however, he was drawn to London, and was appointed physician to the London Fever Hospital; there he remained until his retirement from public life on the disappearance of the Board of Health in 1854.

The chief works of Dr. Southwood Smith's life were drawing public attention to the preventibility of fevers, the agitation that led to the Factory Acts, and the abolition of child and woman labour in coal mines; Dr. Smith also took a chief part in the erection of the first model-dwellings for the working classes, and established a sanatorium for paying patients which was the forerunner of the present home hospitals.

Probably no book outside Charles Kingsley's writings

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(*a*) "Dr. Southwood Smith: A Retrospect." By his Granddaughter, Mrs C. L. Lewes. Edinburgh and London: William Blackwood and Sons. 1898. Pp. xii -169.

gives a better picture of the splendid work that the sanitarians of this century have accomplished.

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## TWENTIETH CENTURY PRACTICE *(a)*

The editor of this magnificent series of volumes of instuction for the practitioner of the now rapidly-approaching new century is more and more to be congratulated on the excellent standard of uniformity which has been maintained throughout, and on the regularity with which the successive items have been placed at the disposal of the professional public. The theses of which the fourteenth volume is composed include "Scarlet Fever" and "German Measles," by Dr. Frederick Forchheimer, Professor of Physic and of Diseases of Children in the Medical College of Ohio, Cincinnati; "Measles" and "Glandular Fever," by Dr. Dawson Williams, of London; "Whooping-Cough," by Dr. Joseph O'Dwyer and Dr. N. R. Norton—both of New York; "Cholera Infantum," by Dr. A. Jacobi, of New York; "Cholera Nostras" and "Asiatic Cholera," by Dr. Theodor Rumpf, Director of the New General Hospital in Hamburg, formerly Professor at the University of Bonn, and Director of the Polyclinic at Marburg; "Dengue," by Sir Joseph Fayrer, Bart., F.R.S.; "Beri-beri," by Dr. A. A de Azevedo Sodré, Professor in the Faculty of Medicine of Rio de Janeiro, and editor of *O Brasil Medico*; "Miliary Fever," by Dr. A. Netter, Physician to the Hôpital Trousseau, Paris, and Professeur *Agrege* in the University of Paris; and "Malta Fever," by Major David Bruce, M.B., C.M., of Pietermaritzburg, South Africa.

Among the items included in this rich mine of clinical and scientific information, we have studied with special interest the article on "Cholera," by Dr. Rumpf, who has here placed before the readers of the "Twentieth Century Practice" the vast store of experience which he accumulated during observations of the still recent epidemics of that terrible disease in Hamburg. We will not pause for a moment to criticise this splendid contribution to professional literature, but recommend it most strongly to the perusal of every practitioner of medicine. We will also here remark that the subject of "Cholera Infantum," to which so little space is devoted in most of our text-books of medicine, is here treated in one of the ablest articles of the volume by Dr. A. Jacobi.

Another article which we have studied with peculiar interest is that on "Beri-beri," by Dr. Sodré. This disease, which we had till lately been accustomed to look upon as a pure exotic, has recently been transplanted on so large a scale to some of our own British—and more especially Hibernian—institutions, that this very able contribution by the skilled and experienced hand cannot fail to attract special attention.

We think it unnecessary to repeat at any length the high opinion that we have formed of this excellent volume; we will conclude by observing that it is thoroughly worthy of its predecessors.

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## POISON ROMANCE.

"Poison Romance and Poison Mysteries," by C. J. S. Thompson (The Scientific Press, Limited), is a decidedly interesting reading. It reads more like a fairy story than a treatise on toxicology. The author deals in a positively amusing way with the poisons of antiquity, royal and historic poisoners, poisoning plots, and all such kinds of fascinating subjects. He gives us the true history of the Maybrick case, the case of Dr. Lamson, the Bravo mystery, and of many remarkable criminal trials, the details of which are summed up in a masterly manner. The author is evidently quite at home in this gruesome department, and knows how to present his material in a readable form. He is a true novelist, who has taken toxicology as a basis. A work of this description appeals very largely to the non-medical public, and we should not be at all surprised if Mr. C. J. S. Thompson blossomed out into a popular writer of some repute. He has struck an original vein, and it will be his own fault if he does not work it.

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## NEW BOOKS AND NEW EDITIONS.

The following have been received for review since the publication of our last monthly list:—

Bailliere, Tindall, and Cox (London and Paris).

On Fractures and Dislocations. By Professor Helferich, of Griefswald. With 68 full-page plates and text, authorised translation (Balliere, Tindall, and Cox's "Hand-Atlas Series"). Price 15s. net.

The Analysis of Food and Drugs. Vol. II.—The Chemical and Biological Analysis of Water. By T. H. Pearmain and C. G. Moor, M.A.Cantab., F.I.C. Pp. 172. Price 5s. net.

Cassell and Co., Limited (London).

Hygiene and Public Health. By Arthur Whitelegge, M.D., F.R.C,P. Pp. 558, price 7s. 6d.

Materia Medica and Therapeutics. By J. Mitchell Bruce, M.A., Aberd., F.R.C.P.Lond. Pp. 609. Price 7s. 6d.

J. and A. Churchill (London).

A Short Practice of Midwifery. By Hy. Jellett, M.D., F.R.C.P.I., with a preface by W. J. Smyly, M D., F.R.C.P.I. Second Edition. Pp. 281. Price 6s.

A Class-book of Practical Physiology. By De Burgh Birch, M.D., F.R.S.Ed. Pp. 272. Price 6s. 6d.

Dawbark and Ward, Limited (London).

The Natural Waters of Harrogate. By F. W. Smith, M.D. Pp 102. Price 1s.

H. J. Glaisher (London).

Clinical Lectures on Neurasthenia. By Thos. D. Savill, M.D. Pp. 144. Price 5s. net.

E. Gould and Son, Limited (London).

Viscum Album, the Common Mistletoe as a Drug. By George Black, M.B.Ed. Price 1s.

Chas. Griffin and Company, Limited (London).

Practical Sanitation. By George Reid, M.D., D.P.H. Pp. 344. Price 6s.

Kegan, Paul, Trench, Trubner, and Co. (London).

Victor von Richter's Organic Chemistry. Edited by Prof. R. Auschutz. Translated by Edgar F. Smith, Professor of Chemistry, Univ. Pennsylvania. Vol. I. Pp. 625.

J. P. Legg and Co. (London).

Hygiene of the Mouth. By R. Denison Pedley, F.R.C.S.Ed. L.D.S. Eng. Pp. 94. Price 2s. 6d.

H. K. Lewis (London).

Exploration of the Urethra and Bladder. By M. Tuchmann, M.R.C.S., M.D., Wurzburg. Pp. 56. Price 5s.

The Middlesex Hospital Reports for the year 1897. Pp. 392. Price 2s. 6d. net.

A Manual of Surgical Treatment. in six parts. By W. Watson Cheyne, M.B., F.R.C.S., F.R.S., and F. F. Burghard, M.D.Lond., F.R.C.S. Part I. General Surgical Diseases. Pp. 285. Price 10s. 6d.

E. and S. Livingstone (Edinburgh).

The Students' Materia Medica. By Grace H. Giffen, L.R.C.P.Ed. Pp. 96. Price 2s.

Longmans, Green, and Co. (London).

Royal University of Ireland. Calendar for 1899.

Macmillan and Co. (London).

A System of Medicine by many Writers. Edited by Thos. Clifford Allbutt, M.D., F.R.C.S., F.R.S. Vol. VI. Pp. 944. Price 25s. net.

Sir I. Pitman and Sons, Limited (London).

Some Diseases of the Rectum and Anus. By Sir Wm. Thomson, F.R.C.S.I. Pp. 56. Price 2s. 6d.

The Scientific Press, Limited (London).

Burdett's Official Nursing Directory, 1899. Edited by Sir Hy. Burdett, K.C.B. Pp. 651. Price 5s.

Spottiswocde and Co. (London).

The Medical Register for 1899. Under the direction of the General Medical Council.

The Dentists' Register for 1899. Under the direction of the General Medical Council.

John Wright and Co. (Bristol).

The Medical Annual and Practitioner's Index for 1899. Pp. 720. Price 7s. 6d. net.

Animal Simples approved for Modern Uses and Cure. By W. T Fernie, M.D. Pp. 564. Price 6s.

Golden Rules of Medical Practice. By Arthur H. Evans, M.D. Lond., F.R.C.S. Pp. 71. Price 1s.

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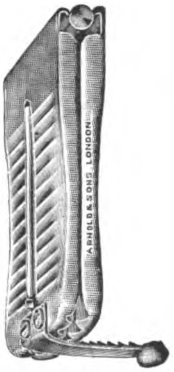
*(a)* "Twentieth Century Practice; an International Encyclopædia of Modern Medical Science by Leading Authorities of Europe and America." Edited by Thomas L. Stedman, M.D., New York City. Vol. XIV. London: Sampson, Low, Marston and Co. 1898.

# New Instruments.

## "MAGENNIS'S MIDWIFERY SURGICAL INSTRUMENT."

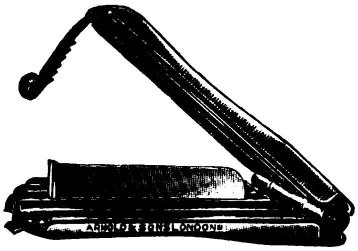


*Use.*—1. This instrument by cutting and, at the same time, compressing both the cut ends of the umbilical cord will supply the place of the scissors and ligatures now used in midwifery practice.

2. By the old method of ligaturing, the accoucheur, after tying with the first thread, stripes the umbilical cord along, and then requires some one to hold and compress at the particular place to which he has driven the blood, while he applies the second ligature. If he did not do this, the moment the umbilical cord is cut the bloods spurts over the bed-clothes, &c.

3. When the clamp is applied the accoucheur is at liberty to attend to either the mother or child.

4. If the accoucheur is not satisfied that the ends are sufficiently compressed the application of the clamp makes the tying easy and clean.



*Mode of Using.*—When pulsation in the cord has ceased it is to be placed between the blades of the clamp resting on the *plain* side, the *knifed* side is then pressed firmly down, and the catch retains it in position.

Messrs. Arnold and Sons, London, are the makers.

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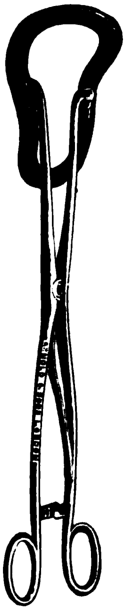
## NEW PESSARY HOLDER.



The introduction and proper adjustment of a Hodges' Pessary has been always a puzzle to some practitioners, and it has now become fashionable to decry the use of this most valuable appliance for the reasons above stated.

By the use of the instrument depicted (made for Dr. Alexander Duke, of Cheltenham, by Messrs. Arnold and Sons, Smithfield), the proceeding will be much facilitated, the necesssry manipulation being materially assisted by the leverage afforded by the holder.

It is hardly necessary to remark that the uterus should be replaced as nearly as possible in its normal position before the proper sized pessary is placed *in situ*. The neglect of this and the idea that the pessary will do all, has decidedly helped to bring it into disrepute. A properly fitted support will in every case give the patient relief, and thus gain her confidence towards subsequent treatment.

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### Volunteer Medical Association.

The annual dinner of this Association took place on Wednesday, the 10th inst., under the presidency of Colonel O'Farrell, R.A.M.C., in the unavoidable absence of Major-General Trotter. About fifty of the members and their friends were present. Among the guests were Colonel Sir Howard Vincent, Colonel Edis, and Lieut.-Colonel Daniel.

# Medical News and Pass Lists.

### The Royal University of Ireland.

A meeting of the Senate was held on Thursday, May 11th, 1899, at 11 o'clock.

Present: Sir Thomas Moppett, Pro Chancellor, in the chair; Mr. Edward Dease, Judge Shaw, Right Hon. OConor Don, Dr. Allman, Sir Chr. Nixon, Rev. Dr. Brown, Sir John Banks, Rev. Dr. Leitch, Dr. Cox, Dr. M'Keown, Dr. Sinclair, Sir R. Blennerhassett, Dr. Macalister, Mr. E. Cuming, Rev. Dr. Delany, Rev. Dr. Hamilton, Sir Wm. Thomson, Dr. Leebody, Mr. Starkie, and Dr. Meredith and Dr. McGrath, secretaries.

A communication was received from the Clerk of Convocation notifying the election of Dr. T. Walton Browne as a member of the Senate. A resolution was adopted recording the regret of the Senate at the death of the late Right Hon. C. T. Redington, vice-Chancellor of the University. The election of the Vice-Chancellor was postponed to next meeting.

The results of the Spring Medical Examinations were submitted and approved. [Declaring University education in Ireland unsatisfactory.—Ed., Medical Press.]

The debate upon O'Conor Don's motion adjourned from last meeting was resumed, and by leave of the Senate the amendment and original motion were withdrawn.

It was resolved that a studentship in Celtic language and literature be offered for competition in 1903. It was ordered that the list of scholars elected in 1897 be amended by inserting as first of the second class scholars in Modern Literature:—Helena Walsh, Loreto Convent, North Great George's Street, Dublin.

An address of congratulation was adopted to Sir George Gabriel Stokes, Bart., LL.D., Sc.D., upon his attaining his fiftieth year as Lucasian Professor of Mathematics at Cambridge University.

A communication was received from the Conjoint Examining Board in England intimating that such alterations had been made in their regulations as would place the medical students of this University upon the same footing as regards the examinations of that Board as the medical students of other Universities.

### The Medical Society of London.

The conversazione of this Society is the first leaf to fall from the tree of medical science, and marks the approaching autumn of the medical year. On Monday evening the spacious and handsome rooms of the Society in Chandos Street were crowded to repletion, and even a trifle beyond, by Fellows who had assembled in their hundreds to listen to the Oration, which was delivered in his best style by that versatile genius, Mr. Alban Doran, who chose for his subject "Shakespeare and the Medical Society." The orator gave abundant proof of an intimate acquaintanceship with the most out-of-the-way corners of the great dramatist's literary monument, and the quotations with which his discourse was larded served him as so many salient points on which to hang remarks of exquisite drollery which excited bursts of laughter, alternating with rounds of applause as, with a light but dexterous wit, he drove home his pungent reflections. After the oration, which was preceded by a reception by the President, Mr. Edmund Owen, the conversazione proper began, the hum of conversation being masked by the strains of the Bijou Orchestra and sanctified by the incense burned on the shrine of the Goddess Nicotine.

### Medical Sickness and Accident Society.

The usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held on the 28th ult. at 429, Strand, London, W.C. There were present Dr. de Havilland Hall (in the chair), Dr. J. B. Ball, Dr. G. E. Harman, Mr. W. J. Stephens, Dr. F. R. Mutsh, Dr. W. Knowsley Sibley, Mr. J. B[illegible]indley James, Dr. F. J. Allan, Dr. J. W. Hunt, Mr. F. Swinford Edwards, Mr. Edward Bartlett, and Dr. Walter Smith. The annual report for 1898 was agreed upon. It shows that the business of the Society has largely increased during the year. The Sickness Fund grew from £53,472 to £58,211, although from this fund no less than £6,175 was disbursed during the twelve months to members incapacitated by illness The quinquennial valuation report was also considered. The valuation made by the Secretary, Mr. F. Addiscott, F.I.A., and certified by the Consulting Actuary to the Society, Geo. S. Crisford, Esq., F.I.A., Actuary of the Rock Life Assurance Company, and one of the Public Valuers under the Friendly Societies' Act, shows that the Society possesses a surplus fund of between six and seven thousand pounds. This, if applied, as at the previous valuation in 1894, as a cash bonus, will allow of a return of 10 per cent. upon all sickness benefit premiums paid during the Quinquennium. These reports will be presented to the members at the annual general meeting to be held on 24th inst., at 5 o'clock, at the House of the Medical Society of London, 11, Chandos Street, Cavendish Square, London, W. Prospectuses and all particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

### West Kent Medico-Chirurgical Society.

The Seventh Meeting of the Forty-Third Session, 1898-99, was held at the Royal Kent Dispensary, Greenwich Road, on Friday, May 5th, 1899, at 8.45 p.m., Morgan Dockrell, Esq., M.A., M.D., President, in the chair, when the following was the business of the evening:—Dr. Morgan Dockrell delivered his Presidential Address on "General Health as a Factor in Skin Disease." After the conclusion of the President's Address a very enjoyable smoking concert was held. Among the artistes who kindly gave their services were Messrs. Courtice Pounds, Carl Brandt, Walter Grace, F. H. Cheesewright (vocalist), Charles Frondi (musical sketches), H. Wharton Wells (piano), and Dr. Boyd Page (conjuring).

### Royal College of Physicians of London.

At a meeting of the Royal College of Physicians, held on Thursday, the President, Dr. W. Selby Church, occupying the chair, the following gentlemen were admitted Fellows of the College:—Dr. S. A. M. Copeman, London; Dr. W. J. Hadley, London; Dr. H. Handford, Nottingham; Dr. P. Horton-Smith, London; Dr. C. Ogle, London; Dr. A. Ransome, Bournemouth; Dr. W. H. R. Rivers, Cambridge; Dr. W. J. R. Simpson, London; Dr. W. V. Snow, Bournemouth; and Dr. H. R. Spencer, London.

### Mortality in Foreign Cities

The following are the latest official returns, and represent the last weekly death-rate per 1,000 of the several populations:—Calcutta 40, Bombay 104, Paris 20, Brussels 16, Amsterdam 12, Rotterdam 18, the Hague 13, Copenhagen 19, Stockholm 19, Christiania 15, St. Petersburg 25, Moscow —, Berlin 19, Hamburg 17, Dresden 20, Breslau —, Munich 26, Vienna 22, Prague 32, Buda-Pesth 24, Trieste 33, Rome 14, Turin (eleven days) 23, Venice 39, New York (including Brooklyn) —, Philadelphia 21.

### New Process of Cleaning Bed Linen.

In a circular, the surgeon-general of the German army, Golar, in Berlin, calls the attention of the heads of the garrison hospitals to a new cleaning method, which is to be employed in future, as thorough experiments have proved it to be of advantage. By this method, petroleum is added to the water besides soap and soda, taking as many grammes of it as there are litres of water used; *e.g.*, 30 grammes of petroleum to 30 litres of water. This admixture of petroleum does not only admit of an easier cleaning, as well as less tear and wear on the linen, but the wash also retains its colour, is thoroughly disinfected, and the expenses are considerably reduced by a saving in soap.—*Scientific American.*

### The Oxygen Home.

Princess Louise, Marchioness of Lorne, attended the annual meeting of the Oxygen Home for the Treatment of Ulcers and Wounds by Oxygen Gas, 2, Fitzroy Square. Mr. Burdett-Coutts, M.P., chairman of the general committee, presided. Sir Francis Osborne, the hon. secretary, read the third annual report, in which the committee recorded the continued success of the oxygen treatment. Since the home was opened. three years ago, 231 cases had been treated, and of these 172 had been cured. Of the 101 cases treated last year 66 had been cured. Dr. Granville Bantock seconded the resolution, which was carried. The Marchioness of Lorne visited the wards of the hospital before she left, and praised the admirable arrangements that were in operation. The outstanding liabilities of the home at the end of April amounted to £1,122

### London School of Medicine for Women.

We are asked to announce that a dog show will be held on June 3rd at the London (Royal Free Hospital) School of Medicine for Women, Hunter Street, Brunswick Square. Only qualified practitioners, members of the teaching staffs at the Medical Schools, and medical students may exhibit. Twenty-six classes have been provided; three prizes are offered in each class, and a large number of special prizes have been offered. Captain Barry, Mr. E. W. Allen, Mr. G. R. Kuhl have kindly volunteered their services as judges. Entries will be received till Saturday next, May 20th. Schedules and entry forms may be obtained by applying to the secretaries at Hunter Street, and the committee hope that the medical profession will cordially support the enterprise, the proceeds of which are to be devoted to the building fund of the Womens' Medical School.

### The Royal University of Ireland. Medical Degrees.

#### M.B., B.Ch., B.A.O. DEGREES.

Upper Pass. William Cahill, Qu. C., Cork: Bartholomew J. Hackett, Cath. Univ.; *Edmond McDonnell, Qu. C., Cork; *John W. D. Megaw, Qu. C., Belfast; Andrew Murphy, Qu. C., Cork; *Robert Steen Qu. C., Belfast. Those marked thus (*) may present themselves for honours.

Pass. Richard Athern, Qu. C., Cork; Peter J. Burke, Cath. Univ., Patrick J. England. Qu. C., Cork: Francis S. Irvine, Qu. C., Belfast: Frederick C. McHee, Qu. C., Belfast; Hugh J. McNabb, B.A., Cath. Univ.; William O'S. Murphy, Qu. C., Cork; Robinson Officer, Qu. C., Belfast; William Paisley, Qu. Cs., Galway and Belfast and Univ. Edin.; William Rice. Qu. C., Cork, and Isobel A. Tate, Qu. C. Belfast.

#### M.D. DEGREE EXAMINATION.

Pass.—Mina L. Dobbie, Lond. Sch. Med. Women; Joseph P. Trengley, Cath. Univ. and private Study.

#### THIRD MEDICAL EXAMINATION.

Upper Pass.—*Joseph G. Anderson, Qu. C., Galway; *James Gorman, Cath. Univ.; *Archibald G. Heron, B.A., Qu. C., Belfast; Oswald E. Jackson, Qu. C., Belfast: John C. McCarroll, Qu. C., Belfast; *David McMordie, B.A., Qu. C., Belfast; and *John O'Leary, Qu. C., Cork. Candidates marked * may present themselves for honours.

Pass.—William Barkley, Qu. C., Belfast; James P. Brady, Cath. Univ.; Frederick C. Bullen, Qu. C., Cork; John S. Cargin, Qu. C.; Belfast; Michael Crowley, Cath. Univ.; Frederick Garland, Cath. Univ., Timothy J. Hartigan, Cath. Univ.; John P. Higgins, M.A., Qu. C., Cork; Robert Kennedy, Qu. C., Belfast; Patrick Kerley, Cath. Univ.; Samuel McClure, Qu. C., Belfast; John McCrea, B.A., Qu. C., Belfast; John A. Mills, B.A., Qu. C., Galway; James Park, Qu. C., Belfast; Chestnut Peacock, Qu. C., Belfast; Herbert C. Quirke, Mason Coll., Birmingham; Hugh B. Smith, Qu. C., Belfast; and William J. Thompson, Qu. C., Belfast.

### University of Durham.

At the third examination for the degree of Bachelor in Medicine, during April, the following candidates have satisfied the Examiners:—

#### Honours—Second Class.

Born, Edward Turner, College of Medicine, Newcastle-on-Tyne.
Wigfield. Frederick P., College of Medicine, Newcastle-on-Tyne.

#### Pass List.

Alstrom, Hedda, London School of Medicine for Women.
Blandford, Laurence J., College of Medicine, Newcastle-on-Tyne.
Brown, George Burrows, College of Medicine, Newcastle-on-Tyne.
Braund, Henry, Guy's Hospital.
Cooke, Edleston Harvey, St. Thomas's Hospital.
Heslop, James Willie, College of Medicine, Newcastle-on-Tyne.
Jupp, Ralph Tennyson, Mason College, Birmingham.
Morrison, John Wilson H., College of Medicine, Newcastle-on-Tyne.
Mitchell, John Robert, College of Medicine, Newcastle-on-Tyne.
Macfadyen, John, College of Medicine, Newcastle-on-Tyne.
Perkins, Philip Meyler, St. Bartholomew's Hospital.
Rhodes, Thomas Basil, Mason College, Birmingham.
Raw, Stanley, College of Medicine, Newcastle-on-Tyne.
Swainston Eliot, College of Medicine. Newcastle-on-Tyne.
Stainthorpe, Wm Waters. College of Medicine, Newcastle-on-Tyne.
Sidgwick, John Ernest, College of Medicine, Newcastle-on-Tyne.

# Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them at half the usual cost, on application to the printers before the type is broken up.

READING CASES.—Cloth board cases, gilt lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

### WANTED, A MALE CHILD.

A CORRESPONDENT asks our opinion of the following printed circular letter, which bears the name of C. F. Knight, M.D., of Ludgate Hill, E.C., and is headed "Confidential." It seems to have been sent round broadcast:—

"An American lady of wealth, who wishes to adopt a male child, desires me to put her in communication with some one who can further her object.

"The boy should be between two and four years of age, of gentle birth (legitimate or illegitimate), of attractive appearance and promising character.

"The child's future would be assured: and it occurs to me that by communicating with a number of professional men, I may be enabled to find some one of them who would be glad to indicate a suitable boy."

*** There is nothing actually unprofessional in the foregoing, however much one may question the desirability of a medical man engaging in this department of research.

**MR. GUY C. ROTHERY.**—Your communication will appear in an early number.

**MR. HY. WILSON.**—The only practical book on the subject within our knowledge is: "The Rontgen Rays in Medical Work," by Dr. David Walsh, Hon. Secretary of the Rontgen Ray Society.

**DR. W. M. J.** will see the matter has been referred to in another column.

**DR. JOHN KNOTT.**—We hope to have space for your paper on "Internal Derangement of the Knee-joint" in our next.

**DR. D. C. S.** will receive a private note so soon as the necessary inquiries have been made. We may say, however, in advance that we think our correspondent need have no doubt as to the result.

### DUMAS AND THE PHYSICIAN.

IT is related of Dumas that he was one day introduced to a pompous old physician who condescendingly said to him, "You produce tragedies, don't you, young man?" "I do," replied Dumas, "like you, only *your* tragedies are bound in oak."

**A LAY READER.**—The powder so largely advertised in the newspapers is only an imitation of the original Carlsbad Salts. The case you refer to as recently in the American Law Courts arose from the fact that poison was sent to a man of the name of Barnett in a Kutnow powder bottle. This man died, and the tragedy is reported in a New York exchange to have ruined the Kutnow powder business in the United States. We know nothing of the other nostrum about which you ask for information.

**DR. GEORGE FLEMING'S** paper on "The Eradication of Tuberculosis" is marked for early insertion.

**OUR PARIS CORRESPONDENT.**—The clinical lecture by Professor Potain on "Fever during the Convalescence of Typhoid" received with thanks.

## Meetings of the Societies and Lectures.

### WEDNESDAY, MAY 17TH.

**ROYAL MICROSCOPICAL SOCIETY** (20 Hanover Square, W.)—7.30 p.m. Exhibition of Pond Life.

**NORTH-WEST LONDON CLINICAL SOCIETY** (North-West London Hospital).—8.30 p.m. Clinical Meeting.

### THURSDAY, MAY 18TH.

**HARVEIAN SOCIETY OF LONDON** (Stafford Rooms, Titchborne Street, Edgware Road).—8.30 p.m. Dr. Caley: Considerations as to the Etiology and Significance of Dilated Heart.

**ST. GEORGE'S HOSPITAL** (Hyde Park Corner).—3 p.m. Dr. W. H. Dickinson: Fragments of Pathology and Therapeutics. (Baillie Lecture.

**CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL** (Gray's Inn Road, W.C.)—5 p.m. Dr. D. Grant: Examination of the Ear.

### FRIDAY, MAY 19TH.

**EPIDEMIOLOGICAL SOCIETY OF LONDON** (11 Chandos Street, Cavendish Square, W.)—8.30 p.m. Paper—Prof. R. H. Saltet (Amsterdam): A Study of Enteric Fever in the Netherlands.

## Vacancies.

Birkenhead Borough Hospital.—Senior House Surgeon. Salary £100 a year, with board and washing. Also Visiting House Surgeon, to attend the sick poor in their own homes. Salary £75 a year, with board, lodging, and washing. There are also extra fees obtainable.

Bristol General Hospital.—House Surgeon for three years conditionally. Salary £120 per annum, with board, residence, &c., in the house.

Fisherton Asylum.—Assistant Medical Officer. Salary commencing at £120, with board, lodging, and washing. Apply to Dr. Finch, The Asylum, Salisbury.

Lancashire County Asylum. Whittingham.—Pathologist. Salary £200 per annum, with apartments, board, washing, and attendance. Also Locum Tenens for a few months. Two guineas a week.

Liverpool, Township of Toxteth Park.—Senior Assistant Medical Officer for the Workhouse and Infirmary. Salary £125 per annum, with board, washing, and apartments. Applications to the Clerk to the Guardians.

Mercer's Hospital, Dublin.—Resident Medical Officer.

Royal College of Surgeons of England.—Hunterian Professors, the Erasmus Wilson Lecturer, and the Arris and Gale Lecturer for the ensuing year. (See advertisement.)

Royal National Hospital for Consumption, Ventnor, Isle of Wight.—Assistant Resident Medical Officer. Salary £80 per annum, with board and lodging. Applications to the Board of Management, at the London Office, on or before the 19th inst. (See advertisement.)

Victoria University, the Yorkshire College, Leeds.—Junior Demonstrator in Pathology. Salary £120

West Riding Asylum, Wadsley, near Sheffield.—Fifth Assistant Medical Officer. Salary £100 per annum, rising £10 a year up to £150, with board, &c.

Wolverhampton and Staffordshire General Hospital.—House Governor and Secretary, unmarried, or widower without a family. Salary £170 a year, with board, washing, and residence in the institution.

## Appointments.

**CARROLL, M. J.**, L.R.C.P., L.R.C.S.Irel., Medical Officer for the Dundrum Dispensary District.

**CHADBORN, C. N.**, M.R.C.S., L.R.C.P., House Surgeon to the Swansea Hospital.

**EDWARDS, J. HAMMERTON**, M.A., M.D.Cantab., M.R.C.S., L.R.C.P., Assistant Physician to the Bedford County Hospital.

**EREAUT, HAROLD J.**, L.R.C.P.Lond., M.R.C.S., Senior House Surgeon to the Westminster Hospital.

**HAYWARD, A. E.**, M.R.C.S., Medical Officer for the Teignmouth Sanitary District of the Newton Abbot Union.

**HUDSON, F. H.**, L.R.C.P.Lond., M.R.C.S., Medical Officer for the Workhouse and the West Sanitary District of the Buntingford Union.

**KENNEDY, W. G.**, L.R.C.P.Irel., L.R.C.S., Medical Officer for the Fourth Sanitary District of the Salford Union.

**KEVIN, BYRNE P.**, M.D., B.S., B.A.Lond., Medical Registrar to the London Temperance Hospital, Hampstead Road.

**LOUD, FRANK**, L.R.C.P.Lond., M.R.C.S., Medical Officer for the Fifth Sanitary District of the Lewes Union.

**MATHIAS, RICHARD**, M.A., M.B., B.Ch.Cantab., L.R.C.P., M.R.C.S., Medical Officer for the Pentyrch District by the Cardiff Board of Guardians.

**MUIR, J. C.**, M.B.Camb., L.R.C.S.Lond., M.R.C.S., Junior Assistant Medical Officer for the Crumpsall Workhouse, Township of Manchester.

**RICE, M. W.**, M.D.Edin., M.R.C.S., Medical Officer for the Gedney Hill Sanitary District of the Holbeach Union.

**ROBINSON, THOMAS**, L.R.C.P.Lond., M.R.C.S., Medical Officer of Health for Leicestershire.

**STEWART, CHARLES HOWARD**, L.R.C.P.Lond., M.R.C.S., L.S.A., Medical Officer for the Sixth District (Witheridge) by the Southmolton (Devon) Board of Guardians.

## Births.

**BOWER.**—On May 10th, at Langton Lodge, Hendon, the wife of W. Bower, M.D., of a son.

**KEYWORTH.**—On May 11th, at Wem, Shropshire, the wife of G. Hawson Keyworth, M.D., of a daughter.

**RODDIS.**—On May 11th, at Snettisham, Norfolk, the wife of T. E. E. Roddis, M.B., of a daughter.

**SOLLY.**—On May 13th, at Strathlea, Harrogate, the wife of Ernest Solly, M.B., F.R.C.S., of a daughter.

**STEAD.**—On May 9th, at Moor Lodge, Hawkhurst, Kent, the wife of C. C. Stead, M.B.Cantab, M.R.C.S., L.R.C.P., of a daughter.

**WHITAKER.**—On May 9th, at Lindrick House, Finsbury Park, London, the wife of George H. Whitaker, M.R.C.S., of a daughter.

## Marriages.

**TAYLOR—COLEMAN.**—On May 10th, at Parel, Bombay, William James Taylor, Surgeon-Captain, R.A.M.C., to Flora, second daughter of Alfred Coleman, Esq., of Streatham, Surrey.

## Deaths.

**JACKSON.**—On May 4th, at Louth, Lincolnshire, Henry W. Jackson, M.R.C.S. and L.S.A.

**JEPSON.**—On May 5th, at Elmfield, Sydenham (suddenly), Octavius Jepson, M.D., aged 66 years.

**PRIDHAM.**—On May 9th, at Hillfield, Broadway, Dorset, John W. Pridham, M.R.C.S., L.R.C.P., aged 59.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXVIII. WEDNESDAY, MAY 24, 1899. No. 21.

## Original Communications.

# THE TREATMENT OF GONORRHŒAL SALPINGITIS. (a)

By J. W. TAYLOR, F.R.C.S.,

Surgeon to the Birmingham and Midlands Hospital for Women,
Consulting Surgeon to the Wolverhampton Hospital for Women.

GONORRHŒAL salpingitis is now a well-recognised disease, but many of us can remember the time when the connection between "inflammatory disease of the uterine appendages" and gonorrhœa was by no means established.

When Noegerrath published his treatise in 1872, maintaining that gonorrhœa had dreadful consequences; that it was the main cause of pelvic peritonitis and sterility, and that it was practically an incurable disease, men first of all looked upon him as a wild dreamer and enthusiast. Then, little by little, abundant evidence was found to corroborate most of his assertions, but it was only very slowly that his work received any recognition or support. It was not until some ten or fifteen years later that the seriousness of gonorrhœa in the female began to be generally recognised, and enterprising surgeons began to operate freely for inflammatory tubal disease by removal of the uterine appendages.

At first operation was generally limited to the removal of the appendages on the side chiefly or solely affected at the time when the operation was undertaken, but the after-history of these cases was not altogether satisfactory. In many instances extension of the disease occurred on the opposite side, and in a short time the patient was in quite as bad a condition as before operation, so that a second section was needed for the removal of the remaining appendages.

In consequence of this, attention was directed to the advisability of complete removal of the appendages in all cases of operation for "inflammatory disease." Papers were written on the subject—notably one by Mr. Tait—advocating this treatment, and for a considerable time it was accepted as final that thorough removal of the uterine appendages by abdominal section was the one and only cure for gonorrhœal salpingitis.

But there were difficulties in the carrying out of this advice, and the results, while in some cases very successful, in others were decidedly disappointing. In separating the adhesions, which were often very dense, the bowel—particularly the sigmoid flexure and rectum—was liable to injury, and injury in inaccessible regions. Further, the ovary, when peeled or torn away from its surroundings, left some of its tissue behind it, and with this there was often persistent menstruation: the uterus, which had evidently been the centre of infection throughout, remained untouched, and in a small proportion of cases, notwithstanding the utmost care, local peritonitis and fæcal fistulæ resulted, while in others, notwithstanding the utmost thoroughness, menorrhagia and pain persisted after operation, the hæmorrhage in some of these cases being rather aggravated than otherwise by the means undertaken for the cure of the disease.

In the meantime, while this experience was forming or, at all events, before it had been fully formed, Péan and Segond in Paris, Doyen of Rheims, and Landau of Berlin, recognising the gonococcus as the source of the disease, and gonorrhœal endometritis as the starting-point of infection for both Fallopian tubes, not only argued with true logical deduction that the uterus should be removed, but proceeded directly to put this reasoning into practice, and began treating cases of inflammatory tubal disease by extirpation of the uterus as well as removal of the tubes. This was done by the vaginal route, and the result was, on the whole, more satisfactory perhaps than any treatment previously adopted. At all events the treatment was a radical one, and if the patient made a satisfactory recovery, there was, of necessity, no further trouble from uterine hæmorrhage, or from the pain and distress accompanying the pelvic congestion recurring at each menstrual period.

This practice has never been thoroughly adopted and followed in England as a primary procedure, but many English surgeons (including myself) have been over and over again glad to avail ourselves of vaginal hysterectomy as a cure for rebellious cases, and it would be difficult to speak too highly of its value when every other means has failed.

On looking back over all this period of strenuous surgical effort—whatever may have been its mistakes of enthusiasm and misdirected energy—we cannot withhold a hearty acknowledgment of the courage, the perseverance, and the honesty of purpose which marked in the main each point of progress, or a warm appreciation of the splendid saving of life which has attended one department of the work from the very beginning—viz., the operative treatment of pyo-salpinx.

It must, perhaps, be remembered on looking back over this period, that the issues involved in the work then beginning were by no means so simple and definite as represented in my imperfect sketch. Side by side with the question of the cause of pelvic inflammation and its treatment was the question of its seat—whether it was usually within the peritoneum ("perimetritis") or in the cellular tissue outside it ("parametritis")—and with the elucidation of this problem Birmingham was, perhaps, more directly concerned than with that which I am now more immediately discussing. In addition to these two problems a subsidiary one, but one more pressing, was the question of the danger of this "pelvic inflammation" if left alone, and there can be no doubt that some operators were so impressed with this danger, and so impressed it on their followers that for a considerable period the finding of any inflammatory tumour in the pelvis was considered a valid reason for immediate abdominal section.

All this has been vastly altered during more recent years. With greater knowledge and more certainty of diagnosis there is more careful differentiation of grades of inflammation and the necessities of individual cases; we know better what may be expected from rest and medical treatment, and operation is reserved for the minority of cases—or, if this goes too far, it is certainly not practised anything like so frequently as in former years.

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(a) Paper read before the British Gynæcological Society, May 11th, 1899. For discussion see page 535.

But what about these cases—cases of undoubted salpingitis—that are not operated upon? Do they, if they improve under rest and hygienic treatment, necessarily relapse and get worse again, as we formerly thought, or do they get permanently well?

These are questions which I felt needed answering, and as I could not find any answer that I could trust, I set myself to study the disease as well as I could, hoping to find the information I needed by experience.

If I am not in a position to speak as definitely as I should like this evening, I feel I have learnt during the past thirteen years a few facts about the history of the disease and its course under treatment that influence my own practice and justify me, I believe, in bringing the subject before the notice of my colleagues.

One of the first things that struck me in the clinical study of salpingitis was the frequency of a syphilitic history; indeed, in many cases it was more easy to elicit this than any clear history of a gonorrhœal discharge, and for some time it was a question with me whether syphilis was not a factor in the causation that had been overlooked.

Gonorrhœa—the gonococcus—was perhaps the only source of gonorrhœal inflammation in the mucous membrane of the tube, but was it the sole cause of tubal obstruction, tubal distension, and pyo-salpinx?

In some cases of pyo-salpinx possessing a syphilitic history, I have found at the operation a clearly defined nodule of thickening at the uterine end of the tube—a nodule which on section had all the appearance of a syphilitic gumma. In all cases of marked pyo-salpinx the abdominal ostium of the tube is more or less occluded by tubal and peri-tubal swelling, and it is at all events possible that a syphilitic thickening of the tube may assist in the contraction of the abdominal ostium which appears to be the necessary and immediate cause of tubal distension from retained secretion.

On consideration, however, of other cases of acute pyo-salpinx in which there could be no syphilitic history, and in which the obstructive swelling at the uterine end of the tube was amply accounted for by the acuteness or severity of the inflammation surrounding it; on consideration, too, of what I may term the natural frequency of the two diseases in the same individual, I felt that the point—interesting as it might be—was of little practical value, and that in all probability the ratio of syphilitic and non-syphilitic cases was not appreciably different to the ratio of syphilis with gonorrhœa, and gonorrhœa alone, irrespective of tubal disease.

So far, if my work had not been misdirected, it was barren of any very profitable result. But, after a time, another point began to engage my attention, which bids fair to be of greater value.

This point I may perhaps express as *the greater tractability of gonorrhœal salpingitis in syphilitic subjects*, in other words, after some months or years of treatment I found a perfection of cure in my syphilitic cases that I failed to secure in cases of pure and uncomplicated gonorrhœal origin.

Before we consider the reason of this, and as I do not want you take anything for granted, I will run over as shortly as possible a few of my cases which are more prominently in my mind.

Mrs. C. is a patient I have known and watched for fifteen years. When first I saw her (in 1884) she was suffering from syphilis contracted from her husband, and had recently had a miscarriage (at four months) which I considered to be due to syphilitic disease.

On recovering from the miscarriage she almost immediately showed signs of gonorrhœal infection—a dangerous time for infection to take place as the uterus is temporarily dilated. She had gonorrhœal vaginitis and the inflammation spread upwards. Pelvic inflammation followed, and a mass formed in the pouch of Douglas, having all the characters of an enlarged or distended tube. For nearly the whole of the next year (1885) she was rather seriously ill—a constant patient—and was kept on mercurial and iodide treatment. The tubal tumours did not materially alter, and I was thinking of removing it by operation, when in September of this year she unexpectedly became pregnant. The complication of a (possibly) syphilitic pregnancy, very liable to abort, and gonorrhœal salpingitis was specially awkward from a surgical point of view, and as the general condition of the patient had improved, I decided to wait, maintaining the anti-syphilitic treatment mainly for the sake of the coming infant. The patient went to her full time and was delivered on May 29th, 1886, of a boy, who remains alive and well to the present date. After pregnancy was over the tumour of the damaged appendage was still to be felt. Occasional, but no persistent treatment was maintained, and although the tumour steadily decreased in size and fixity, I find from my notes of occasional consultations after this date that it was not until 1890 that all traces of the tumour had disappeared. This disappearance has been final.

About eighteen months or two years ago the patient's husband died. She has rather recently married again—much more happily, I believe—and is now (at the present date, November 14th, 1898) about six months' pregnant, without a trace of discoverable disease on the most careful examination.

Mrs. D. I have known and occasionally attended for eighteen years. A short time after her marriage she was infected by her husband with syphilis, and left him. For some twelve years she maintained herself, every now and then having some transient syphilitic symptom or affection which received temporary treatment, but the treatment was left off as soon as the symptom was relieved. On the whole, she had fairly good health, and at no time did she have any pelvic, menstrual, or vaginal trouble.

In 1892 a reconciliation was effected with her husband, and she returned to him. Early in 1895 she began to suffer with pain in the right side, pain in the right leg and hip, worse on standing or walking, worse on changing position, not worse at night. At first nothing definite could be found. She went to the seaside for a change, and while there was seized with violent peritonitis, during which, I understand, her life was despaired of. She had the advantage of every comfort and advice, and a London opinion was obtained for her. After some weeks of careful nursing she returned to Warwickshire, a thorough invalid, and I again saw her. I then found marked disease of the uterine appendages on the right side. The inflammatory mass formed a rather large tumour, and the parts were fixed, but there was no fluctuation, or evidence of any marked collection of pus. I thought an operation would be necessary, but the patient wished to avoid it, and I was ready to try the effect of further treatment. Knowing her old history, and how well she responded in former days to anti-syphilitic treatment, I gave her grain doses of hyd. c creta and five to eight and ten grain doses of iodide of potassium. This she has taken ever since, and with steady improvement — improvement without the slightest relapse. She has now no trace of disease on bimanual examination. She is in robust health, and can walk ten or twelve miles with enjoyment.

Mrs. E. is a patient I have also known for about eighteen years, though I have only very rarely attended her. During a large portion of this time she and her husband have been under the care of Dr. Bull, of Sparkhill. He has attended both of them for gonorrhœa and syphilis.

In July, 1895, I was asked to see Mrs. E. in consultation with Dr. Bull. She had been confined to her bed for some weeks. She had severe abdominal and pelvic pain, and her temperature had been varying between 100 deg. and 102 deg. F. I found well-marked tubal disease—a mass on the right side reaching above the groin—but the exudation was hard and resistant, and there was no evidence of any large collection of fluid.

I advised mercury and iodide as in the previous case, arranging, however, to see her again if there was no improvement, so that operation might be undertaken if necessary. From this date the patient steadily improved. I saw her nearly a year afterwards, and there was no trace of the old disease. I wrote to Dr. Bull last week, asking for news of her. He states:—"Mrs. E. is in good health, and is now managing a business." This patient has had a child since her attack of salpingitis, but it was born at seven months and only lived one day.

Mrs. F. was brought to my hospital out-patient room on Feb. 26th, 1896, by Dr. Vince. She was 20 years of age, and had been married nineteen months. She had one child, living, and of good general health. Pain had been complained of in the left side for six months. This was steadily increasing, was worse one week after menstruation, and prevented her from attending to her duties. The case was already recognised as one of gonorrhœal salpingitis, and my opinion was asked regarding operation. I found a hard, tender mass to the left of the uterus, rather fixed, and agreed with the diagnosis already made. I had some talk with Dr. Vince regarding my experience of these cases, and asked him if there was any history of syphilis as well as of gonorrhœa. On March 3rd I received the following note from him:—"Since seeing you I have found there is a distinct history of syphilis in the husband. He is under me now with brain trouble, probably gumma. He has a gonorrhœal discharge at the present time, and the baby is practically blind from gonorrhœal ophthalmia." I thought it quite possible that the case might improve with specific treatment, and ordered the patient a mixture of the red iodide of mercury (gr. $\frac{1}{5}$) with iodide of potassium (5 grs.) to be taken three times a day (a formula which I use largely for continued administration). This she has now taken continuously for nearly three years, and with steady improvement—improvement in which there has been no history of relapse whatever. The recovery has been slow but sure and uninterrupted. More than a year after the treatment was begun I find this note:—"Appendages palpably diseased on both sides, but not tender."

To-day (November 10th, 1898) I have examined her and find that the right ovary is still fixed, but this is the only pathological condition to be found. The patient herself states that she is perfectly well, has no pain or discomfort, and wishes to know if she may discontinue her attendance.

I could, if I liked, supplement these cases by several others, but the four I have cited will, I think, suffice. Everyone must acknowledge that they are capital examples of cure after severe gonorrhœal salpingitis. One patient can walk twelve miles with comfort, another manages a business which she has taken up since her illness, another who has only just regained her full health has, nevertheless, through the time of treatment, been attending to the cares of her family and the needs of her syphilitic husband, while another, after seven years of freedom from disease, has buried her miserable past, married again, and is six months pregnant with the first child of a second family.

Can anyone show similar cases of recovery after gonorrhœal salpingitis in non-syphilitis cases? I confess that until quite recently I could not produce them or anything really approaching to them in my own practice. And if the general consensus of skilled professional opinion is to be trusted there has been no expectation of or belief in similar results since the publication of Prof. Sinclair's book in 1888.

If the cases I have brought forward then are at all exceptional in their recovery to what are we to attribute the happy issue?

Is the poison of syphilis in any way antagonistic to that of gonorrhœa? I do not think that this can be maintained for a moment. The one disease does not in any way prevent the other, and *untreated* cases of both diseases in the same individual are among the very worst that I have encountered. I am forced to the conclusion that the treatment of the case is the main factor in recovery, and I am far more interested in putting as clearly and forcibly as I can this fact before the notice of the Society than in maintaining any special theory of its mode of action. At the same time, when I consider the difficulty in the untreated disease, not so much of obtaining temporary resolution of inflammatory products—this can often be obtained by simple rest in bed—but of obtaining a cessation of relapses and a steady progress towards permanent recovery, and when I find this recovery repeatedly following a prolonged and uninterrupted course of special treatment, I question whether this effect is attained simply by promoting absorption, but am more inclined to believe that the mercury collected in the tissues of the body after persistent administration has some direct antagonistic action to the vitality and spread of the gonococcus in the deeper layers of the mucous and in the submucous tissues. In contradistinction to the opinion expressed by most writers of the last decade I believe it may be possible to destroy the power of latent gonorrhœa, as well as that of distinctly local and acute affection, and that this may be attained in a marked degree by the use of the very same means by which we attack the poison of syphilis.

Since coming to this conclusion I have treated several cases of pelvic gonorrhœa uncomplicated with syphilis by mercury and iodides, and, in every case in which it has been possible to continue supervision and treatment, I have had very similar results to those already reported. It will be obvious, however, that in most of these cases the duration of treatment has been as yet insufficient to fully test the value or permanence of its results, and that without general acceptance of the principles on which the treatment rests there is, and will be no likelihood of obtaining the same hearty co-operation on the part of the patient and medical attendant that is so well and cheerfully given in syphilis. One case in point is that of Mrs. G. She came to my out-patient room on September 23rd, 1896, with the history of abdominal and pelvic pain of some months' standing. She was also suffering from a chronic vaginal discharge. On examination I found that both of the uterine appendages were inflamed and adherent—that on the right side was adherent to the uterus only—that on the left was adherent to the pelvic wall. On October 22nd I put her on the biniodide mixture to which I have already referred. She took it during October, November, December and January, and at this date was so much better that only faint traces of any disease remained in the pelvis, and she herself refused further attendance. For half a year I did not see her. She returned on July 8th, 1897, complaining as before. Treatment was resumed, and she has continued it until the present date. The uterus is perfectly free and movable, and there is no trace of disease to be found on examination.

Another case of different type—recent and acute (the notes of which are entirely furnished by the patient's medical attendant), may fitly close the series to which I ask your attention at this stage of my paper.

"Mrs. H., æt. 30, has three children. The last child was born on March 25th, 1898, and a good recovery was made from the confinement. After a short visit to some friends in the following July, Mrs. H. returned home on July 16th in the best of health. On July 19th she felt some vaginal irritation, followed by vaginal discharge, and on July 22nd (the doctor states) I was called in to see her. I found her in bed, suffering from great abdominal pain, more especially on the right side of the abdomen, and from a profuse purulent discharge from the vagina. The temperature was 101 deg. F., and in the evening this rose to 104 deg. F. On inquiry and examination of the husband, I found that he also had a discharge from the urethra, which, to my mind, was a typical gonorrhœal discharge. As important questions were involved in the diagnosis, specimens of the discharge were sent to London for bacteriological examination, and gonococci were found in abundance.

"The pain, temperature, and discharge continued in spite of douching and other remedies. On August 9th, Dr. Annie Clarke saw her in consultation, and found the uterus fixed and the right half of the pelvis completely roofed by hard inflammatory swelling.

"On August 21st acute pain was complained of on the left side of the abdomen.

"On August 31st, it seeming probable that some operative interference might be needed, Mr. Taylor, of Birmingham, was called in. Gonorrhœal salpingitis, with its attendant sub-peritoneal exudation, was found on both sides, but at only one point was there any indication of possible 'pus' formation.

"Specific treatment was advised in the form of a biniodide mixture, and suppositories of ichthyol were ordered for vaginal use.

"From ten days to a fortnight after this date there has been steady and continued improvement. The patient got up for the first time on September 25th."

In a letter dated November 14th, 1898, the doctor writes:—

"I am glad to tell you that at last our patient is out again, free from all pain and discharge, but naturally very weak after her long and trying illness. I made a vaginal examination last week and all that was to be felt was a hard, cord-like band running across the roof of the vagina on the left side. The right side was apparently quite normal."

[*To be concluded in our next.*]

◆

### A

# CASE OF DOUBLE PYO-SALPINX,

### IN WHICH

## ONE OF THE TUBES CONTAINED NINETEEN OUNCES OF PUS.—REMOVAL BY ABDOMINAL SECTION.—RECOVERY. (a)

By JOHN CAMPBELL, M.A., M.D., F.R.C.S.Eng.;
Surgeon to the Samaritan Hospital for Women, Belfast, and Assistant Surgeon to the Belfast Maternity Hospital.

There are on record several instances of the Fallopian tubes having become distended to enormous dimensions—*e.g.*, Lawson Tait removed seven litres of fluid from a hæmato-salpinx; Stemann operated upon a tuberculous tube containing two litres of pus; and Championnière met with a pyo-salpinx in which there were about twelve hundred grammes of pus. The case, however, to which I now venture to call attention presents several features of interest independent of the size of the tubes. The fact that the tumour attained such proportions without causing any notable amount of pain is in itself remarkable. Further, the almost entire absence of adhesions is quite contrary to all my experience of pyo-salpinx, as I have invariably found the larger collections of pus associated with numerous dense adhesions. Finally, the origin of the condition is somewhat obscure. No history of urethritis or vaginitis could be obtained. The patient had only been married for ten months, and had never been pregnant. There was no rise of temperature or other sign of tuberculous disease. From the thickness of the walls of the tube, and from the absence of acute symptoms; I am inclined to believe that the pus must have been present long before marriage, and that it must have originated in connection with some illness during childhood or adolescence. The following is a brief history of the case:—Mrs. C., æt. about 27, and married ten months, consulted me on April 25th, 1898, about an occasional pain in her left iliac region. She had never been pregnant. Menstruation was regular every four weeks, lasting four days, and only sometimes accompanied by pain. Micturition was normal, and had always been so. The bowels were confined. She was a robust, well-nourished, somewhat plethoric woman. Both breasts contained secretion. The abdomen was distended by a firm oval tumour, springing from the pelvis and extending to within two fingers' breadths of the navel. It was most prominent to the left of the middle line. On vaginal examination the uterus was found to be retroverted, with a large movable tumour above it, and a smaller fixed one below and to the right of it. The urine was normal. Operation was advised and was performed on May 3rd, 1898. A median incision exposed the larger tumour, which proved to be the greatly distended left tube. Nineteen ounces of pus were withdrawn by aspiration and the tube was removed. The right tube was then found to be in the pelvis and slightly adherent. It was removed entire. From its appearance I estimated that it contained 3½ or 4 ounces of pus. Both ovaries were much enlarged, and firm and tough in consistence. They were resected, the portions left being about the size of normal ovaries. The patient made an excellent recovery. I examined her on March 15th, 1899, *i.e.*, about ten months after operation, and found the uterus slightly retroverted. She enjoys good health and has been menstruating regularly.

I am indebted to Dr. Lorrain Smith for having preserved the specimens for me.

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# INSANITY AND EDUCATION.

By W. R. MACDERMOTT, M.B. T.C.D.,
Medical Officer of Poyntzpass District.

A common question put to medical men nowadays is: Why insanity is increasing? When we admit the increase, what is the usual answer? We either say that it is due to unwholesome conditions of life, abuse of alcohol, tobacco, tea, and so on; or the contrary, to better and more secure conditions of life whereby through arrest of natural selection, panmixia, the insane, and those predisposed to insanity survive to taint more deeply the race. The last answer looks the deepest and most learned.

Without any very clear insight into the nature of a disease we can often give grounds for it on the base of concurrence of facts. In modern life diffusion of education concurs more nearly with increase of insanity than any other fact, both being terms of mental import. But if relation of cause and effect exists it has not only to be established but valued. If ten millions of children are being educated—that is, exposed to mental strain with the result that a greater proportion of them become insane than would otherwise be the case—it does not follow that mental exercise is wrong or undesirable, since the benefit to the many may far outweigh the injury to the few. They could not be trained to ride horses or cycles without increase in the chapter of accidents, but no one would say that therefore they should not become horsemen and cyclists. If, however, education does conduce to insanity, it may be not in principle but in practice, in faults of educational method.

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(a) Paper read before the British Gynæcological Society, May 11th, 1899. For discussion see page 535.

Our definitions of insanity and education, we should realise, are highly conventional. The philosopher Dalton, of atomic theory fame, is said to have scandalised a meeting of Friends to which staid body he belonged, by appearing in a pair of bright red stockings. They seemed to him to be sober grey, but we would not doubt his sanity. If, however, he laboured under the sense impression that his leg was brittle or made of glass, or if he was affected as the man Tuke tells us of, who lost the sense of self-identity and looked for himself under his bed, or if he had suffered from any one of the large class of similar abnormal impressions he would not have escaped so easily. If, however, it is allowed in his case that there was no defect in judgment, no mental disease, it is not easy to see how such disease comes to be affirmed in what are at bottom precisely similar cases. The same thing applies to disease of expression; the line we draw between somatic and mental state in aphasia, and the allied affections seems a very arbitrary one. In general we allow abnormal sense impression and expression to be consistent with normal mental state so far that little room is left for mental disease in any true sense.

Our ideas of education are, I am afraid, not only equally conventional, but false and vicious. When we analyse our mental existence we find its most striking characteristic impersonal operation. All our higher mental determinations might as well be obtained by an impersonal mind dead to us as by our personal selves. Psychologists who insist that the phenomenal object has no existence independent of the percipient mind convict the whole human race of insanity, but in doing so they unintentionally define insanity, and what is so near it, crime. In popular thought, an orange, to use the classical Berkleyan simile, has independent existence, and is the cause of our sensation and perception of it. But—and I am not to be understood as trifling—insanity is disease of the common way of thinking, even if that way is psychologically erroneous and, what is strange, the disease takes on examination far more nearly than could be supposed the form of mind which is true and normal according to the psychologist. If a boy runs away with the orange from an apple-woman's stall he will scarcely defend himself by saying that it was a product of perceptual synthesis in his own mind, but we would certainly decide that he was far too much under the influence of the personal egoistic mind, and that it would be advisable to teach him, if necessary, by the birch, to reason in the usual impersonal way, however erroneous psychologically it might be. In general, the marked characteristic in the insane and mentally degraded is personal egoistic thought, inability to truly distinguish phenomenal object with consequent delusion by taking it as a product of mental synthesis, the process just as it is most strongly marked betraying its own radical incapacity. Again there is inability to eliminate personal self in the usual way from such ideas as God, king, beggar-man, and so on, and from ideas of relation so that the insane person imagines those in contact with him to be absorbed in thought about him, conspiring against him. Further the imperious control which the ordinary realisation of independent objective existence exerts on him being weakened, he is left more completely to the unregulated impulses of the personal mind. But this exactly answers to the concrete, self-contained individual mind of psychological definition entirely dependent *qua* mind on personal nature.

In our educational system, or rather negation of system, it is practically thought enough to bring the personal mind of each subject into conformity with a resultant obtained by a reaction of such minds on each other now and in past time. It is enough, that is, to bring the subject into conformity with some more or less generally received and established canon of thinking and of conduct as flowing from such *sensus communis*. But when we examine the social mind we can easily see that it is not only largely formed on the concrete personal mind, but superadds to it grievous faults of its own. The child is consciously and unconsciously trained up to conform thought and conduct to a conventional standard of sanity, the vices of which it takes no Jeremiah or Juvenal to detect and denounce. Insanity at bottom is an exaggeration of the personal egoistic mind, is aberration in some ways from the impersonal mode in thought, but if we examine morbid ideation in the actual field we will find that it affects nearly entirely what is acquired by or socially impressed on the mind. It may be said that such is the case, simply because man learns to think just as he learns to walk, ride or play the piano, that his mental are as much acquired as his bodily abilities, and that, therefore, mental disease would necessarily show itself in reference to acquired ideas. Suppose, however, a man learns to swim, he is determined by physical constants in the nature of his own body and of water. In the same way, when he learns to think, he is determined by a physical nature in mind absolutely independent of him, by what are called the necessary laws of thought. But if one thing is more certain than another it is that as the personal egoistic mind intervenes he cannot even learn to swim aright, he is timid, awkward, miscalculates his powers. Much more since such mind does not give the necessary laws of impersonal thought he is unable, just as he is under its influence, to think aright if at all.

But the personal mind, a bundle of sensations, perceptions, and emotions, can be trained, educated up to a certain conventional standard of formal thought. Animals which have no other mind can be trained to do wonderful things, and no doubt they have formal automatic thought in doing them. I have often noticed, however, that performing animals have a puzzled, downcast, hang-dog look, as if heartily ashamed of themselves, and doubtful of their own sanity. The Anti-Vivisectionists should look after the moral dignity as well as corporeal integrity of their *proteges*.

We hardly realise how much for mankind education and social training are based on the personal, that is the really insane mind. I said just now that the boy who stole the orange should be taught to think impersonally by the birch, if necessary. By a system of rewards and punishments directly influencing the personal mind and conformed to its nature, the boy no doubt can be got to let the orange alone, but he is not thereby made to think impersonally that is sanely; the very contrary is the result; he is conformed more implicitly to the nature of personal mind.

It cannot be said that education is worse now, more directed to influence the purely personal mind than "when civil dudgeon first grew high and men fell out, they knew not why," when the belief in witchcraft and other forms of social insanity prevailed.

The contrary is, perhaps, the case; the impersonal mind has a larger field of exercise with the advance in physical and natural science. What, however, has undoubtedly happened is that a vastly increased number of persons are now brought under educational influences directed to develop the personal mind on its own lines, that they are trained exactly as performing animals are.

The common plea for education is itself an illustration of this. The plea is that it opens a career to the subject, that it promises better social position, improved material status, what-not. This incitement directed to the personal mind is a false one, the promise is not and cannot be kept; the number that from this point of view education deceives and disappoints is far and away greater than the number it serves.

Far and away the greater number of children who attend our schools settle down as labourers, small farmers, and so on, with little or no opportunity or occasion for the three R's. It would not be true, however, to say that they are in the same mental state as if not educated. There is a discontent and impatience with their lot which the totally uneducated seldom show, there is too much of the "a man is a man for a' that" in them, a touchy sensitive personality with a rare crop of curious bizarre notions, the product of the perceptual synthesis of the psychologists, utterly at variance with the laws of impersonal mind. They are, as I conceive, far more predisposed to insanity than the uneducated. I suspect that the ratio of insane per 1,000 of illiterates would be found much lower than the ratio per 1,000 of those subjected to an ordinary school education, but I have not ascertained the point, writing *currente calamo*.

But it will be said that education must be conformed to the personal egoistic mind, to its desires, vanities, ambitions, tendencies. If so, we must pay the penalty. I, however, deny the position on grounds which the limits of this article do not allow me to give.

It is enough to say that the position of the psychologist and evolutionist is a very questionable one. It is open to question whether there is any "human mind," as a distinct entity evolved from or in relation with the nervous system. It is more consistent with the mass of biological facts to take mind as an independent natural form of existence in varying conformity to which animals are evolved in much the same way as to physical conditions, the bird to air, the fish to water. On this supposition the impersonal form of mind which man touches, but rests only insecurely on becomes quite intelligible. But as man rises to, rests on the impersonal level it is disease, insanity, in him to revert to the personal level.

It would be ill for us if our faulty system of education was not antagonised and corrected by our unconscious race education ever tending to develope the impersonal mind, the natural effect of having in so many directions to reason impersonally. In other words, as far as education opens up to us modes and subject matters of impersonal thought it serves to counteract the evil of training us like animals, who, in a certain sense, are made insane by an education non-natural to them. Still, while for human beings the impassive operation of impersonal mind is natural, it is only imperfectly so, and while education does incidentally cultivate the operation, and therefore tends to raise us to the higher level, it is at the expense of an unconscious and almost unintelligible struggle with the personal mind, animated by egoistic motive. Education rejecting the motives of the personal mind is almost unintelligible and yet impersonal, that is sane thought, allows no more place for personal motive in conduct than in geometry; if the law of mind is independent of the personal agent in one case it is so in the other. This may seem a hard saying, but it really follows once we allow that mind is an independent natural existence to which we are conformed in higher degree than the lower animals, but still only in varying degree.

Thirty years ago Maudsley, in his "Physiology and Pathology of the Mind," taught that pyschic laws are the same in healthy and diseased phenomena, only they do not operate under the same conditions, and therefore produce different symptoms. We have travelled so far from that, as I conceive, sound position, that a case of colour-blindness, or, for that matter, every abnormal bodily state should logically be regarded as insanity. We are taught now that psychosis and neurosis are inseparable concomitants, that disease of the last implies disease of the first. Without entering into a discussion of the position it is enough to say that the most effective limitation of insanity we hafe is the essentially impersonal habit of distrusting and questioning our sense impressions and emotional impulses, and education ought to be directed more than it is to develope that habit.

I will end with a more practical suggestion. I see that in Prussia, among the most highly educated people in Europe, the number of the insane in asylums rose from 13,267 in 1875 to 66,888 in 1897. That is only one illustration of many I could give of the wisdom of hesitation in enforcing the policy of compulsory education to the bitter end. It might be as well to go slower. Parliament voted between eight and nine millions the other day for education in England and Wales. It would be better if it voted more millions to raise the material status of the people; it looks like social insanity to aggrauate the lot of a mass of paupers or semi-paupers by an education certainly useless, and very probably with a tendency to add the curse of lunacy to their misery.

# Transactions of Societies.

## BRITISH GYNÆCOLOGICAL SOCIETY.

Meeting held Thursday, May 11th, 1899.

The President, Dr. H. Macnaughton-Jones, in the Chair.

### LARGE INTRA-CYSTIC MAMMARY SARCOMA REMOVED BY OPERATION.

Dr. Herbert Snow exhibited a photograph of this specimen, excised in April last, The patient was a married woman, æt. 56, two children. There was no history of injury, but there had been much recent trouble and anxiety, to which, with pressure by tight stays, the growth was attributable. It appeared only one and a-half years previously, and had rapidly grown to a huge size, forming a prominent bossy mass of unequal consistence. Was first noticed as a little lump under the inferior aspect of the organ. There was a dull continuous aching pain, but the general health was sound. The axillary region was tender, but there was no gland enlargement. The skin was enormously distended, livid, marbled by large veins; the nipple almost obliterated by the pressure; the whole mobile.

On excision the growth proved a congeries of whitish fibrous masses, which had developed without a primary cyst. Part of the cyst-wall remained, but most of the fluid contents had disappeared (as usually happens in these cases) through continuous pressure. The solid remainder, after incision, weighed 4 lbs. 4 ozs. The wound healed by first intention.

The microscopic section showed transition between well-organised fibrous tissue, and the embryonic spindle-cells of true sarcoma. Formerly, these tumours were often allowed to ulcerate, and were termed "fungating adenoma." They proved then rapidly fatal, through exhausting drain of blood serum and attacks of hæmorrhage. Modern surgery rarely allowed them to proceed so far. There were no metastases, and the localisation of the disease, with consequent curability by excision in even the most advanced stages, showed a striking contrast to the clinical phenomena of mammary carcinoma.

Dr. HEYWOOD SMITH asked how the flaps were fashioned in this case?

Dr. C. H. F. ROUTH remarked that he read a paper at the International Congress to show how often diseases of the breast were associated with and kept up by diseases of the uterus. As an example, he had a case in which he removed a breast for carcinoma; it healed up, but the wound kept on breaking down. He then examined the uterus and found a very large ulcer involving the cervix and vagina. He cured this, and the breast got quite well. He would ask Dr. Snow whether the condition of the uterus was examined in his case.

The PRESIDENT said that in some of these cases it was very difficult to determine whether the disease was a true carcinoma, or a transition between that and adenoma. He had seen some cases in which the clinical condition pointed to scirrhus, but a microscopic examination showed it to be otherwise. Sometimes also both pathological and microscopical indications were so mixed up that it was very difficult to say what the condition was. Cases such as Dr. Snow's were not often seen at the present day, because they were usually operated on earlier.

In reply, Dr. SNOW stated that although the skin covering was so tense, there was no infiltration of the subcutaneous tissue, as would have been the case with a carcinoma. He had dissected off sufficient flaps for union by first intention, and did not think there would be any recurrence. He fully agreed with Dr. Routh that uterine lesions might exert a considerable effect in causing mammary lesions; but believed that both much more often followed a common cause, the pressure of stays hindering development on the one hand, or healthy involution on the other. There were no uterine symptoms in the present case, and the woman was long past her climacteric. It was certainly, however, an excellent rule, in the absence of obvious cause for a mammary tumour, to seek it in the uterus. The errors in microscopic diagnosis, referred to by the President, Dr. Snow considered mainly due to reliance by pathologists on the phenomena of prepared sections alone. In these the true shape of the cells was often disguised or altered. It was most essential to examine the individual cells as nearly as possible in their natural state, as well as the hardened thin section.

1. Mr. J. W. TAYLOR, Birmingham, read a paper on "The Treatment of Gonorrhœal Salpingitis."

2. Dr. JOHN CAMPBELL, Belfast, read a paper on "A Case of Pyo-salpinx, in which one of the tubes contained 19 ozs. of pus."

These papers will be found in another part of the journal, under the heading of "Original Communications."

In the discussion on these two papers,

Mr. ALEXANDER FOULERTON said that there was a good deal of bacteriological evidence at our disposal with regard to the relative frequency of gonorrhœal infection in the causation of salpingitis. He had carefully examined the pus from sixteen cases of pyo-salpinx with the following results:—Cultures of *micrococcus gonorrhœa, staphylococcus pyogenes albus, and bacillus coli communis* were each obtained in two cases, and of *streptococcus pyogenes* in one, and in all seven cases the parasite present was found in pure culture. In the remaining nine cases no culture appeared on the media, but in two of them the presence of *bacillus tuberculosis* was proved by other methods. The cultivation experiments in all sixteen cases included the inoculation of a smear of fresh human blood on an agar plate, with the view of obtaining cultures of the gonococcus if present. Such a series as this was, however, much too limited to permit of any conclusions being drawn from it. Accordingly he had brought together a number of results published by others; and in compiling the statistics he had taken into consideration only work published since 1890, and work done by those—such as Menge, Steinschneider, and others—who had devoted special attention to this matter. Thus his own series of sixteen cases was the smallest individual series included. The following figures were, therefore, as free as possible from various sources of fallacy. In all he had been able to collect 499 cases of salpingitis so examined, and among these cases were 85 in which the gonococcus had been identified, or about 19 per cent. On going into the matter in detail, however, he found that in about 60 per cent. of the cases no micro-organism of any sort had been identified in the contents of the tubes. Out of every hundred cases of salpingitis, therefore, there were about sixty cases in which the pus was, at the time of examination, sterile; there were about twenty cases in which the gonococcus was present; and there were about twenty cases in which bacteria other than the gonococcus were found. And first as to the sixty cases in which the contents of the tube were sterile of bacteria, the explanation of their occurrence in so large proportion was probably a simple one. These cases did not, as a rule, come under bacteriological examination until the inflammatory process was already of some considerable duration; and the causative parasites had meanwhile died out, partly starved for want of nourishment, partly poisoned by their own excretory products—just in the same way that a number of animals would perish after a time if closely confined in a limited space. Then as to the twenty cases in which bacteria other than the gonococcus were present, a considerable number of these cases would have to be rejected when considering evidence as to the etiology of salpingitis, for the reason that the bacteria present were obviously there as the result of a secondary infection of tubes already in a state of inflammation from some other cause. Thus, whenever *bacillus coli communis* was found in a pyo-salpinx, Mr. Foulerton felt sure, as the result of a number of observations which he had made in various cases of pelvic suppuration, that its presence might always be attributed to a secondary infection from the bowel following the formation of adhesions between a tube already inflamed and some neighbouring portion of intestine. When, therefore, we considered only those cases in which the cause could be proved by the exact methods demanded in pathological research we found that the gonococcus was present as the causative parasite in considerably more than half such. And that this estimate is, owing to the conditions under which examinations are made, considerably less than is actually the case is highly probable when we take into consideration the further light thrown on the subject by clinical observation. He did not think, on the other hand, that there was much trustworthy evidence of any sort that syphilitic infection was an important factor in the causation of salpingitis. As to the treatment of salpingitis he had very little to say, but Mr. Taylor had offered them a sufficient variety to choose from, ranging in severity from the administration of biniodide of mercury to the performance of hysterectomy. His own view was that since an inflamed tube was a serious source of potential danger to a woman, and a constant cause of ill-health, the sooner it was removed the better. But hysterectomy would, he thought, very seldom be necessary. With regard to the prevention of salpingitis, perhaps an even more important matter than its treatment, there was rather more to be said. Recognising as he did the frequency of gonorrhœal infection as a cause of salpingitis, he thought that surgeons generally had not availed themselves of the assistance in the treatment of this disease which had been placed at their disposal as the result of pathological research. Thus a case of primary gonorrhœal infection in a woman was almost invariably treated as a vaginitis by means of vaginal medication of one sort or another. Whereas it seemed to have been clearly proved that a true gonorrhœal vaginitis was a rather uncommon occurrence. Bacteriologists had shown that gonorrhœal infection of the genital tract in a woman was first manifested either by a urethro-vulvitis or an endocervicitis, in the majority of cases perhaps by both. The vaginitis which occurred with gonorrhœal infection was, on the other hand, not usually caused directly by the specific coccus at all, but was rather the result of the spreading upwards of an inflammatory process caused by other bacteria which had gained access to the original lesion situated somewhere in the region of the external urethral meatus and caused by the gonococcus. Thus in 489 cases in which the vulval discharge was examined, the gonococcus was found 323 times, or in about 66 per cent., whilst in 680 cases in which the purely vaginal discharge was examined, the gonococcus was found only 54 times, or in about 8 per cent. Bearing these facts in mind the usual treatment of primary gonorrhœal infection in women must be condemned as inadequate. The treatment of the disease as a vaginitis was the treatment of what was merely a secondary complication; it might, indeed, incidentally have some good effect on the primary urethro-vulvitis, but left the primary endocervicitis untouched. And he thought that if more attention were paid to the condition of the cervical canal in cases of gonorrhœal infection, the frequency of so serious a complication (as salpingitis undoubtedly was) would be very much diminished.

Dr. **Wm. Travers** congratulated Mr. Taylor on his paper, which dealt largely with the medical aspect of these cases. When he first took up gynæcology it was chiefly in its medical aspect; the advance of the subject had necessarily led him and others to treat it from the surgical standpoint; but there was still much to be said on the medical side. His own experience had been that perchloride of mercury cured many of these cases of gonorrhœa; and in his hospital practice he often gave the drug before resorting to operation. And as he went on, he found more and more cases cleared up by medical treatment.

Mr. C. **Ryall** thought that Mr. Taylor laid undue stress on syphilis as a cause of the symptoms of gonorrhœa. At the Lock Hospital he found many cases of syphilis complicated by unrecognised gonorrhœa which had been overlooked. As regards preventive treatment, he did not think that enough credit was given to work done in this country. The best treatment of gonorrhœa was, he thought, the local application of nitrate of silver, 40 grs. to the ounce, whether the infection was one of the vagina or of the cervical canal.

Dr. C. H. F. **Routh** said the question was, What did really constitute gonorrhœa? Were other bacilli that might be present hostile or otherwise to the gonococcus? They had probably no right to conclude that most of these cases were syphilitic, even if they had got well under antisyphilitic treatment; and they should always remember that every case of gonorrhœa should be treated not only locally, but also on general principles.

Dr. R. H. **Hodgson** thought it made very little difference whether pyo-salpinx was due to gonorrhœa or to syphilis. Mercury acted on both, and it was a drug that was specially well borne by women. It could be used with advantage also when the cervix was first affected, and in this way they could treat the disease itself, and not merely its tubal complication.

Dr. **George Elder** (Nottingham) commented on the fashions that prevailed in medicine and surgery. A few years ago they were in the habit of removing the appendages when there was a history of gonorrhœa with recurrent attacks of pelvi-peritonitis; but now, with the swing of the pendulum, they were becoming more conservative in their methods. The mercurial treatment was advised twenty-five years ago, and the patients got well and remained so; but they were much indebted to Mr. Taylor because he had given them the reasons for the success of the treatment. With regard to Dr. Campbell's case, he had also seen patients with large pus-tubes who were able to get about, showing neither temperature nor much pain. The largest cases he had seen had been cases of mixed infection, where there had been communication between tubes and bowel.

Dr. **Arthur Giles** considered that Mr. Taylor's paper was one of great value, and that it would be increasingly appreciated when it could be read over at leisure in the journals. One point clearly brought out was that gonorrhœa was in many cases complicated by an unrecognised syphilis, and that these cases consequently improved considerably under anti-syphilitic treatment. He was greatly interested in Mr. Taylor's remarks on the value of mercury in the treatment of gonorrhœal pyo-salpinx, even when syphilis could be excluded. This was a most suggestive point, and one which would probably be found very useful in practice. This teaching, which on the showing of some previous speakers, was not new, had probably lapsed; certainly he had not heard it in his student days. But independently he had experienced the value of mercury in the treatment of condylomata of the vulva, in cases where there was no suspicion of syphilis. He had often found that by the internal administration of the biniodide of mercury, combined with local applications of blackwash and blue ointment, condylomata nearly disappeared in a week. The infrequency of gonorrhœal vaginitis was to be explained by the anatomical structure of the vaginal epithelium, which was stratified. Bumon had found that gonococci apparently had great difficulty in penetrating this epithelium, while they could attack the single columnar layer in the urethra and cervix with ease. He had long felt that the treatment of gonorrhœa by applications to the vagina alone was very inadequate; and that the proper treatment in the quite early stages was to thoroughly disinfect the vagina and cervix under an anæsthetic.

The **President** said that Mr. Taylor's paper was an important one which would be sure to attract attention not only in this country, but also abroad. The discussion would help to remind them that gonorrhœa and syphilis were mixed up in a large proportion of cases; he had himself learned this from the careful observations of the late Tilbury Fox. In many cases where syphilis was denied without deceptive intention, there had really been some syphilitic infection. He had not so far seen the view advanced that mercury should be given in cases of advanced tubal disease; but this was a question that required careful attention. An important point in the paper was the conservative one of the advocacy of posterior vaginal section in the treatment of pyo-salpinx. There were cases in which, as Mr. Taylor said, medicines were useless; and which nevertheless stopped short of pyo-salpinx. Still, the indication was operation. It would seem to him a dangerous thing to rely too much on the *vis medicatrix naturæ*, instead of treatment by removal of the adnexa. At the same time his firm personal belief was that many adnexa were removed unnecessarily. The points raised by Mr. Foulerton were of great importance; he had seen it stated that the gonococcus was found as the causal factor in 33 per cent. of cases of pyo-salpinx. It was also important that they should remember that the cervix was so often infected; much harm might be done by treating the vagina alone by forcible douching. He believed that the cause of the infrequency of vaginal gonorrhœa was, as stated by Dr. Giles, the structure of the vaginal epithelium.

Dr. Campbell's case was a very interesting one, the absence of pain was a notable point in many of these cases. A year ago he showed a specimen at the Obstetrical Society, from a patient with a similar history; there was no pain until the function of the bladder became interfered with. It was a general rule that in tubal disease the symptoms might be very slight in proportion to the severity of the condition.

Mr. **Taylor**, in reply, said that the main point in his paper was not the recognition of the fact of the complication of gonorrhœa by syphilis; but that in cases of mixed infection improvement of the salpingitis could be effected by anti-syphilitic treatment; and that improvement might also occur in cases where there was no syphilitic history. He thought that both clinical and bacteriological examination would go to show that most cases of pyo-salpinx were due to gonorrhœa or tuberculosis. The statement that primary gonorrhœal vaginitis never occurred seemed to him too strong a statement; but it might be very transitory. It had long been recognised that the source of danger to the woman was the disease in the cervix; but he had found that mechanical treatment of the cervix and uterus might be disastrous, and might lead to salpingitis. In his opinion the treatment by suppositories was better. He had not found any harmful result from the vaginal douche.

Dr. **Campbell** expressed his thanks for the interest the Society had shown in his paper.

## ROYAL ACADEMY OF MEDICINE IN IRELAND.

### Section of Medicine.

Meeting held Friday, April 14th, 1899.

The President, Dr. **John W. Moore**, in the Chair.

### NOTES ON A CASE OF ADDISON'S DISEASE.

**Dr. J. B. Coleman** made a communication on the subject of diseases of the suprarenal capsules, and exhibited the viscera and microscopic sections of two cases, of which he narrated the clinical history. One case presented the classical symptoms of Addison's disease, and it occurred in a girl, æt. 26, the duration of the disease being three years. Both suprarenal capsules were more than double the normal size, and were a mass of fibro-caseous material, containing giant cells and tubercles; sections of the skin showed brownish-yellow pigment in the cells of the rete mucosum; the heart weighed only five ounces; in the duodenum close to the pylorus there were pin-head-sized greyish nodules, due to hyperplasia of lymphoid tissue around the gland tubules. The other case was one of primary sarcoma of the suprarenal bodies, the patient being a man, æt. 23, who presented none of the symptoms of Addison's disease. For three months before his death he suffered from epileptiform fits and from weakness of his limbs; on admission to hospital he presented the signs of ataxic paraplegia; after a debauch he rapidly passed from a drowsy condition into collapse and coma; the necropsy showed both adrenals uniformly enlarged to the size of a man's fist, the growths consisting of round-celled sarcoma; there was a secondary growth about the size of a cherry in the wall of the right auricle; no tumours in the brain or cord; the cord showed degeneration in the motor tracts and in the posterior columns. Dr. Coleman suggested that the epileptiform fits and the degeneration in the spinal cord were the result of a toxæmia, the latter being due to the diseased condition of the adrenals; under the depressing influences of the debauch the terminal symptoms were set up—drowsiness, collapse, and coma.

Dr. **R. Travers Smith** spoke.

Dr. **Finny** pointed out that great destruction of the suprarenals could take place without any of the symptoms of Addison's disease supervening. There was also a group of cases which presented all the evidence of suprarenal melasma, while a necropsy showed that the suprarenals were perfectly healthy. He himself had an example of the latter group under care. The patient was suffering from tuberculous disease, but the suprarenals were unaffected. He therefore thought it probable that the disease was due to some affection of the large nerve elements in the neighbourhood rather than to structural changes in the gland itself.

The **President** said that, as had been shown, there were three groups of cases—namely, disease of the suprarenals and pigmentation, disease without pigmentation, and pigmentation without disease.

Dr. **Colfman**, in reply, said he thought Byrom Bramwell's theory the safest, in which he combined the suprarenal inadequacy and the nervous theory.

### CASES OF PYLORIC OBSTRUCTION.

Dr. **Parsons** read a paper on the above subject.

The President, Surgeon Croly, Mr. G. J. Johnston, and Dr. Langford Symes discussed the paper.

### CHRONIC PHARYNGITIS.

Dr. **Robert Woods** read a paper on chronic pharyngitis and its relation to nasal obstruction, in which he expressed his belief that mouth-breathing was the essential cause of chronic simple inflammations of the throat. He reviewed the chief functions of the nose, and pointed out how in mouth-breathers the disuse of the special apparatus for modifying the air, by warming, moistening, and filtering from dust, must affect the throat injuriously, since the throat was compelled to take on the function of the nose. In support of this contention he quoted an observation he had repeatedly made, that in these cases of chronic pharyngitis, if the velum palati be lifted, the pharynx wall under cover of it will be found normal. In addition to the more familiar forms of nasal obstruction, he drew attention to a common condition of the nose where the passage, though free enough in the daytime, became stopped at night. This results apparently from the difference in level of the head between the upright and horizontal positions, there being less drainage, and, therefore, greater tendency for the congested soft tissues to encroach on the air-space in the horizontal than in the upright. The paper concluded with a short account of the operative nasal treatment necessary for the cure of the condition.

The Section then adjourned.

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## LIVERPOOL MEDICAL SOCIETY.

Meeting held Thursday, April 27th, 1899.

Dr. **Macfie Campbell**, President, in the Chair.

Dr. **John Hay** related three cases of "Pulsus Paradoxus." I the first cases the abnormal pulse condition was associated with the dyspnœa of acute bronchitis in a child of three years, and was only a temporary phenomenon. The second case was one of pericarditis with effusion, complicated by serous effusion into the right pleural cavity. The removal of this fluid improved the pulse condition, but the pulsus paradoxus again became well marked, without a corresponding accumulation of fluid in the pleural cavity. The third case was one of reversed pulsus paradoxus, the arterial pulsation in the vessels of the right side of the neck and right arm disappearing during expiration. It was observed in a man suffering from aneurysmal dilatation of the arch of the aorta. The cases were illustrated by pulse tracings and charts of the chests.

Dr. **Bradshaw** considered that the anacrotic character of the pulse in the last case was due to the percussion wave being largely lost in its transmission through the sac of the aneurysm. It was followed by a slowly advancing tidal wave. The increased anacrotism during expiration was to be explained by increased interference with the passage of the tidal wave.

Mr. **F. T. Paul** exhibited a patient on whom he had performed colotomy by a new method. The divided large intestine was conducted for some distance between the muscles of the abdominal wall and then brought to the surface. This allowed of efficient control by a light horseshoe truss.

Mr. **Thelwall Thomas** spoke in favour of Frank's operation, and exhibited a photograph of a man operated upon six months previously, and who is now following his occupation. He saw objections to the Senn method.

Mr. **Rushton Parker** exhibited a boy whose right upper extremity had been almost totally avulsed by machinery, necessitating the removal of the whole, except a short piece of the clavicle. The subclavian artery had been torn across. Injection of saline solution into the veins acted very beneficially.

Dr. **Whitford** exhibited a patient who had suffered from lupus for seventeen years. She came of a very "tuberculous" family. Some of the scars as the result of treatment were elastic and almost undistinguishable from normal skin. The treatment had been scraping, with the application of caustic potash in sticks.

Dr. **Permewan** read notes of a case of "Acute Rhinitis" which had caused general infection of the system, and in which treatment directed to the nasal condition caused rapid subsidence of the fever, &c.

Mr. **W. M. Clemmey** related a case of "Rupture of Kidney," with secondary operation and recovery. The patient received a kick from a horse in the front of the abdomen on September 21st, 1898. The first symptoms of pain, collapse, and retching and hæmaturia were treated by fomentations and opium. On September 30th, owing to the temperature rising, the pain of a grinding character not eased, the loin was opened, exposing the inflamed kidney, the rupture extending half way through the substance, right across the posterior aspect and into the pelvis of the kidney. Smart bleeding, controlled by ice and packing, followed. On December 6th, the tube was removed. On April 13th the wound healed, the patient since working as a timber carrier and being in excellent health. In three other cases of severe kidney injury with the ordinary symptoms of rupture no operation was required, rest, fomentations, ice, and opium being the treatment. Whether secondary lesions of the kidney will follow it is at present too short a time to say.

## France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, May 20, 1899.

### GUNSHOT WOUND IN THE CHEST.

M. **LUCAS** presented a man of 35 at the Academie de Médecine who had received two months previously a revolver bullet in the chest. The orifice of penetration was situated a little to the right of the sternum towards the clavicle, and the projectile traversed the lung from above downwards. The man was brought to the hospital in an almost comatose condition; the pulse was small and irregular, and the patient spat up a large quantity of blood. The wound was washed with oxygen water and plugged with iodoform gauze, while the patient was recommended absolute immobility. The following day all the signs of a large effusion of blood in the right side of the thorax were present. Subdelirium accompanied by præcordial anxiety being remarked during the night, an injection of morphia was given, and in two or three days the effusion began to be absorbed, and finally the man recovered without any more trouble. The radiograph showed the ball to be lodged in front of the twelfth rib. The speaker said that he seized on this case to state in a few words the method to be followed in the treatment of penetrating wounds of the chest. Contrary to that which took place in penetrating wounds of the abdomen, for which the general tendency was to operate as early as possible, great reserve should prevail. Not only was it not necessary to interfere in the majority of cases, but the patient should be the least disturbed possible. He should be examined with extreme discretion, as the simple moving to practise auscultation might be fatal to him. The patient should not be placed in the horizontal position, but rather half sitting up, so as to facilitate the laboured respiration. Against the hæmoptysis iced drinks should be given, and purgatives, when the first danger had passed. To allay the pain and the agitation injections of morphine were good treatment, and if great weakness is observed recourse should be had to injections of serum.

The patient should be kept on liquid diet as long as possible.

### PNEUMONIA AND CEREBRO-SPINAL MENINGITIS.

M. **RENDU** said that he had treated a child of 5 years who had been suddenly seized one night with severe rigor, followed by high fever and delirium. The following day she was in a comatose state, the pupils contracted, the pulse at 140, and the temperature at 106 degs. F. Nothing was observed at that time in any organ. The evening of the same day a bath at 92 degs. F. was given and an enema of eight grains of antipyrine, which produced abundant perspiration and a slight improvement of the symptoms. The treatment was kept up for four days and at the end of that time pneumonia of the apex of the right lung appeared. The cold baths were continued and soon an improvement of all the symptoms was manifest, but a few days afterwards the child presented all the signs of cerebro-spinal meningitis (stiffness of the neck, contractions of the jaws and limbs, the sign of Kering, rise in the temperature, &c.) At the same time the pneumonia reappeared, warm baths were substituted for the cold baths and four ounces of artificial serum were injected daily, small doses of calomel and bromide of potassium completed the treatment. A fortnight subsequently the child had fully recovered. The speaker concluded by saying that, although the direct examination of the cephalo-rhachidian liquid was wanting in this case, he believed that the microbe which provoked simultaneously the pneumonia and the meningitis was a pneumonococcus.

M. Netter said that he considered warm baths to be superior to cold baths in persons suffering from pneumonia complicated with meningitis. He obtained the cure of three patients by this treatment.

## Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, May 20th, 1899.

AT the Surgical Society, Hr. Benda read a paper on

### TUBERCULOSIS OF BONES AND ACUTE MILIARY TUBERCULOSIS.

He said that experience taught that general tuberculosis not infrequently followed operation for tuberculous disease of bones, and it was assumed that there was a direct connection between the operation and the succeeding disease, inasmuch as at the operation the veins of the bones had been opened and the tubercle bacilli had passed into the system through them. By Weigert's investigations and the proof of the penetration of the bacilli into the blood vessels, this assumption had fallen to the ground. Weigert had shown that penetration from a tuberculous centre took place into the great veins, or into the thoracic duct, and that no increase in the bacilli took place. From this arose a doubt as to whether disease of the bones afforded sufficient material for such a flooding of the system, and whether the small veins of the bones were large enough for the purpose. According to many authors, more remote penetration had also taken place, and penetration from diseased centres had been proved into a cerebral sinus. The speaker's own material consisted of three cases in which general tuberculosis had followed operations on bones. In all three cases penetration disease had been proved Two were cases of tuberculous coxitis, and one of caries of the vertebral column. In one case Weigert's tubercle of veins, and twice tuberculous endarteritis of the aorta and mitral valves were present. Here there was enormous growth of tubercle bacilli. But a conclusion here as to the relation of cause and effect between the operation and the subsequent miliary tuberculosis would be too hasty, as it was only an accidental one. From his searching investigation it was shown that the disease started in the intima of vessels. Here took place the first metastasis into the bones, and led to tuberculous disease into them, and also to the general tuberculosis. From this, therefore, there must be a limit to Weigert's conception as to relationships.

Hr. Felix Franke, Brunswick, related a case of

### Fibro-plastic Ostitis.

A patient was admitted into hospital with chronic articular inflammation; on the outside of the joint were puffiness and fluctuation. On opening the joint a peculiar change was observed. The lower end of the femur was softened, and for a distance of 10 to 12 ctm. converted into porous tissue; only on one side was a small lamella of cortex. The bone could be cut with the knife. There was fibrous degeneration of the bone; thick fibrous cords passed through the tissue, and enclosed small sequestra of bone. There was very rapid softening of bone, as the first symptoms appeared in April and in July the disease had progressed so far that operation was necessary. The patient stated that eight months before the commencement of the disease he had injured himself by falling on the knee. The diagnosis arrived at was fibrous ostitis, without new formation of bone, with subacute course, and probably in connection with injury. The ostitis was clearly of a bacterial nature, possibly set up by the influenza organism; the patient had suffered for a long time from symptoms of that disease.

Hr. Riese related a case of

### Pyelitis with Chronic Appendicitis

after an abcess on the right side with typhlitis. A large swelling formed on the left side, which palpation showed to be a renal tumour, then violent pain came on. After some time swelling went down. After several such attacks had taken place the speaker decided on excision of the appendix. At the operation a cord-like formation was found passing from the appendix abscess to the left ureter, leading to acute flexion of it, and retention of urine in the kidney, besides this, infection had taken place from the pus, so that pyelitis had occurred. Permanent recovery took place after removal of the cord-like structure and the appendix.

Hr. Dührssen read a paper on

### Simultaneous Disease of the Appendix and the Female Pelvic Organs.

He said it was the duty of the gynæcologist to treat other diseases of the abdomen in the course of operation for disease of the female pelvic organs. For years he had turned his attention to the relations of the gall-bladder, and also to changes in the vermiform appendix, which he had removed nine times in a total of 320 abdominal operations. He had noticed that in disease of the adnexa, appendicitis and attachments of intestine to the adnexa and the broad ligament were not infrequent. The appendicitis was always simple. Sometimes in the case of large pelvic abscesses he had removed the adnexa, the vermiform appendix, and the uterus. He recommended the incision in the linea alba.

Dr. Kummel, Hamburg, related

### Two Cases of Resection of the Discending Colon with Suture of the Transverse Colon to the Sphincter Ani.

The first case was a man of 20 suffering from high reaching carcinoma of the descending colon. The rectum and the diseased sigmoid flexure were removed. The transverse colon was then brought down and out through the anus, twisted and sutured in position. Recovery. The second case was that of a woman who had an artificial anus made fifteen years previously for carcinoma. The ulceration extended very high up. Resection was performed, the transverse colon drawn down, twisted, and sutured in as before. At first there was collapse, but the patient rallied. Then acute ileus came on and laparotomy was again performed. Two necrotic loops of intestine were found in the small pelvis; these were drawn out and resected. After some months the patient was discharged cured.

### The Kaiser Frederick Quelle (Soda Lithia Spring).

This spring, as is known, is at Offenbach on the Rhine. With great labour, and after long and persevering effort, a boring was effected reaching a depth of 275 metres, or not much less than 1,000 feet. At this depth an abundance of remarkably clear odourless sparkling water gushed forth, which, on being tested, proved to have useful medicinal properties. From an analysis by the well-known Professor Fresenius, of Weisbaden, and others, we learn that the water contains the carbonates of lithium, sodium, and ammonium, some sodium sulphates, and a relatively active quantity of sodium chloride. The water, therefore, may be designated as an alkaline saline, and it is principally distinguished among the group of useful mineral water by its relatively large percentage of lithium carbonates. It is further distinguished from others of the group by the small amount of contained am. carbonate, magnesium, bicarbonate, and free carbonic acid. On first coming from the spring the water is neutral in reaction, but it quickly becomes distinctly alkaline. Its absolute purity as regards germs is guaranteed by the enormous depth from which it springs.

## Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, May 20th, 1899.

### Lyssa Animalia.

Kraus read a report of the experiments which he, in common with Paul, has recently made on birds, with the object of testing how far the virus of hydrophobia is resisted by this class of animal. He finds that when the "subdural" membrane in hens, ducks, and geese is inoculated with the virus, the incubation lasts from eight to thirty days when a train of symptoms appears that reminds us much of the appearances met with in quadrupeds. There is a form of ataxia and paresis almost amounting to paralysis associated with these symptoms, but recovery is the general rule, while in quadrupeds it is the exception. Pigeons and crows seem to be quite refractory. The infected membrane of the bird cannot be made to transmit the virus to a guinea-pig.

### Hereditaria Tarda.

Berdach exhibited a young boy, æt. 16, with hereditaria tarda, which appeared three years ago in the form of periosteal thickenings on the tibia, the upper part of the arm, and left clavicular region. It may be noted that none of Hutchinson's trias, such as formation of teeth, otitis interna, or keratitis parenchyma, were present. Father and mother were decidedly syphilitic before the birth of the child. No symptom of a secondary stage seems to have been present.

### Anchylostoma Duodenale.

Hugo Goldmann, who is medical officer for the "Brennberg im Oldenberger" Company, read a long paper on the history, habitat, symptoms, and treatment of the disease.

The parasite was for the first time described in 1883, when it was found in the bowel of the human subject. Its natural habitat is Brazil, India, Borneo, and Egypt, which from the latter it derived the name of Egyptian chlorosis. In 1880, during the construction of the St. Gothard tunnel, the same malady went under the name of "tunnel disease," or mountain cachexia.

Since that time it has been discovered to exist more or less in works of this kind over the whole of the Continent.

The parasite is male and female, the female being fifteen millimetres long while the male is only ten millimetres. The latter is distinguished from the former by a bursa copulatrix and a spicula. Its colour is reddish brown, sometimes grey, and it has no segmental construction. The head is bell-shaped, supported by a chitine arrangement; the mouth capsule has four large ventral and two small dorsal teeth.

The bowel is almost straight, while the stomach is recognised as a dilatation in its centre. The seminal duct leaves the ventral part of the body about the middle. The ovules appear in a small irregular adherent mass which undergo segmentation and develop a larva which afterwards pass through a stage of cystation. After complete development the parasite, with its bell head, seizes the mucous membrane with its teeth through which it bores with a small stiletto. The duodenum is the usual site, but it is not infrequently found in the jejunum and ileum in enormous quantities, even exceeding 1,500.

The disease is usually ushered in by characteristic malaise, exhaustion, feebleness of the extremities, headache, flickering of the eyes, noise in the ears, increased flow of saliva, and pyrosis. The general appearance is anæmic, with sub-icteric colour associated with rapid emaciation. There is frequently dilatation of the heart, accompanied with a blowing systolic murmur. The abdomen is distended and tender to touch. The patella reflex is increased; pulse soft and averaging about 120; respirations, 40; temperature, 38½ degs. C., or 101½ degs. Fahr.; no albumen in the urine. A frequent warning is blood-coloured stools, in which the ovum may be discovered. The blood examination is sometimes chlorotic, although the hæmoglobin is increased. The eosinophile cells are in greater number, and the reaction of ptomaines can be obtained.

The prognosis depends very much on the constitution, although it is more severe in northern climates. As a rule it may be given as favourable if the disease be attacked energetically. Pulmonary tuberculosis is the chief danger,

The treatment is varied—thymic acid in doses of about one-tenth of a gramme in the form of an oblate after meals; extract filicis. max. in capsules, preceded by four-tenths of a gramme of calomel, is also highly recommended.

# The Operating Theatres.

## ST. PETER'S HOSPITAL FOR STONE.

Supra-Pubic Lithotomy in a Case of Large Stone and Enlarged Prostate Rendering Litholapaxy Impossible.—Mr. Swinford Edwards operated on an old man, æt. 72, who had been admitted for symptoms of vesical calculus. The patient had 10 years previously undergone lithotrity at the hands of the same surgeon. On sounding him a large stone was felt lying behind an hypertrophied prostate. An endeavour was made to crush the stone by means of the largest lithotrite which could be introduced (it was found impossible to pass Bigelow's large instrument) and although by this means large pieces were shaled off the stone, the calculus could not be fairly broken, therefore a supra-pubic operation was decided upon. Mr. Edwards tried to distend the bladder but this was found to be impossible as it would only hold about two ounces of fluid. A silver catheter through which the viscus had been injected was left *in situ* to act as a guide. On cutting down above the pubes, the bladder wall was found to be much hypertrophied; there seemed to be at least one-third of an inch of tissue thickness between the finger in the wound and the inlying catheter. The bladder was now incised, and the stone with some difficulty extracted owing to its size. Part of the circumference was found to have been broken off and lay in fragments around it in the bladder. All these were extracted by means of forceps and scoop after the stone itself had been removed. A large rubber drainage tube was now inserted, and the bladder freely flushed out with boracic acid solution. The tube having been made fast to the parieties, the upper and lower extremities of the wound were brought together by silkworm gut sutures, two sutures of the same material having previously been employed to bring together the abdominal aponeurosis. Mr. Edwards commented upon the enormously thickened bladder wall, and upon the conformation of the interior of the viscus: he found on introducing his finger that the base with the posterior wall was practically divided into two compartments by an enormously hypertrophied inter-ureteral bar which thus divided the deep post-prostatic pouch from the post-trigonal pouch, the prostate around the vesical orifice was found to be enlarged and bossy. He remarked that having failed to pass an instrument sufficiently large to crush the stone, two courses appeared to be open to him, one being a perineal lithotrity, and the other the one he had selected. His reasons for preferring the latter to the former were that he considered it a better operation where the prostate was so hypertrophied. In cases of a large stone which cannot be crushed, and in which the prostate is not appreciably enlarged, he considered that a median perineal cystotomy with crushing of the stone *in situ* is a better operation than the supra-pubic cystotomy as it affords better drainage. The stone was smooth excepting where the outer surface had been chipped off by the lithotrite, it was evidently composed of uric acid, and its weight was estimated at about three ounces.

## MIDDLESEX HOSPITAL.

Relapsing Appendicitis. Appendectomy.—Mr. Andrew Clark operated on a strong, healthy-looking girl, æt. 25, who had been admitted for continuous pain in the right iliac region; she had suffered from a similar pain some months before, but had recovered under medical treatment. After admission on the present occasion, although vomiting was persistent for a few hours the pain partly subsided with rest, but was still most marked at McBurney's point, and although the symptoms of the acute attack quite disappeared after a few days there still remained slight rigidity over the right iliac fossa; there was no pain nor tenderness, and no fever. The patient was anæsthetised, and an incision 3 inches long made over the region of the appendix. On introducing the finger; the appendix was immediately felt and drawn to the surface. There were no adhesions. The appendix looked thickened and baggy. The mesentery of the appendix was transfixed and ligatured, and the process itself removed about half an inch from the cæcum, its peritoneum being dissected by a circular incision and stripped up, so that after the appendix had been ligatured and removed it could be sewn over the stump. The parts were then carefully swabbed with weak perchloride of mercury, the abdominal wall sewn up layer by layer, and the wound closed with collodion. Mr. Clark remarked that this was a case in which appendectomy had been determined on after the patient had had two distinct attacks, and, looking at the part removed, it would be seen that it was a case in which the operation was likely to be of the utmost benefit to the patient, for although no concretion, or indeed any evidence of disease beyond its puffiness could be observed, even after removal, yet on laying it open, the canal half an inch beyond where it was examined was found to be distended with pus; this would most assuredly have set up fresh trouble soon after the patient began to get about again. The operation itself, he pointed out, was about as simple as it could be, and gave rise to no difficulty in its performance. The case, he thought, rather tended to confirm the opinion of those who say that it is wisest to remove the appendix after a single attack, and not to wait until inflammation has occurred outside the appendix and given rise probably to localised suppuration.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 24, 1899.

## MEDICAL JURISPRUDENCE OF INSANITY.

This wide and much debated question, like the poor, is ever with us, and we are accustomed to hear many extreme views propounded, and sometimes not without reason. Professor Richard Brown, St. Mungo's College, Glasgow has, in the *Law Magazine and Review* for May, taken up the cudgels and fought the battle from a lawyer's point of view. We do not remember to have heard some of the arguments here given so emphatically, by any other lawyer, though it is conceivable that not a few legal luminaries have had them in their mind's eye. The article is written *apropos* the appearance of a recent work by Dr. Clevenger, of Chicago. It is somewhat on the lines of Isaac Ray in America, and Maudsley in this country. Professor Brown runs foul of Dr. Clevenger at the outset, and we confess to some approval of his strictures on what seems a rather pedantic utterance. Clevenger opens thus:—"Precisely as the exactness of modern research in the field of mental disease is demonstrated to intelligent jurists, so will there be improvement of the common and statutory laws relative to insanity." Brown retorts, "We take this to mean that every change in the medical view of insanity must be accompanied by a corresponding change in legal responsibility. In other words, every departure from the normal, which justifies a medical man in declaring a person insane, absolves that person from the legal consequences of a criminal act." This is, perhaps, too free a rendering, and the word *justifies* begs the question. If the diagnosis is justified then Professor Brown has no case. It is much too soon, however, for Dr. Clevenger to speak of *the exactness of modern research in the field of mental disease* as a medico-legal quantity, whatever we may say of it in the histological department of the same field. The lawyer's view is that "writers like Dr. Clevenger view the law only from the standpoint of medicine, and ignore the true object of legal punishment which is the safety and security of society," or in the words of the old Scottish indictment "that others may be deterred from committing the like crimes in all time coming." And yet crime does not cease! What then is the efficacy of the remedy. He holds strong views on the subject of so-called moral insanity, or moral imbecility, and with these we strongly sympathise. Here the physician is apt to go beyond the physician's province, and talk of responsibility which is really a judicial question. In the case of innate depravity in contradistinction to moral imbecility—if any such distinction can be drawn, Ray says, "the law must take its course," but Professor Brown adds, "We may fairly ask whether it is not quite as open to the man of 'innate depravity' to say 'I could not help it,' as to any 'moral imbecile.'" He thinks, and, we fear, truthfully, that sympathy does enter into the medical treatment of such cases. "On the one hand, the presence in the community of strong personal or sympathetic feelings often excites an unreasoning fury against the perpetrator of an atrocious crime. . . . On the other hand, we sometimes lose sight of the wrong done, and allow our sympathies to concentrate themselves upon the circumstances and surroundings of the criminal." With such views we must, to some extent, concur, and medical men, and especially asylum medical men, will find this review a wholesome and helpful one.

Unfortunately, medical expert evidence is not yet regarded with the unqualified favour that it might receive if medical men themselves were careful not to take sides in a case, as they are apt consciously, and often unconsciously, to do.

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## THE SELECTION OF ENGLISH POOR-LAW MEDICAL OFFICERS.

We have received a circular letter calling attention to the special circumstances attending the recent appointment of medical officers by the Bradford Board of Guardians which raises several questions of general interest. It is asserted that the guardians have departed from the time-honoured custom of throwing such posts open to competition, and have, instead, selected two particular medical men, excluding applications from other practitioners. There seems to be a considerable amount of commotion among the medical profession in Bradford at the present time in consequence. We are not quite sure that we understand the precise merits of the controversy which appears to have divided the profession in the stirring democratic city into two or more camps; but so far as we can gather, there seems to have been a considerable amount of difference of opinion on the question of abuse of the medical charities. Some members of the profession hold that there is gross abuse of the charities, and strenuously assert that many persons, well able to pay for medical services, persistently, and for many years past, have made use for private purposes and from sordid motives of funds collected, avowedly for the relief of the poor of the city. Other members of the profession, on the contrary, allege that while, no doubt, some amount of abuse may be shown to obtain in the distribution of the relief given by the medical charities, that abuse is no greater than must necessarily attach to all charities while human nature continues to be what it is, a little too much inclined to selfishly grasp to itself what was intended for less favoured parties; but they say that on the whole no great amount of abuse has been shown to exist. Naturally, perhaps, the outside practitioners seem to take the former view, while the members of the various hospital staffs seem to incline to the latter. There are numerous exceptions, no doubt, and probably a good deal more will be heard on both sides respecting the merits of the controversy and the various facts of the case. The question is by no means settled, and we are not yet in possession of sufficient materials to enable us to form an opinion. But one great fact seems to be certain—viz., that on this question the divergency view has been so great that a great many medical practitioners, while they do not seem to have left the older medico-ethical society, in whose deliberations they still take part, and at whose meetings they vote, have yet thought it advisable to found a new society called the Bradford and West Riding Medical Union, and it appears to be the secretaries of this new society who have issued a circular convening a meeting of the whole profession in Bradford and the district. The meeting was duly held, and was very largely attended. Certain medical practitioners appear to feel aggrieved that the guardians have made appointments to posts paid for out of the ratepayers' money without throwing those posts open to public competition. If this be so it is a view for which, in our opinion, much may be said. Probably the guardians are acting within their legal rights. No doubt they have been advised in this sense. We have no wish to question their right. But as to the expediency of the course they are taking surely much is to be said. We have not a word to say against the gentlemen they have appointed, or as good as appointed. No doubt their standing, if somewhat youthful, justifies the confidence, the "complete confidence," which the guardians are said to repose in them. Neither do we even say, if the guardians "offered" these gentlemen the appointments, as we are told they have done, the gentlemen were bound to raise any difficulty as to accepting them. That was a question which appealed to their discretion. Both Dr. Campbell and Dr. Crowley withdrew on a previous occasion for reasons which, at that time, seemed convincing, but which do not now seem adequate to Dr. Crowley. But it does seem strange to us that "eminent local physicians, surgeons whose knowledge and skill involve them in being summoned in a consultative capacity," are not thought good enough by the guardians to be allowed even to compete for the posts, although evidently the general public think them good enough to be called in in consultation with their own family attendants. That general public, as ratepayers, contribute to the payment of the salaries of the gentlemen who are thus thought so supremely fitting for the new posts that no others need apply, even if they are willing to do so, which, of course, may or may not be the case. Perhaps the practitioners in question may be too busy to do the work of the new posts properly. But if so, they would not apply for the posts. If they did apply it would be because they felt they were able to find time to do the work. Surely that is a point which might have been left to their own discretion. But if ratepayers call in consultation with their family attendants eminent local practitioners, when their own lives are at stake, it is curious that they should think those same practitioners ought to attend to the lives and health of paupers in the workhouse. Of course the eminent local practitioners might not have wished to apply for the posts. But on what grounds of public utility should they have been prevented from doing so, if they did wish? On this point no information appears to be offered. It may fairly be asked whether the guardians, in the exercise of their authority, and in their discretion as representatives of the ratepayers, have been sufficiently careful in this matter to avoid even the appearance of jobbery or of favouritism, of which we do not, indeed, accuse them in this case, but which it is quite evident might, in other circumstances, be construed in such a sense? There is another aspect of the question which is evident even to the lay mind, since the *Bradford Observer* refers to it. Physicians and surgeons who do not take general practice are dependent for a large part of their practice on the goodwill of general practitioners. Do the gentlemen in question sufficiently realise how much they may be affected in the future by a feeling or by a possible feeling in the minds of practitioners who might call them in in consultation, that these very men were depriving the practitioners of emoluments and of offices, which they might think ought to have been filled by themselves? This is a very grave question, indeed, for Dr. Crowley and Mr. Hall. Are we to understand that, in a district so rich as Yorkshire and as cities in the West Riding, competition in the medical profession is so keen that pure physicians and pure surgeons actually accept appointments which practitioners have been in the habit of filling? If so, may not the practitioners in self-defence proceed to inquire whether there is, after all, so much in a name as has been supposed, and whether a so called pure physician and pure surgeon is any better for the purpose of helping the general practitioner than the "eminent local physicians and surgeons" whom they have been in the habit of consulting! Is not one of the chief reasons why there are pure physicians and pure surgeons at all, because in no circumstances will such men compete with general practitioners? And if so, may not the practitioners think that in transferring their consultations from eminent local practitioners to pure physicians and pure surgeons, they may have escaped one form of competition indeed, only to fall into another quite as grave, or even more so? We shall await the issue of the position in Bradford with some interest.

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## GONORRHŒAL SALPINGITIS AND ITS PREVENTION.

The recognition of the far-reaching effects of gonorrhœa in the female constitutes quite a recent addition to our knowledge of the subject. At one bound gonorrhœa, formerly regarded as almost a trivial disease when it affected the female generative organs, has come to be regarded as a potential factor in the production of far-reaching and grave consequences. Our information on this subject is still far from complete, and great interest, therefore, attaches to the record of collective investigation and experience such as we are enabled to offer to our readers in the papers read and discussed at the last meeting of the British Gynæcological Society. Mr. J. W. Taylor, of Birmingham, brought forward an interesting series of cases pointing to conclusions which embody sundry elements of novelty, notably in respect of the often unsuspected association of syphilis and gonorrhœa in the same subject. He has found as a matter of experience that in cases of salpingitis it is oftener much easier to elicit a history of syphilis than of gonorrhœal discharge. We are justified in supposing that gonorrhœa cannot be the only factor at work in the production of this serious complication. otherwise it would be much more frequent than it is, though it cannot be described as at all rare. It may be that the co-existence of syphilis is the missing and hitherto overlooked factor, though at present this does not amount to more than a surmise. Mr. Foulerton, who has collated the notes of 499 cases of pyosalpinx bacteriologically examined, finds that the actual presence of the gonococcus was only demonstrated in about 19 per cent., but evidently this proportion cannot be accepted as evidence that the gonococcus was only to blame to that limited extent. In many instances other organisms were found, due to infection from without, or from the adjacent and sympathetically inflamed intestine. It is only fair to assume that in many cases the gonococcus, having lighted up the inflammatory process, dies out, either from want of nourishment or poisoned by its own excretory products. One noteworthy point to which attention was called by Mr. Taylor was the greater amenability of treatment of gonorrhœal salpingitis in syphilitic subjects, a result which obviously admits of several interpretations. This brings us to the question of the treatment of the originating gonorrhœa, and there seems to be a general consensus of opinion that the disease is not treated in general with the seriousness it deserves. It is not the vulvar or vaginal inflammation which constitutes the direct source of the mischief, but the infection of the cervix of the uterus whereby the inflammatory process gains an entry into the more internal parts. It is not unlikely, as suggested, that treatment directed to the cervix, when found on vaginal inspection to be infected, might stay the further progress of the morbid process and save the tubes from implication. The routine treatment by vaginal irrigations can obviously have no effect on the inflammatory process when once it has gained a footing in the cervix, and nothing short of drastic local measures can possibly be attended by any measure of success. Another point in the treatment which merits more than passing attention is the alleged efficacy of anti-syphilitic treatment even in cases where no syphilitic history can be elicited. The administration of mercury associated with the application of either mercury or nitrate of silver to the cervix is claimed to go far in arresting the disease in its initial stage, and these are points which the practitioner ought to bear in mind. Of course, when we are discussing the *prevention* of a disease the results are open to criticism, because only the results of observation on a very large scale will enable us to affirm an unquestionable beneficial action. Inasmuch, however, as the treatment conforms to one's theoretical notions it is sure to command respect, and we cordially commend to the consideration of our readers the interesting and instructive discussion which followed the papers published elsewhere.

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Dr. W. Senn, of Chicago, has come forward as a candidate for the Governorship of Illinois, on the Republican ticket, whatever that may mean.

# Notes on Current Topics.

## The Bacteriology of Meat Infection.

THE comparative frequency of cases of poisoning by alimentary products, vaguely described as ptomaine poisoning, gives a peculiar interest to the real nature of their causation. The subject as a whole is involved in very great obscurity, partly due to the fact that our knowledge of the intimate processes of albuminous disintegration is notoriously incomplete. Another difficulty arises from the fact that these processes are very fugitive and run through their various phases with great rapidity. It is probable that the deadly chemical substances which are responsible for the grave symptoms that sometimes follow the ingestion of tainted meat are transitional products, here to-day and gone to-morrow, so that they often baffle all attempts to demonstrate their existence, There is reason to believe, moreover, that the somewhat clumsy methods of research at present employed in these investigations are ill-adapted for the detection of such unstable bodies as the incriminated toxins. Considerable interest, therefore, attaches to the researches brought last week before the Pathological Society by Dr. Durham, who has attacked the problem from quite another standpoint. Thanks to the publicity given to Widal's reaction for typhoid fever, most people are by this time familiar with the phenomenon known as "clumping." Briefly stated, clumping is the tendency displayed by certain micro-organisms to group themselves when, to the fluid containing them, is added the serum of an animal which has been immunised against these particular microbes. It follows that if the serum of a patient who is suspected to have been affected by a particular microbe, gives this reaction with a culture of the incriminated microbe, we should be justified in inferring that the suspicions were correct. There remains the question whether the symptoms caused by the ingestion of tainted food are due to infection by the living organism or are really symptoms of intoxication by the products which it elaborates. The balance of evidence is in favour of their being cases of infection, but we are still only on the threshold of the subject, and much painstaking research is still necessary before the precise significance of these various phenomena will be made clear.

## The Surgeon's Wardrobe.

UNDER the stimulating influence of a firm belief in the gospel of antisepsis many modifications in the apparel of the operating surgeon have been suggested, and some of them have actually been carried into practice. It is not so very many years since that the hospital surgeon put on his oldest coat before taking the knife in hand, but that ill-conditioned, greasy, and blood-stained garment has been relegated to the dusthole and its place taken on self-respecting surgeons by a clean linen overall. The apron has not yet become acclimatised in this country, though its use is universal elsewhere. More recently it has been urged that the surgeon ought to have a clean-shaven face in order that the dust from beards and moustaches should not fall upon and infect the patient. Failing this, he is advised to wear a mask. The latest crank of this kind is the proposal to operate in rubber gloves. What a prospect for the future! Dressed in a shiny pink dust-proof overall, with a mask coloured to fancy, and wearing rubber gloves, the surgeon of the twentieth century will be an object, if not of beauty, at any rate of curiosity. Let us hope in defence to the patient's susceptibilities that when arrayed in full canonicals the surgeon of the future will not come upon the scene until the patient has been mercifully rendered unconscious. Otherwise the element shock will certainly have to answer for an increase in the mortality after operations.

## Hospital Reform.

THE burning theme in the rank and file of the medical profession is the abuse of hospitals. So it has been for the last score of years, and so it will continue to be, so far as one can judge, for many a year to come. This being the case it is not a little curious to see the half-hearted way in which medical men handle any movement which has for its end and aim the removal of that particular abuse. Here, for instance, is the Hospital Reform Association, moderate in tone, exact in method, with a comparatively scanty, albeit enthusiastic, following that tells volumes of the apathy of the profession. Well may philanthropists laugh the general practitioner to scorn, and go on swelling the already huge medical charities, and encouraging those who can afford to pay fees to contribute to the proceeds of the devastating hospital-monger. Last year it was pointed out at Edinburgh that the medical profession should be fully represented on the management of every medical charity in the United Kingdom. It is all very well to growl and grumble, but something more is needed, for that kind of thing never yet mended an abuse. The subscription to the Hospital Reform Association is five shillings, and the energetic secretary, as everyone knows, is Dr. Garrett Horder, of Cardiff. Every medical man who feels the stress of hospital competition—who that deals with the middle classes does not ?—will do well to join this movement. The mere mustering of medical practitioners, with a common object in view, is a desirable thing. There could hardly be a better inscription for the rallying business than that of "hospital reform."

## Wooden Water-pipes.

A RELIC of the good old times—we had almost forgotten our serious mission for the nonce and had written the good old "piping times,"—is now to be seen in some of our London streets. Lying by the side of the highway are numbers of moderately-sized lengths of tree trunks with a good sized hole bored through the centre. These are the water-pipes of our ancestors, but they have been replaced by iron in this progressive age, just as the famous wooden walls of Old England have given way to steel. In the light of the modern knowledge of germs it is interesting to speculate on what must have been the condition of water conveyed through several miles of decaying logs fastened together end to end. It would have been hard to invent a more perfect plan for fostering and breeding microbes of all sorts and conditions. Yet our forefathers lived through it all, that is to say, more or less of them survived, and that at a time when there was only a tithe of the surplus population about which we are all complaining nowadays. What better lodging could the merry microbe wish than the soft dark interstices of a water-logged wooden pipe? Yet the ways of microbes are manifold, and not by any means known to us yet in all their inwardness. Epidemics spread by water delivered through impervious iron pipes have been with us ever since the introduction of these pipes and filters! What old-fashioned wooden pipe could be worse for poisoning water than the average modern filter until we got the Pasteur porcelain filter type.

### Intestinal Worms and their Symptomatology.

The symptoms associated with the presence of parasitic worms in the alimentary canal are curiously inconstant. In some instances the symptoms are merely those which might be expected from the mechanical effects of their presence, but in others they determine constitutional disturbances which may assume a grave form, running on to epileptiform convulsions, and even syncope. It is customary to attribute these symptoms to "the reflexes," but this is merely a refuge for the destitute in the matter of diagnosis. A possible explanation may be found in the toxicity of the excreta of these parasites, as suggested by Mr. G. H. F. Nuttall in an American contemporary. Various observers have placed on record the existence of irritating properties in the tissues of certain varieties of intestinal worms, provocative of sneezing, intense conjunctivitis with chemosis when accidentally brought into contact with the eyelids, and even of œdema of the glottis and aphonia, when inhaled. It must be borne in mind that these parasites are living beings which discharge excreta like other living animals, and it is probable, though it would not at present be safe to speak more affirmatively, that these excreta may, under certain circumstances, either in the diet or the idiosyncrasy of their hosts, provoke constitutional symptoms of a toxic character.

### A Nurse's Action for Inadequate Instruction.

A rather novel action is being tried at the Bristol County Court, where an aspirant nurse is suing Dr. W. L. Christie for damages on the ground of fraudulent misrepresentation and breach of agreement. Dr. Christie, who is M.D. of New Zealand and F.R.C.S.Eng., is stated to be the proprietor of a private adventure cottage hospital at Bedminster, and to have advertised for young women desirous of being trained as nurses in exchange for a fee ranging from £5 to £10. The scope of the instruction may be inferred from the fact that three months' training was assumed to fit the probationer for the duties of district nurse. Lectures were to be given daily, side by side with practical instruction at the bedside. The plaintiff gave a lamentable account of the "hospital," which, it seems, is part of a house for which Dr. Christie paid fifteen shillings a week rent. There was no kitchen, and apparently only one ward, a room upstairs containing two beds, a cot, and a cradle. The plaintiff complains that there were no in-patients from January 19th to March 4th, no lecturer, and virtually no tuition at all, so she left. As the case is still *sub judice* we abstain from the comments which our pen itches to make, but whatever view the jury may take of the merits of the case the circumstances show in a clear and unfavourable light what a fallacious and utterly untrustworthy thing a "training" may be. Even if Dr. Christie had fulfilled his contract to the letter, let us suppose for argument's sake that he had done so, what would be the value of three months' training at such an institution? Really, not enough to enable the aspirant nurse to deal with the simplest case. We defer further observations until the case has progressed to the bitter end.

### County Councils and Quacks.

The Durham County Council has taken a decided step to deal with the rampant quackery prevailing in their district. They have framed a bye-law, the object of which is to deal with the vendors of quack remedies who infest the local towns, and swindle the public by inducing them to purchase their goods. Primarily, this new movement is for the purpose of protecting the local tradesmen, but it will do further good by protecting the public against themselves. If the public were not easily gulled the trade of the quack would soon cease, but a plausible quack can usually beguile an ignorant, unsuspecting, and confiding person into buying worthless and messy concoctions. We trust that the example here set by the Durham County Council will be followed by the other Councils throughout the Kingdom. It is certainly a step in the right direction.

### Consultants as "Cutters."

"Cutters" is a term of opprobrium applied in the world of pharmacy to those enterprising retailers who seek "small profits and quick returns," but it finds an application even in the medical world. The latest, and possibly the most objectionable, scheme which has thus far been foisted on the profession is that emanating from Birmingham. At the recent annual meeting of the Hospital Saturday Fund of that city it was proposed to engage the services of a physician and a surgeon at a princely salary of £500 yearly, whose privilege it would be to give consultations at half-a-guinea apiece to all and every. The scheme is grotesque on the face of it, and is based on an utter misconception of what constitutes a consultant. A reputation as consultant is not the necessary appurtenance of any medical or surgical degrees or diplomas. It is the outcome of a long period of hard work and gradually extending experience which ultimately place certain men in a position of superior knowledge and wider experience than is the lot of the average practitioner. When a man has attained that position his work is cut out, and he is not likely to solicit the doubtful honour of giving consultations at a hugely reduced fee. At the salary proposed the managers of the Fund can only hope to secure the services of ambitious young men who are postulating for the position of consultants, a status which they cannot as yet have attained. We can at present only touch on the more obvious absurdities of the scheme as a whole, but when we have an opportunity of considering the practical working details, as we propose to do shortly, the absurdities will become even more apparent.

### The London Chamber of Commerce and Secret Commissions.

The Committee of the London Chamber of Commerce have replied to the protest addressed to them by the Council of the British Medical Association, calling attention to the accusations made against medical men in regard to secret commissions which appeared in the public press some time ago. The reply is most unsatisfactory. The accusations are neither substantiated nor withdrawn. All that the Chamber of Commerce have admitted is that the information upon which their report on secret commissions was based was furnished them in confidence by a "pharmaceutical chemist," and "a jeweller, optician, and silversmith." That is to say, a series of most damaging statements are made against the profession on the testimony of two persons into whose *bona fides* in the matter the Chamber of Commerce have apparently taken no trouble to inquire. Nevertheless, the reply states that the Chamber of Commerce "believe that the information received by them fully justifies the statement" regarding the secret commissions paid to medical men. Surely, however, it would have been better if this commercial body, before believing anything, had taken the trouble to verify the statements made to them. We submit that in the absence of any confirmatory inquiries the accusations to which we allude cannot be regarded as anything else than worthless. Moreover, the Committee of the London Chamber of Commerce must see that they owe it to the medical profession either to withdraw or confirm the charges which they have made. If they cannot produce evidence in support of the latter, then they should have the common fairness to make the *amende honorable*, and withdraw what they have said.

### The Size of the Brain as a Measure of Intellect.

It is generally assumed that there exists a distinct relationship between the size of the brain and intellectual capacity. There are not wanting facts, however, which run counter to this view. One salient example is that of the late French statesman, Gambetta, whose brain only weighed 1,200 grammes. On the other hand, the heaviest brain on record is that of a London newspaper boy, whose brain weighed 2,400 grammes, in spite of the fact that he is stated to have been "a bit of an idiot." A brain weighing 2,340 grammes once belonged to a Scandinavian peasant, of whose intellectual status it may be said that "previous to the age of seventy he never showed signs of any extraordinary intelligence, and he has never shown any since." A female Indian dwarf had a brain which weighed no less than 2,200 grammes, being seventy grammes heavier than the brain of Tourgeneff, the celebrated Russian novelist. The average weight of the human brain has been variously put as from 1,500 to 1,650 grammes, and an analysis of the brain-weights of sixty intellectual men works out an average of 1 776 grammes, which is not much superior to the average. Evidently quantity of brain substance is of less importance than quality in respect of the possession of intellectual qualities of a high order. It is less the number of cerebral cells than the way in which they are grouped and connected up, and the facilities for prompt and efficient regeneration. These are conditions and processes which are for the most part beyond the ken of the physiologist, be he never so painstaking.

### Tuberculous Persons on Passenger Ships.

A communication in a morning contemporary last week drew attention to an important detail concerning the welfare of passengers on the large steamships carrying the mails to our Colonies and elsewhere. Upon some of the vessels it regularly happens that tuberculous persons are conveyed, generally those suffering from advanced phthisis, and no provision is made for their special isolation. That is to say they are placed in the same cabins with healthy passengers in which combined spaces, of course, especially during rough weather, the ventilation must be of the worst. A specific instance is related in which two cabins containing four berths each were occupied by one or more passengers suffering from advanced phthisis. Clearly in their own interests it would be advisable for the directors of the steamship companies to provide separate accommodation for tuberculous persons; the danger of infection is, perhaps, less on a sea voyage than would be the case under ordinary circumstances owing to the free presence of ozone. But of late so much has been said publicly regarding the infectiveness of tuberculosis that an element of sentiment has now been introduced into the matter, and the public have come to understand that they must avoid exposure to such infection at all hazards. We think that this feeling is the right one to encourage. The more care the greater safety. In the past there can be no question that much of the dissemination of tuberculous affections was directly due to the neglect of precautions against the conveyance of infection; consequently any step designed to prevent healthy persons from coming into contact with tuberculous ones under conditions favourable to the dissemination of the disease, should in these days receive every consideration and attention. We earnestly commend to the steamship companies concerned the urgent necessity of complying with the demands of the time in so far as the isolation of tuberculous persons is concerned.

### Is the Supply of Oxygen Coming to an End?

Lord Kelvin must plainly now be included among those disturbers of the public peace who promulgate unpleasant notions. In a word he has announced as the result of some researches that the supply of oxygen in the world is coming to an end. His conclusions is based upon the following facts. The total amount of combustibles in the world, in the form of gas, peat, and coal, has been estimated at 340 million million tons, and each ton of coal consumes during its combustion three tons of oxygen. Consequently, in view of this ratio, unless some other means can be discovered of obtaining power, long before the world's coal supply has been used as fuel, he holds that all the oxygen will have been used up which gives life to the fire. But in basing some remarks upon these facts an American scientist has "gone one better," to use a common expression. He does not hesitate to state expressly that it will be necessary in the future to resort to artificial air in order to preserve life. He believes that huge artificial air meters will have to be erected whence people will have to adjourn to draw their daily supplies of oxygen. Further that the only possible way of existing at all will be for both men and women to wear air helmets like those used by divers. But so far it will be seen that these pessimists have only considered the needs of mankind. What about animals? Under the shadow of an airless world no animals could exist, and as mankind has to consume animals in order to live, an airless world would be useless to men even if they found means to supply themselves with oxygen. Upon the whole, then, the matter need not be taken seriously—just for the present.

### What is the "Strumous" Diathesis?

We are within, approximately, a few months of the dawn of the twentieth century, and yet it seems there is someone desirous of retaining the use of the obsolete terms "strumous" and "strumous diathesis." Sir Dyce Duckworth, in his Harveian Oration last year, expressed himself to the effect that, in many cases neither tubercle bacilli nor caseous matter can be detected in the enlarged lymphatic glands of "strumous" individuals; but that the glands represent a good soil wherein tubercle bacilli may lodge and induce caseation should they gain entry, and hence he concluded that "the peculiarity of the lymph system justifies the use of the term 'strumous inflammation,' independent of the modern idea of tuberculosis." These being Sir Dyce's opinions, it would be interesting to learn from him his precise explanation of the pathology of the particular inflammation which he describes as "strumous." He claims that it is not tuberculous, or dependent upon the tubercle bacillus. But this is a curious position to take up, for the term "strumous" was introduced especially for the purpose of describing those forms of disease which we now know to be due to tuberculosis. If Sir Dyce Duckworth's "strumous inflammation" is not caused by the tubercle bacilli, by what is it caused? The question is merely one of pathology, and as modern pathologists have altogether discarded the obsolete term "strumous" for that of "tuberculous," which correctly describes the pathology of those diseases dependent upon tuberculosis, it is clearly a retrograde and antiquated step to endeavour to retain the former term. In a few years the word "strumous" will be almost forgotten; even now we doubt whether medical students of the present generation ever hear their teachers use it, for it has been displaced by "tuberculous," and what is "strumous" is "tuberculous," and what is not "tuberculous" is not "strumous."

### Anti-Vaccinationist Martyrdom.

Now that Mr. Balfour's ministry have provided an easy exit to the anti-vaccinationist by way of "conscientious objection," it is not a little amusing to see how some obstinate followers of the cult still insist on posing as martyrs in the police-courts. Too lazy or too stiff-necked to avail themselves of the device that has been contrived for their behoof with such sapient cunning, they fail to enter the necessary formal notice demanded by the Act. Then they are summoned to face the magisterial presence, from which they emerge sadder at the loss of a fine and prouder with the crown of a self-made martyrdom, but we fear hardly wiser men from their experience. Last week one of these obstinate subjects of the realm informed a London magistrate in so many words that he intended to put the law at defiance. He was promptly fined a sovereign and costs, and declared he had no money, and would go to prison for seven days in default, but he was allowed a week further in which to reconsider his decision. With this kind of behaviour one can have little sympathy. After years of clamour the anti-vaccinationists have persuaded—not to say coerced—the Legislature of this kingdom to grant them a concession that is condemned by practically the united voice of the medical profession as fraught with danger for the future. Those who choose to go to gaol in spite of this sop to their ignorant faddism cannot be said to deserve a better fate. The man who defied the law before the Balfourian loophole took up a position that we could comprehend; but now—well—we shall have more to say when the next epidemic of small-pox is within the walls.

### A Curious Case of Intestinal Obstruction.

At the recent meeting of the German Surgical Congress, Rehn, of Frankfort, reported a curious case of intestinal obstruction. The patient was a servant girl, 25 years of age, in whom he had occasion to resect part of the small intestine. She made a good recovery and returned to her work, but four months later she came complaining of severe abdominal pain and constipation. The symptoms ultimately developed into those of acute intestinal obstruction and abdominal section had again to be performed. At the operation the obstruction was found to be due to a gauze compress. The mystery, of course, was how the foreign substance had come to be located in the intestine. Rehn thought it highly improbable that the compress had been accidentally left behind at the first operation, and had lain for four months without giving rise to any symptoms; and yet the only other solution to the mystery remaining was that the patient had swallowed the compress. There was, however, no history whatever of this having occurred, and it is very difficult to believe that the patient could have done any such thing. Thus the mystery remains unsolved, the case being one having many points of interest.

### Dogs and Hospitals.

**WHATEVER** hospitals may have done for dogs, the time seems now to have come when dogs will be called upon to do something for hospitals. An experiment is about to be tried at the Royal Free Hospital of holding a medical dog show in aid of the building fund of the London Medical School for Women. Qualified practitioners, members of the teaching staffs of the medical schools and medical students are invited to send their canine friends for exhibition. Again champion dogs will be on exhibition as a special feature of attraction. The day fixed for the show is Saturday, June 3rd, between the hours of half-past one and seven o'clock p.m. All those who desire further information thereupon should communicate with the Honorary Secretaries, 8, Hunter Street, Brunswick Square, W.C.

### Alkaptonuria.

**ALKAPTONURIA** is the term applied to a curious abnormality of the urine which, though apparently very rare, is of considerable interest to the physiological chemist. The most salient feature of the urine in these cases is that, although of normal appearance when passed, it promptly acquires a deep brown colour on exposure to air. This coloration is greatly intensified by alkalies, and although no sugar is present the urine reduces Fehling's solution. The first instance of the kind on record dates as far back as 1822, when Dr. Alexander Marcet read an account of a case before the Medical Chirurgical Society, the patient being an infant only eighteen months of age. Since that time some thirty-three cases have been published, including four observed by Dr. Pavy. In a paper read at a recent meeting of the Royal Medical and Chirurgical Society, Dr. Garrod called attention to the principal features of this curious and rare affection. We call it affection, but in point of fact its presence does not appear to be incompatible with good health. It is much more frequent in males than in females, in the proportion of twenty-three to eight. The phenomenon sometimes shows itself early in life, sometimes even from birth, it is sometimes constant, but occasionally intermittent. Although it may present itself in several members of the same family it does not appear to be transmissible from one generation to the following. Dr. Garrod's researches point to homogentisinic acid as the one constant abnormal substance present in alkapton urines. This substance in an alkaline medium displays a marked affinity for oxygen, with which it combines to form a dark pigment. It is quite possible that this condition is more frequent than might be supposed from the foregoing figures, but that owing to one's ignorance of its nature that it has escaped recognition.

### The Council of the Royal College of Surgeons, England.

**FROM** several points of view the election of councillors of the Royal College of Surgeons this year will be remarkable. First of all. there will be only two vacancies open for competition, and each of these will be competed for by the present holders of the appointments. Next, Sir William MacCormac, whose term of office expires this year, by whom the third vacancy would have been created, happens to occupy the Presidential chair, this office being a yearly one, which terminates after the Council election in July. The bye-laws provide that under circumstances of this nature the President shall continue as a member of the Council for a year after the expiration of his ordinary term. Thus, if Sir William MacCormac has the honour again conferred upon him this year of being elected President, he will still find himself a member of the Council for another year in 1900. The retiring members are Mr. Jessop, of Leeds, and Dr. Ward Cousins, of Southsea, the President-elect of the British Medical Association. It is also worthy of note that no councillor has died, so far, during the collegiate year, which will close on June 30th next. However, apart from these facts, the probability is that the election will prove tame and devoid of any excitement. Only on very rare occasions has it happened that a retiring councillor who seeks re-election has been unsuccessful; consequently under these circumstances it is probable that aspirants for the Council will forego a contest this year, and wait for a more favourable opportunity of securing the suffrages of their constituents.

### The Midwives Registration Bill.

**THIS** measure, with many others of greater merit, may be regarded as lost for the present year. It was talked out by Sir William Priestly, its leading advocate, but was really killed by Mr. T. P. O'Connor. As the Government have made it known that, after Whitsuntide, all the time of the House must be given to Government business it is pretty certain that the profession and the midwives will have another year to devise a *modus vivendi.*

**DR. THOMAS GREGOR BRODIE**, of St. Thomas's Hospital, has been elected by the Royal College of Physicians of London, to be director of the Conjoint Research Laboratories on the Embankment. Dr. Brodie was elected by the Royal College of Surgeons in April last.

Mr. Howard Marsh, F.R.C.S., of Bruton Street, W., is to be married in July to the daughter of Admiral Sir John Dalrymple Hay.

Dr. Edward Ward has been appointed to succeed Mr. Mayo Robson when the latter resigns the post of Professor of Surgery to the Yorkshire College on July 31st next.

Mr. William Stoker, Professor of Surgery in the College School, has announced his intention to offer himself as a candidate for a seat at the forthcoming election of Council of the Royal College of Surgeons in Ireland.

Mr. Edward P. Wills, who had previously given the magnificent sum of £20,000 to found the Bristol Jubilee Convalescent Home, has added another contribution of £5,000, suggesting that the total fund for endowment should not be less than £100,000, of which £80,000 have been already subscribed.

A memorial, with the signatures of Sir Jas. Crichton Browne, M.D., Sir Hy. Thompson, F.R.C.S., Mr. Anderson Critchett, F.R.C.S.Ed., Mr. E. Nettleship, F.R.C.S., &c., has been presented to the Local Government Board, with the view of stopping the degradation of charity school children by begging of passers-by on Derby Day.

Dr. Moir, who was familiarly known as the father of the Royal College of Physicians, died in Edinburgh last week at the advanced age of 91 years. Dr. Moir was born in 1808, in a French prison, where his father, a naval surgeon, who had been captured during the great war, had been joined by his wife. When his father regained his liberty, he settled in Edinburgh, and John Moir studied for the medical profession, and obtained his degree in 1828.

Sir Frederick McCoy, Professor of Natural Science in the University of Melbourne, whose death is announced by cable, was the acknowledged chief of the scientific world of the southern hemisphere. Formerly Professor in Queen's College, Belfast, he was appointed forty years ago to the chair of natural science in the then newly founded University of Melbourne, which he has occupied ever since. He was a F.R.S., D.Sc.Cantab, and the recipient of countless honours from foreign sovereigns and scientific societies. Eight years ago he received a knighthood.

## Scotland.

[From our own correspondent.]

A Medical Moderator.—Each year during the month of May, the Thursday on which all Edinburgh holds holiday in honour of Her Majesty's birthday, sees the inauguration of the annual Assemblies of the Church of Scotland, and the Free Church's parliaments. The Established Church representatives enter on their yearly conduct of business under Royal auspices, the Queen opening their Assembly in the person of a Lord High Commissioner; the Free Church meeting opens more quietly, but both have their Moderators, or presidents, elected for the year from among the ranks of their ministers. The Moderator of the Free Church Assembly who has been thus honoured by his brethren is the well-known medical missionary, the Rev. James Stewart, M.D., Hon. F.R.G.S., of the Lovedale Institute in Cape Colony, Africa, he having been elected Moderator of the Free Church Assembly. The friend and companion of the famous Scotchman, Livingstone, Dr. Stewart has done more than any other man for the good and welfare of the African races and against the evils of the slave trade. The election of a medical missionary to the highest office his Church can bestow is an encouraging sign of clerical tolerance and large-mindedness. Only one other medical man has, as far as we know, occupied the chair as Moderator at the annual deliberations of the Scottish Presbyterian Churches. Principal Lee, who filled the office for the Established Church about sixty years ago, possessed a medical as well as a divinity degree. Sir William T. Gairdner wrote a letter to the Edinburgh *Scotsman* last week, mentioning his recollections of Dr. James Stewart as a medical student, and directing attention to the interesting circumstances attendant on his present position.

Our Infirmaries.—For some time past the Royal Infirmary has been in a state of "hot water," but it is not now singular, as another city infirmary has its bone of contention also. The directors of this latter recently appointed a deputation in order to visit a number of the leading hospitals in England and ascertain the best methods both of sanitation and antiseptic treatment. The deputation, it is stated, spent £36 on their trip and no doubt enjoyed themselves, but their pleasant dreams are being disturbed and converted into nightmares brought about by the murmurings of the staff, because the deputation consisted entirely of laymen; we certainly agree and sympathise with the staff, and it does seem a very extraordinary procedure to send a number of laymen directors on such an important errand without the inclusion of at least one of the staff, either medical or surgical, or preferably one of each. Unfortunately, the lay directors have generally the notion that the medical and surgical staff have little or no right to suggest as to improvements or otherwise in reference to the infirmaries. The surgeons are appointed for the purpose of cutting off limbs and for the treatment generally of injuries; the physicians, for the purpose of prescribing pills, potions, and boluses, and carrying out the behests of the lay members generally, but not to participate on such festive occasions or trips: they must simply be controlled and be contented with Bumble, an individual which every infirmary seems to possess.

A Strange Claim.—A person by the name of John Lamb Thomson raised an action against Dr. Devon, Medical Officer of H.M. Prison, Glasgow, claiming £500 as damages for an assault alleged to have been committed on him by the defender on December 20th, 1897, when the plaintiff was a prisoner in Duke Street Prison, Glasgow, the assault consisted in the plaintiff while a prisoner being vaccinated by the defendant. The trial lasted four days, and the sheriff-substitute found in favour of the defendant with expenses. To this decision the plaintiff appealed, and the sheriff has confirmed the decision of the sheriff-substitute, and with additional expenses.

## Obituary.

### JOHN MOIR, M.D., F.R.C.P.E., F.R.S.E., OF EDINBURGH.

Edinburgh has just lost the *doyen* of her medical men, the late Dr. John Moir, at the advanced age of 91 years. Born in prison, his after-life belied such an inauspicious beginning. His father was a naval surgeon, and in 1808 was a prisoner of war in the French fortress of Verdun, where his wife had joined him some time before, to share his trials. In 1827 John Moir obtained the licence of the Royal College of Surgeons of Edinburgh, and a year later, when 20 years of age, became an M.D. of Edinburgh University, becoming a Fellow of the Royal College of Physicians in 1837. For many years he was one of the leading obstetricians in Edinburgh, and even up to a short time before his death interested himself, despite his burden of many years, in medical matters and philanthropic schemes. Of a deeply religious temperament, he was an energetic adherent of the Free Church of Scotland, and a moving spirit in all missionary ventures. He was one of the original founders and directors of the Edinburgh Medical Missionary Society, indeed with his death the last of the original directors has departed this life, while the names of some of his sons are enrolled among the most successful medical missionaries trained and sent out by that excellent institution.

John Moir performed his life's long work without fear and without favour; an honest, trustworthy physician, content to win the regard of men by upright and honest endeavour rather than by any striving after personal publicity.

### MR. H. B. HEWETSON, F.R.C.S., F.L.S., OF LEEDS.

The death of Mr. H. B. Hewetson, ophthalmic and aural surgeon to the Leeds General Infirmary, removes not only a surgeon whose work was well known in the provinces, but one who gained for himself a wide reputation for his knowledge of that most fascinating of subjects Natural History. He was a Fellow of the Linnean, the Royal Geographical, and the Zoological Societies, as well as a member of the Ornithological Union. Furthermore he was an artist of some repute, and found time to do much travelling. No one could have taken up so many subjects in science and art, as the late Mr. Hewetson did, and excel in them, without having an abundance of natural gifts; hence, in his way, he was a genius, and his loss, therefore, will be the more keenly felt by all of those who profited by, and valued, his acquaintance. The gap in the community which he has left will be a difficult one to fill.

## Correspondence,

We do not hold ourselves responsible for the opinions of our correspondents.

### THE "DOSSIER SECRET" OF THE LONDON CHAMBER OF COMMERCE.

*To the Editor of* The Medical Press and Circular.

Sir,—The London Chamber of Commerce holds a secret inquiry, the names and the precise allegations of the witnesses are not published, and no facility is afforded for cross-examination, even so much as would bear on the *bona-fides* and respectability of the witnesses. This is precisely the procedure that has paved the way to all the lies, forgeries, and wickednesses of the Dreyfus affair—yet on evidence not an iota more trustworthy than that for which Dreyfus was sent to the Devil's Island the London Chamber of Commerce, with a colossal disregard for the most elementary principles of fairness and common courtesy, make certain grave accusations which cannot be, or at any rate have not been, substantiated.

Allegations made by a body of men so impervious to reason and fairness may well be disregarded. They may be sincere, but are indiscreet in their action, or it may be merely the proverbial red herring to divert public attention from the Chamber itself.

I am, Sir, yours truly,
A Non-Commissioned Practitioner.

### THE BIRMINGHAM CONSULTATIVE INSTITUTION.

*To the Editor of* The Medical Press and Circular.

Sir,—Judging from the tone of Dr. Saundby's letter in a contemporary he evidently thinks that no one outside the Midland metropolis is entitled to make any remarks on the question at issue.

The Hospital Reform Association, with the idea of lessening the amount of abuse that exists, more especially in the special hospitals and in the special departments of general hospitals, made a definite recommendation to the effect that it was desirable to provide an Institution where people of moderate means could obtain the advice of specialists at a reduced fee. The Council were of opinion that such an institution should be established on strictly business lines, and that to prevent well-to-do people from obtaining advice at it it should be made an absolute rule that every patient should bring a note from a medical man, stating that he (or she) was not in a position to pay the ordinary fee of consultants.

As one who has watched the attitude taken up by many of our hospital physicians and surgeons, one cannot help noticing the amount of zeal thrown into the opposition to this proposed Consulting Institution by the leading consultants of Birmingham, and compare it with the apathy shown by the same gentlemen when the question of hospital reform was brought under their immediate notice a year or two since. As I remarked in the ***Birmingham Daily Post,*** the idea of paying his consultants a fixed sum per annum for their services is most objectionable and ought not to be permitted.

I may remind you that Birmingham is a city where the percentage of out-patients to the population is a very high one; and also that in spite of a very efficient and exhaustive inquiry in the year 1892 little or nothing has been done to reform the system of out-patient relief.

I am, Sir, yours truly,
T. Garrett Horder.

Cardiff, May 20th, 1899.

### THE APPOINTMENT OF POOR-LAW OFFICERS.

We have received from Drs. Crowley and J. Basil Hall a communication in which they point out that in reference to the meeting convened by "The Bradford and West Riding Medical Union,"

1. The meeting was not representative. Invitations in several instances were omitted, and the majority of practitioners of any position took no part in the proceedings.
2. The Bradford and West Riding Medical Union is not representative nor, indeed, recognised as anything more than a society recently got up by Dr. Hime in opposition to an old standing medico-ethical society with which he has quarrelled.
3. The committee of the older society (Bradford Medico-Ethical) has met and discussed these appointments, and decided that no steps should be taken in the matter.
4. That neither Dr. Crowley nor Dr. Hall is on this committee.

## Parliamentary News.

Post-mortem Examinations in Scotland.—In answer to a question by Sir William Priestley, the Lord Advocate stated that in Scotland no person except the medical men instructed to conduct the necropsy is allowed to be present at a post-mortem examination except with the consent of Crown counsel or on the order of the sheriff. Crown counsel may, in their discretion, sanction the presence of a medical man who has attended the case or in the interests of the accused; but this is done only on condition that he is to be present merely as an onlooker, and is not to interfere in any way with the Crown examination. No formal intimation is given that a necropsy is to be held, but in all cases where any person is in custody on suspicion of causing death a necropsy is made as a matter of course, so that an accused person or his advisers cannot be in doubt as to the necessity of making immediate application for permission to send a medical man to witness the necropsy if they so desire it. The quarter to which application should be made is the Procurator-Fiscal, whose duty it is in all cases of urgency to communicate by telegraph with the Crown Agent for the instructions of Crown counsel. If an independent post-mortem examination is desired it can be made after the Crown examination.

The Midwives Bill has once again been postponed. The date assigned for the discussion is May 31st—the Derby Day. *Absit omen!*

Isolation Hospitals (Amendment) Bill.—The Isolation Hospitals (Amendment) Bill amends and extends the Act of 1893, by giving District Councils and joint Boards power to transfer to County Councils any hospital provided under the Public Health Act,, 1875, or any local Act, and to empower County Councils to raise the necessary funds for structure and establishment expenses on the security of the county rate. Lord Lichfield strongly supported the necessity for some such measure, and Lord Harris, on behalf of the Government, gave the Bill a qualified support, and the second reading was carried on the understanding that the committee stage would be deferred till after Whitsuntide.

The Oysters Bill.—Lord Harris's Bill enabling County Councils to inspect oyster beds and to analyse the water in which the oysters are laid, was read a second time. The Councils will have power, if they judge necessary, to prohibit the removal of oysters from a given area for a period of ten days, the proprietor of the bed having the right to petition the Local Government Board on the merits. Other clauses provide penalties under the Act, and there is a special clause dealing with foreign oysters that might have been subject to contamination.

## Laboratory Notes.

### ESVACH WATER.

This is a valuable aperient water containing a considerable proportion of sodium and magnesium sulphates, to which, in the main, its action is doubtless due. These salts, when administered alone, are unpleasant in taste, and usually have so disagreeable an effect owing to their griping action as to render them unpopular as a medicine. In the case of the newly-introduced aperient water, "Esvach," this objection has been successfully overcome without interfering with its medicinal properties, owing to the presence of a considerable proportion of bi-carbonate of soda. This salt in conjunction with the magnesium sulphate no doubt gives rise to magnesium bi-carbonate, and the result is that not merely is the taste of the water far less bitter than would otherwise be the case, but the value of its aperient properties is materially enhanced.

In our analysis we found the total solid residue, obtained on evaporation of the water, to be 4·87 per cent., and the constituents are approximately as follows:—Magnesium about 10·0 per cent., carbonic anhydride, 11 per cent., sulphuric acid (calculated as $SO_4$) 60·0 per cent., the remainder consisting essentially of salts of sodium with small quantities of other salts.

As the water is an active aperient it is well adapted for the use of travellers, seeing that a moderate dose will produce the required effect. The sole wholesale agents for this water are Messrs. Davy Hill and Son, Yates and Hicks, 64 Park Street, Southwark.

### VIBRONA SHERRY.

Vibrona Sherry, samples whereof we have received from Messrs. Fletcher, Fletcher and Co., is a combination of the neutral hydrobromates of the cinchona alkaloids in a pure dry sherry of the Amontillado type. The wine is of light alcoholic strength, and is exceptionally free from sugar, and its tonic and appetite-giving properties will be appreciated by those who object to the comparative sweetness of analogous preparations with a basis of Madeira. The presence of the alkaloids as hydrobromates enables this tonic wine to be taken without fear of inducing cinchonism even by persons with an idiosyncrasy in that direction. Vibrona Sherry has a delicate flavour with a grateful bitterness, and should be especially serviceable to persons of gouty or dyspeptic tendencies.

## Medical News.

### The Canadian Medical Association.

The next annual meeting of the Canadian Medical Association will be held at Toronto on August 30th, 31st, and September 1st next. The President will be Mr. Irving Cameron. The meeting promises to be an important one, inasmuch as the final details will probably be decided on in connection with the scheme of medical registration throughout the Dominion. This is a matter, of course, of supreme importance to the colony generally. Dr. F. N. G. Starr is the Secretary of the Association.

### Medical Exhibition.

The Medical, Surgical, and Hygiene Exhibitors Association opened their annual exhibition of objects and appliances germane to medicine and the allied sciences, at the Queen's Hall, Langham place, W., yesterday (Tuesday), and it will remain open until Friday, 26th inst.

### Injuries from X-rays.

An important case against X-ray operators is shortly to come before the courts in Chicago. In 1896 the plaintiff sustained an injury which affected his ankle, and he submitted it to the X-ray operators. He claims that the apparatus was improperly handled, for he received a serious burn which necessitated the amputation of his foot. The claim is for 25,000 dols. damages. A similar case resulting from the use of the X-rays occurred in Paris a short time since to a young woman. It was necessary to have three exposures, and after the third somewhat severe lesions appeared on the skin causing a long illness, and the doctor was sued for 5,000 francs, and the matter has been referred to a committee of experts. The moral is that skiagraphers had better be prudent until experience has sufficiently demonstrated the latent capabilities of their apparatus for good and ill.

### Death Under Chloroform at Dudley.

An inquest was held at Dudley last week on the body of a man, æt. 35, who died while chloroform was being administered prior to his being operated on for strangulated hernia. It was stated that not more than two drachms of the anæsthetic had been given, and the medical evidence favoured the view that death was due to sudden dilatation of the heart. We are not told *how* the chloroform was given, whether by means of an inhaler or by the pernicious "open" method; but the chances are great that it was flopped on to a towel and held over the patient's face. The usual verdict was returned.

### Scholarship for Medical Research.

The Technical Education Board of the London County Council is co-operating with the Asylums Committee in offering a scholarship of £150 a year, tenable for two years, for students of either sex (preferably qualified practitioners), to enable them to carry on investigations into the preventible causes of insanity, the scholar to carry on investigations in the pathological laboratory attached to Claybury Asylum. A similar scholarship has been held during the past two years by Dr. J. O. W. Barratt, who has carried on valuable original investigations into the causes of insanity, many of which have been recently published. Dr. Barratt has recently been appointed pathologist at the Wakefield Asylum, and the scholarship which he has held is therefore vacant. Candidates must be resident in London. Application should be made to the secretary of the Technical Education Board, 116, St. Martin's Lane, W.C., not later than Wednesday, June 7th.

### Death from Anthrax.

An inquest was held at Liverpool on the 16th inst. on the body of a man employed by a tanner, who died from anthrax. It was stated that the deceased had been engaged in "fleshing" hides from China, which, before being dealt with, were treated with carbolic acid and bleaching powders. The handling of Eastern hides is recognised to be particularly dangerous, and this is the second death from anthrax at Liverpool under similar circumstances during the last few weeks.

### Naval Medical Service.

The undermentioned gentlemen who competed on May 8th and following days at Examination Hall, Victoria Embankment, for appointments as surgeons in the Royal Navy, have been granted commisssions:—

| Name. | Marks. | Name. | Marks. |
|---|---|---|---|
| H. M. Hart-Smith, B.A., M.B. ... ... ... | 2,538 | T. Marles-Thomas... ... | 1,953 |
| S. H. Wood, B.A., M.B.... | 2,451 | A. W. Nourse ... ... | 1,901 |
| P. T. Sutliffe, M.A., M.B.. | 2,411 | J. H. Jones ... ... ... | 1,878 |
| J. P. H. Greenhalgh, M.B. | 2,203 | A. H. Prichard ... ... | 1,826 |
| L. A. Baiss ... ... ... | 2,179 | H. L. Geoghegan, B.A., M.D. ... ... ... | 1,804 |
| C. R. Nicholson ... ... | 2,172 | A. J. Laurie... ... ... | 1,804 |
| J. T. M. McDougall ... | 2,096 | S. J. Haylock. ... ... | 1,687 |
| E. T. Burton ... ... | 2,066 | J. E. Powell... ... ... | 1,685 |
| R. Hughes ... ... ... | 1,992 | J. N. Robertson, M.B. ... | 1,643 |
| G. M. O. Richards... ... | 1,968 | J. H. Lightfoot ... ... | 1,632 |
| N. J. Roche ... ... ... | 1,959 | P. G. Williams ... ... | 1,612 |

# Notices to Correspondents, Short Letters, &c.

☛ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reprints.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them, at half the usual cost, on application to the printers before the type is broken up.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

Original Articles or Letters intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

## EFFECTS OF EDUCATION.

A patient the other day called on the doctor of his society to explain why he was not at home when the latter called to see him about the rheumatism of the feet from which the sick member suffers. Patient: You see I went down to the "Central," not the Central police office, but the Central electric station to get a few *shocks* to see if it would do my pains any good. Doctor: Well! and how did you stand the shocks? Did you bear them well? Patient: Oh, yes; for the person who has charge of the electric current told me that he had applied *five vampires* to each foot, and for a good long time, and I never flinched; in fact, he had never known anyone to stand so many *vampires* before without singing out.

Rusticus.—Croup is a general term you had better avoid. However, if you must use it in deference to popular usage, you had better reserve the term "true croup" to diphtheria of the larynx, and false croup to catarrhal laryngitis. Both are dangerous conditions, of course, and want active treatment. The diphtheritic form is by far the more serious, but operation mortality is now much reduced by the antitoxin injections. Your question is important, although we doubt if the term croup (really a symptom) will be rooted out of the vernacular for ages to come.

F. O. Smith.—1. Certainly; with pleasure. 2. Half an ounce of carbolic acid almost always fatal. Wash out stomach with Epsom salts, and give half-ounce doses of sulphate of magnesia and sulphate of soda. The soluble sulphates combine with the carbolic acid to form harmless sulpho-carbolates. Olive oil in large doses—*e.g.*, a couple of wine-glassfuls. The 1-50 grain of sulphate of atropine may be given hypodermically. The sale of this substance ought to be restricted, as the numbers of suicides and accidental deaths through its agency are very great. We can hardly be said to have a really satisfactory antidote yet for this poison. 3. Send us notes of the case by all means, and the fuller the better. We are always glad of terse, practical clinical experiences.

# Meetings of the Societies and Lectures.

### Thursday, May 25th.

Dermatological Society of Great Britain and Ireland (20, Hanover Square, W.).—4.30 p.m. Annual Meeting. Mr. Jonathan Hutchinson will read a Paper and open a Discussion on Diseases of the Nails with special reference to their Significance as Symptoms. Exhibition of cases, drawings, microscopical preparations, &c.

Central London Throat, Nose, and Ear Hospital (Gray's Inn Road, W.C.)—5 p.m. Dr. D. Grant: Diagnosis and Treatment of Obstructive Deafness.

### Friday, May 26th.

Clinical Society of London (20, Hanover Square, W.).—8.30 p.m. Annual General Meeting. Election of Officers for Session 1899—1900. Papers:-Mr. H. B. Robinson: Acute Intestinal Obstruction caused by an Adherent Vermiform Appendix forming a Band associated with Fœtal Arrangement of the Peritoneum.-Dr. C. Fox: A Case of Generalised Hæmorrhagic Erythema in Bright's Disease.—Mr. H. Allingham: A Case of Aneurysm of the Subclavian Artery, Ligature of the first portion of the Vessel followed in thirty-eight days by Removal of the Aneurysm. The patient will be shown.

St. George's Hospital Medical School (Hyde Park Corner).—3 p.m. Dr. W. H. Dickinson: Fragments of Pathology and Therapeutics. (Baillie Lecture.)

Royal Academy of Medicine in Ireland.—Obstetric Section.—Papers: 1. Polycystic Ovarian Tumour. Prof. Kinkead (Galway). 2. Notes on a Successful Case of Cæsarian Section. Dr. Kidd. 3. Treatment of Ureter injured during Hysterectomy. Specimens.—1. Dr. Smyly: Myomatous Uterus removed by Abdominal Hysterectomy, Doyen's method; Tuberculous Ovary removed by Abdominal Section. 2. Dr. Glenn: Myomatous Uterus removed by Retro-peritoneal Hysterectomy. 3. Dr. Smith: a, Three Myomatous Uteri removed by Retro-peritoneal Hysterectomy; b, Pyosalpinx; c, Ovarian Cystomata; d, Myomatous Uterus showing large abscess cavity removed by Panhysterectomy.

### Monday, May 29th.

Central London, Throat, Nose and Ear Hospital (Gray's Inn Road).—5 p.m. Mr. Lennox Browne, on Tuberculosis and Allied Conditions.

### Tuesday, May 30th.

Hospital for Nervous Diseases (Welbeck Street).—4 p.m. Dr. T. D. Savill: Neurasthenia.

# Vacancies.

Birmingham.—Assistant Resident Medical Officer, at the Workhouse Infirmary. Salary £100 per annum, with furnished apartments, rations (no alcoholic liquors), coals, gas, laundry, and attendance. Applications to the Clerk to the Guardians, Parish Offices, Edmund Street.

Brighton, Hove, and Preston Dispensary.—House Surgeon to the Western Branch. Salary, £140 per annum, with furnished apartments, coals, gas, and attendance.

Glamorgan County Asylum, Bridgend.—Junior Assistant Medical Officer. Salary £130, rising £10 a year to £150 if approved, with board (no beer or wine), lodging and washing.

Holloway Sanatorium, Virginia Water.—Senior Assistant Medical Officer. Salary commencing at £300 per annum, with board, lodging, and washing.

Kidderminster Infirmary and Children's Hospital —House Surgeon, unmarried. Salary £140, increasing £10 per annum to £170, with rooms in the Infirmary and attendance (option of board at £40 per annum).

London County Council.—Scholarship in Sanitary Science, of the value of £150 per year, tenable in the Pathological Laboratory of the Claybury Asylum. Applications to the Secretary of the Technical Education Board, 116, St. Martin's Lane. (See advert.).

Staffordshire General Infirmary, Stafford.—House Surgeon. Salary £100 per annum, with board, lodging, and washing. Also Assistant House Surgeon. Salary £50 per annum, with board, lodging, and washing.

Victoria University, the Yorkshire College, Leeds.—Lecturer on Practical and Operative Surgery. Emoluments from students' fees only. Also Junior Demonstrator in Pathology. Salary £120.

West Riding Asylum, Wadsley, near Sheffield.—Fifth Assistant Medical Officer. Salary £100 per annum, rising £10 a year up to £150, with board, &c.

# Appointments.

Andrews, Henry Russell, M.D.Lond., M.R.C.S., L.R.C.P., Obstetric Registrar and Tutor to the London Hospital.

Briscoe, J. C., M R.C.S. L.R.C.P., House Physician to King's College Hospital, London.

Cowie, R. M., M.R.C.S., L.R.C.P., Surgical Registrar to King's College Hospital, London.

Crispin, E. S., M.R.C.S., L.R.C.P., House Surgeon to King's College Hospital, London.

Fema, C. E., M.B.Durh., M.R.C.S., L.R.C.P., Assistant House Accoucheur to King's College Hospital, London.

Gard, H., L.R.C.P.Edin., L.R.P.S.Glasg., Medical Officer for the Northern Sanitary District of the Parish of Devonport.

Greenwood, Frank R., M.R.C.S., L.R.C.P.Lond., Resident Medical Officer to the Childran's Hospital, Birmingham.

Guy, J., M.B., C.M.Glasg., Assistant Medical Officer at the Infirmary of the Leeds Union.

MacMullen, W. D., M.R.C.S., L.R.C.P., Assistant House Physician to King's College Hospital, London.

Mowll, R. R., L.S.A., House Surgeon to King's College Hospital, London.

Nash, James T. C., M.B., C.M., D.P H., an Assistant in the Bacteriological Department of King's College, London.

Parsons, A. R. C., M.R.C.S , L.R.C.P., House Surgeon to King's College Hospital, London.

Roberts, G. A., M.R.C.S., L.R.C.P., House Physician to King's College Hospital, London.

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Stewart, A. R., L.R.C.P., L.R.C.S.Ed., L.F.P.S.Glasg., Medical Officer for the Newton Heath Sanitary District Prestwich Union.

Thomas, L. Kirkby, M.R.C.S., L.R.C.P.Lond., Resident Surgeon to the Children's Hospital, Birmingham.

Wright, P. P., L.R.C.P.Lond., Medical Officer for the Upper Holloway Sanitary District of the Parish of St. Mary, Islington.

# Births.

Drew.—May 18th, at Water Hall, Oxford, the wife of Arthur G. Drew, F.R.C.S., of a son.

Jones.—May 11th, at Claybury, Woodford, Essex, the wife of Robert Jones, M.D., of a son.

Styan.—May 16th, at at 2, Chapel Place, Ramsgate, the wife of T. G. Styan, M.A., M.D.Cantab, of a daughter.

# Marriages.

Ensor Cox.—On May 16th, at the Parish Church, Minchin Hampton, Cecil Arthur Ensor, M.R.C.S., L.R.C.P., son of John A. Ensor, Surgeon, of Tisbury, Wilts, to Irene Margarita, daughter of the late Edward Gordon Cox, of Hyde Brae, Gloucestershire.

# Deaths.

Grimbly.—On May 14th, at the Grange, Summertown, Oxford, Richard Grimbly, M.R.C.S., formerly of Banbury, Oxon, aged 84 years.

Watts.—On May 12th, at Battle, William Edward Monckton Watts, M.R.C.S., aged 69 years.

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## Original Communications.

### THE TREATMENT OF GONORRHŒAL SALPINGITIS. [a]

By J. W. TAYLOR, F.R.C.S.,

Surgeon to the Birmingham and Midland Hospital for Women, Consulting Surgeon to the Wolverhampton Hospital for Women.

(*Concluded from page* 532).

THE view of the disease and its treatment which I have presented for your consideration has not only its medical but also its surgical aspect.

If we may hope for some radical control of pelvic gonorrhœa from medicine not only will operation be less frequently necessary, but partial operations which were formerly derided and stigmatised as useless will find a legitimate use, and prove, in conjunction with medical means, a higher and better method of treatment than that of complete removal of the appendages so strongly urged in former years.

For instance, the free opening of pus-cavities without ablation of the uterine appendages or the removal of a pyo-salpinx of one side only when the tube and ovary of the opposite side are so far free from disease and perfectly healthy, may be good practice, and is sound in principle if we can guard against the extension of disease.

As an adjunct or handmaid to surgery, too—after operation has been performed—the specific treatment of the patient may sometimes ensure a success that otherwise might be wanting. When the wound refuses to heal, the stitches are ulcerating out—the drainage track is sloughing—the temperature hectic and the appetite wanting—when the case seems slowly going to the bad some two or three weeks after the immediate danger of the section has been successfully passed (a not very uncommon sequel after abdominal section for pelvic gonorrhœa with abundant pus-formation and almost confined to this class of case), the power of the biniodide to improve the condition in my own hands has been marked and almost immediate in its action.

If my contention is right, we may hope from the use of specific treatment, for a selective action in cases before operation—limiting the necessity of the latter—for a freedom of choice that was formerly unknown during operation of various methods more or less conservative, and finally (after operation) for its influence as an aid to recovery that may materially improve both immediate and remote statistics.

This brings me to the consideration of pyo-salpinx and its treatment.

I incline to the belief—based mainly, perhaps, on clinical and operative observation—that dangerous pyo-salpinx is but rarely a purely gonorrhœal disease, that it is usually a product of mixed infection, and that the more dangerous element comes from the intestinal tract.

It is always—or nearly always—started by gonorrhœal inflammation, but so long as it remains a sac of purely gonorrhœal pus it is usually small and only rarely dangerous. But as the pus-sac enlarges it comes into immediate relation with the bowel and usually with the sigmoid flexure and rectum. The pus-sac is infected from the neighbouring bowel—like a broad-ligament pregnancy under similar conditions—the condition becomes urgent, the patient cannot sleep for pain, and the temperature, though sometimes unreliable, may rise to high pyrexia.

Then operation is needed, and no unnecessary delay is permissible, and the operation I wish to recommend with the utmost force of which I am capable is that of posterior vaginal cœliotomy—the thorough opening of the pouch of Douglas from the vagina—the digital and bi-manual exploration of the tumour or tumours from this situation, the tapping of all pus-cavities deliberately carried out, the enlargement of all openings thus made, and the establishment of pelvic drainage from all infected parts by a tampon or tampons of iodoform gauze.

If this operation is done as I have advised—by free incision (no puncture or simple tapping is sufficient), the urgent symptoms are at once and thoroughly relieved, a condition of imminent danger of death is converted sometimes as if by magic, into one of peaceful rest and happy convalescence.

The maximum of relief—I speak advisedly, for the peritonitis following removal of a double and adherent pyo-salpinx is often severe, and the after result in no way better than that attained by the operation I am advising—the maximum of relief is attained with the minimum of danger and the minimum of injury to the sexual organs concerned. I have repeatedly employed this method of treatment during recent years and have followed it up in most cases (so far as I have been able to do so) by specific treatment. In each of these cases I have been more and more satisfied with the efficiency of the means employed and impressed with the vast superiority of this operation to the removal of the tubes by abdominal section.

The following cases may be taken as recent examples of its value.

Mrs. I., æt. 28, had been married four years. Her husband confessedly had contracted gonorrhœa since his marriage. Six weeks ago the patient had a green discharge from the vagina, and for four weeks had suffered with severe abdominal pain.

I saw her on the evening of May 25th, 1898, in consultation with Dr. Miligan.

She evidently had some general acute peritonitis. The abdomen was distended and tympanitic; the legs drawn up. She had frequent vomiting, a pulse of 120, and a temperature of 103 degs. F. She was very feeble, very restless, and crying with pain. On vaginal examination a mass was found in the pouch of Douglas, and pushing the uterus to the left. The tumour was acutely tender. A dose of calomel was ordered to be given at once, followed by frequent enemata, and it was arranged to move the patient to my house for operation on the following day. On May 27th I opened the pouch of Douglas, separated adhesions, and evacuated a large quantity of foul pus from the right Fallopian tube. The abscess cavity was washed out and packed with iodoform gauze.

In the evening her pulse was 96. She was comfortable; her bowels had been opened with a simple enema, and she had a fairly good night's rest afterwards, "the first good night for weeks." The patient made a good recovery.

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[a] Paper read before the British Gynæcological Society, May 11th, 1899. For discussion see page 535—last No.

Mrs. J., æt. 24, married four years, came to my out-patient room on August 25th, 1898, complaining of abdominal pain and dyspareunia, which had been increasing for six months. On examination I found what I took to be an enlarged and tender left ovary that was evidently the source of the pain complained of. I ordered a mixture of bromide and viburnum, and gave some general hygienic advice.

On October 27th, the patient was brought to the hospital evidently suffering from intense pain. She was crying, and stated that she had had no sleep for four nights on account of this Her temperature was 101 degs. F. On again examining her I found a fixed tender mass to the left of the uterus pushing the latter to the right. This was acutely sensitive to touch, and I believed it to be caused by a distended tube. On closer inquiry into her case I found that there was a distinct history of copious purulent vaginal discharge some three years ago. I altered the diagnosis to one of acute pyo-salpinx, and admitted her into hospital. Operation was done on October 31st. I opened the pouch of Douglas through the posterior fornix and evacuated some dirty and rather foul serum from the pelvis. On examination through the opening thus made I found the left tube was dilated into a large pus-sac, having thick walls, and being very adherent. I first tapped this with a trocar and cannula, and afterwards opened up the punctured incision with my fingers. One or two secondary collections of pus were also set free. The cavities were sponged out and packed with iodoform gauze.

The patient, who had been before the operation almost a type of misery, immediately altered. In the morning she was smiling, happy, and good-tempered, and said that she had passed the best night she had had for several weeks. She has made uninterrupted progress, and leaves the hospital to-day.

I do not wish it to be inferred that I regard posterior vaginal cœliotomy as the only operation to be undertaken in pyo-salpinx. When the tumour is large and prominent or "presenting" towards the abdominal aspect, abdominal section may prove a better means of access to the seat of mischief. Wherever this seat of mischief is most accessible, *there* is, in nine cases out of ten, the best point of attack.

I will not, however, dwell on this part of my subject, but pass on to the consideration of the *limitations to success* in the treatment of gonorrhœal disease, and any means we possess of avoiding them. These may be shortly considered under three heads:—

1. The severity or complications of the disease preventing recovery.
2. The carelessness and distaste of the patient for any prolonged treatment.
3. The effect of adhesions in causing sterility and occasional pain.

1. The first is undoubtedly the most important. In spite of all that may be done in the future I quite believe that there will remain a residuum of intractable cases, and among these I would particularly point out cases complicated with uterine fibroid or anything which tends to cause or increase uterine hæmorrhage. When bleeding is severe no patient or medical attendant will continue a course of treatment which is not immediately directed to the stopping of the hæmorrhage. In addition to this, both mercury and iodides in some people appear to increase the tendency to bleeding. In all of these cases I recommend vaginal hysterectomy, with or without removal of the appendages. It is not only the most rational operation in theory, but is productive of the best final results when conservative surgery is hopeless.

2. The carelessness and distaste of the patient for treatment will often be an annoying feature and source of failure, as it is so often in syphilis. In some cases the biniodide mixture causes nausea, and even vomiting. When this is the case smaller doses may be tried, or recourse may be had to a method of treatment, which is occasionally very useful. Only one dose of iodide is given in the day, but this is a large one—from 15 to 20, 30 or 40 grains. This is taken the last thing at night before going to sleep. Every other night, or every night if necessary, a Plummer's pill (pil. hyd. subchlor. co.) is taken at the same time. The patient keeps all her medicine in her bedroom, and only needs to remember it on retiring to rest.

3. The effect of adhesions as a limitation to full recovery is a more important matter. Occlusion of tubes and peri-tubal adhesions, consequent on gonorrhœal salpingitis, do not partake themselves of any specific character and must be regarded rather as secondary mechanical results of the inflammation which has been caused by the pelvic gonorrhœa, differing in no essential from peritoneal adhesions elsewhere, such as those caused by injury, by appendicitis, or by gall-stones.

Their absorption and disappearance will not, therefore, be secured by the cure of the gonorrhœa. The cure of the gonorrhœa will be the necessary preliminary, but the actual disappearance of adhesions will probably depend on the perfection of the general health and the power of relative mobility enjoyed by the adhering organs.

As a necessary consequence it will, I believe, be found that sterility will still result or persist when the appendages of both sides have been attacked by disease before any treatment has been begun. But if energetic treatment is started when only one side is affected and the opposite tube is healthy, one may reasonably hope that the healthy tube will remain healthy and the patient retain her fertility. Such is the explanation, I believe, in both of the cases I reported at the beginning of my paper, in which conception took place at a period subsequent to the salpingitis, while in the acute case of pelvic gonorrhœa, notwithstanding the comparatively short duration of her illness, both sides have suffered and future fertility is hardly to be expected. I shall be interested to watch this case and see if my forecast is justified.

For similar reasons a remainder of occasional and slight pain may be rather frequently expected in the most favourable cases—such a sequel as is often met with after an ovariotomy from adhesions to the stump. This depends mainly, I believe, on the involvement of intestine or omentum in attachments.

If these escape the patient has no pain—if they are involved, the patient may have occasional discomfort and sometimes acute, if transient, colic.

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The consideration of this subject would not be complete without some reference to prophylaxis, and to the treatment of acute and chronic gonorrhœal vaginitis. In the acuter forms of gonorrhœal salpingitis when specific vaginitis and endometritis are also present, and in gonorrhœal vaginitis when it may still be possible to limit the upward spread of the disease, local treatment is of very great and indeed of primary importance.

As regards the gonococcus, the strongest and best local germicides known (according to Neisser) are the nitrate of silver, the perchloride of mercury and ichthyol, and it is on one or more of these that chief reliance should be placed.

In all cases of acute gonorrhœal salpingitis in which the uterus and vagina are also affected, I use a vaginal suppository of ichthyol (10 per cent.) every night and a douche of crude acetic acid during the day. In cases of complicated gonorrhœal vaginitis, especially in hospital practice, I generally use a vaginal suppository of silver nitrate (gr. ¼) every night, and the same vaginal douche of pyroligneous acid (℥ss. and Oj) twice during the day.

If, as only very rarely happens, the patient comes almost immediately after exposure to contagion it may be advisable to disinfect the vulva, vagina, and cervix manually, as in a vaginal cœliotomy.

In one case of vaginitis of about two days' duration, in which the patient was already feeling considerable and rapidly increasing discomfort, but in which, it is only fair to say, the gonorrhœal origin was never thoroughly established, I did this with the very best result. The disinfection was repeated three times, and the patient was directly cured with no retension or relapse.

In cases where there is no evidence of endometritis or tubal disease the local treatment advised contains all that is required, and this should be applied in the simplest possible manner. No unnecessary examination should be made, and the use of the sound should be forbidden as most dangerous.

It is only in cases of tubal disease, where the appendages are evidently affected by gonorrhœal inflammation, in gonorrhœal rheumatism or arthritis, in gonorrhœal endocarditis, or in persistent and incurable discharges due to gonorrhœa, that the local treatment must be supplemented by the administration of mercury and iodides, as described in the earlier sections of my paper.

To emphasise and make ready for discussion the main points contained in this communication, I have prepared a short abstract, or *précis*, of the propositions I am disposed to maintain, and on which I invite the criticism of my colleagues.

*First.*—That a large number of women who are suffering from tubal disease have been at some time or another exposed to the infection of syphilis as well as of gonorrhœa. That these undoubtedly show marked improvement after a prolonged course of mercury and iodides, and in the course of this treatment unless acute pyo-salpinx intervenes (in which medicine is useless) it is the rule rather than the exception for all gross physical signs of disease to slowly and permanently disappear.

*Secondly.*—That many cases in which there is no history of syphilis, including cases in which there is the unmistakable history of gonorrhœa, pure and simple, as the sole cause and starting-point of tubal disease, do similarly improve and get permanently well under the same course of treatment, provided always that the disease stops short of acute pyo-salpinx and its dangerous complications.

*Thirdly.*—That acute pyo-salpinx is peculiarly liable to occur in the first place on the left side of the body, and its special severity is probably due to secondary infection from the rectum. That cases of pyo-salpinx, whenever possible, should be treated by free incision of the posterior vaginal fornix, by thorough exploration and emptying of all pus-cavities from the pouch of Douglas, and by iodoform gauze drainage. That this is far preferable to the older operation of removal of the appendages which is not only much more dangerous, but is peculiarly liable to be followed by fæcal fistula, an operation-sequel sometimes worse than death itself.

*Fourthly.*—That such cases of mixed infection and acute suppuration treated by operative evacuation of the pus, with or without removal of the appendages, do sometimes not only recover but remain permanently well without further treatment, the acuteness of the inflammation appearing to terminate the process of infection. In other cases, recovery is not so complete or relapses are met with, and these cases should be followed up by a course of specific treatment, the beneficial result of this being often immediately manifest when the wound tissues are unhealthy and the healing is delayed.

*Fifthly.*—That occlusion of the tubes and peritubal adhesions consequent on gonorrhœal adhesions have no direct specific causation, and must be regarded rather as secondary mechanical results of the local peritonitis which has been caused by salpingitis.

Their absorption and disappearance will not therefore be necessarily secured by the cure of the gonorrhœa, and sterility may persist although gonorrhœa is entirely eradicated from the system.

*Sixthly.*—That in gonorrhœa of the pelvis there will probably remain a residuum of intractable cases, particularly cases of complication with other diseases such as fibroids of the uterus. That in these cases operative removal of the organs affected will still be required, and that vaginal hysterectomy whenever possible, with or without extirpation of the uterine appendages is not only the most rational operation in theory, but is productive of the best final results.

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# CONSIDERATIONS AS TO THE ETIOLOGY AND SIGNIFICANCE OF DILATED HEART. (a)

By H. A. CALEY, M.D.,

Physician to Out-Patients, St. Mary's Hospital, &c.

**Before** discussing the etiology of pathological dilatation of the heart the author alluded to dilatation of the heart under physiological conditions of the circulation. Reference was made to the work of Roy and Adams, Starling and others, with a view to showing that whilst within certain narrow limits the dilatation induced by some exertion might be a mechanical advantage in relation to the ventricular output, these limits were soon passed, and the dilatation was then an evidence of heart-fatigue. This might be prematurely induced by the strain to which the heart muscle was subjected being excessive, or by the heart muscle itself being out of condition, but it was especially easily produced if both factors were combined; and under such circumstances a condition which was in the first instance physiological might very readily pass into dilatation which was definitely pathological.

The important principle in relation to dilatation under physiological conditions of the circulation was that the liability to its occurrence depended upon the inter-relation between (1) the element of increased mechanical strain leading to increase of intraventricular pressure; (2) the condition of the myocardium at the time being.

In respect to dilatation under pathological conditions, the element of mechanical strain as a factor in its causation was first considered. The principal causes of increased intra-ventricular pressure were referred to, and it was pointed out that in addition to the primary effects of the increased strain, owing to alterations in the physical condition of the heart, certain additional factors had to be considered, more especially the consequences of increase of residual blood in the ventricles, and the effects of tension on a muscular sphere or spheroid like the ventricle. Variations in the coronary circulation and the relation between the blood pressure in the systemic circuit and that in the coronary area must also be borne in mind. Dilatation, in the causation of which myocardial weakness was the primary and predominant factor was then considered, reference being made to the dilatation of acute specific diseases, with or without actual myocarditis, to fatty and other forms of degeneration, senile myocardial weakness, the dilatation of nervous and general debility, of some forms of anæmia and that due to toxic causes such as alcohol and tobacco, and probably also to toxic substances present in auto-intoxication of gastro-intestinal origin. The differences in the degree of dilatation from these various causes were discussed, and stress was laid on the fact that in relation to prognosis the degree of dilatation must always be considered in conjunction with the condition of the heart muscle with which the dilatation was associated. Whilst chronic dilatation might be due to increased strain alone, or to primary myocardial weakness alone, in the most severe forms of dilatation both factors were frequently combined, and the principle enunciated in connection with physiological dilatation was similarly illustrated in the case of pathological dilatation, namely, that the essential point was the inter-relation between the element of mechanical strain and the condition of the myocardium at the time being Even in cases in which the element of increased mechanical strain was the chief factor in the causation of the dilatation, its later developments were often traceable to the supervention of myocardial changes. The latter part of the paper was devoted to the significance of dilatation. Just as physiological dilatation (beyond certain narrow limits) was an evidence of heart fatigue, pathological dilatation was an evidence of heart over-strain, past or present, and frequently the precursor of heart failure.

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(a) Abstract of paper read before the Harveian Society of London, May 18th, 1899.

In disease, as under physiological conditions, it was broadly true that the heart's power of doing work was in inverse ratio to the degree of dilatation, but the greater the deviation from the comparatively simple conditions of a healthy heart dilated by excessive strain, the less could reliance be placed on the degree of dilatation as *per se* a gauge of the severity of the lesion.

In order to estimate with any approach to accuracy the significance of any given case of dilatation, attention must be given to the degree of dilatation, the condition of the myocardium with which the dilatation was associated, its *precise* etiology (with especial reference to the retention of the cardiac dilatation to the general health, and the relative importance of the mechanical and myocardial factors in its production), the extent to which the dilatation interfered with the work of the heart in relation to the general circulation, and the degree of recuperative power, as evidenced by the course of the case and the effects of treatment. A broad view on lines such as these was essential if the extremes were to be avoided of making too much or too little of any given case of cardiac dilatation.

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# ON UTERINE CANCER AND ITS TREATMENT. (a)

By Thos. MORE MADDEN, M.D., M.R.C.P.I., F.R.C.S.Ed.,

Obstetric Physician to Mater Misericordiæ Hospital, Dublin.

The author referred to the increasing frequency of malignant diseases of the uterus, and more especially to the various methods available in their treatment, as employed in his wards in the Mater Misericordiæ Hospital, Dublin, where, during the past twenty-five years, upwards of a hundred cases of this kind have come under observation. Within the last six years there were 31 cases of uterine carcinoma and 12 instances of vulval or vaginal malignant disease, or 3 per cent. of the former in a total of 1,054 gynæcological cases. In the preceding five years there were 23 cases of uterine and 11 of vulval or vaginal malignant disease noted, and in his earlier 14 years' service there a somewhat similar proportion was observed. Confining himself now, however, to the last eleven years referred to, the general origin of uterine cancer in the cervix was shown in 47 of these 54 cases. Its connection with parturition or lacerations was evinced by its occurrence in 39 child-bearing women and in only 15 nulliparous or unmarried. While the predisposing influence of age was shown by the fact that 36 of these patients were from 40 to 55 years of age, 10 were beyond the latter period; 8 were under 40, and of these one was an instance of medullary carcinoma uteri in a girl only 16 years old. The writer lays special stress on the vital importance of the early recognition of this disease by local investigation as well as by microscopic examination of specimens removed by curetting in every instance of possibly adenomatous or cancerous disease of the uterus. He believes that disease to be primarily developed in the cervix in the vast majority of instances. Moreover, he holds that it frequently remains localised there for a sufficient period to permit its complete and effectual cure by the timely amputation of the cervix, which, followed by the application of the actual cautery to the wound so produced, he regards as the safest, most effectual, and reliable method of treatment in such cases. In exemplification of this the following facts are adduced from cases in which Dr. More Madden removed the cervix for cancer, and subsequently traced the after-history of the patient. In 31 instances in which the cervix was thus amputated there was no mortality consequent on the operation; in one of these, however, the disease returned in the uterus four months subsequently; in 5 cases it returned there or elsewhere within a year; in 2 within two years; in 1 within three years; and in 1 nearly four years after operation. But, on the other hand, in 10 cases there was no return within a period of four years, and in some there was no recurrence ten years after the amputation of the cervix; in 5 cases the information was limited to two years, and in 6 to one year, and indicated no return of cancerous disease within these periods. These results immediate and remote, may be contrasted with those obtained by hysterectomy for cancer, whether by vaginal or abdominal methods. The writer's experience not only shows no direct mortality from the amputation of the cancerous cervix, but also shows that two-thirds of the patients so operated on were free from recurrence of cancer at the expiration of the subsequent periods mentioned. Can any better results, or any results as good be claimed for hysterectomy under similar circumstances? Therefore, only in cases where cancer has distinctly originated in the fundus or body of the uterus, or in instances of carcinoma which has extended upwards from the cervix, and then merely as a palliative measure to relieve great suffering, and possibly prolong life for a little, does hysterectomy appear to him justifiable. In but one of the cases of the latter kind in which the writer was then forced to resort to hysterectomy, was the patient still alive and apparently well at the end of two and a half years subsequently, in other remaining cases the disease recurred earlier in other organs. For the relief of pain in cases of inoperable uterine cancer, Dr. More Madden recommends conium and orthoform, and advises special caution in the use of morphia and opiates. To mitigate the fœtor of discharge he relies on terebenthene injections, peroxide of hydrogen and a one per cent. solution of formalin. As local applications in open carconoma he has experienced most benefit from the employment of celandine and methylene blue. Electrolysis, though recommended by others, had failed in his hands. Finally, he sums up his experience of the treatment of this disease, in hospital and private practice during more than a quarter of a century, by saying that up to the present the best possible prospect of the cure of uterine cancer rests, as a general rule, in its early detection and prompt removal by the cervical method described in this communication.

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(a) Abstract of paper read at Royal Academy of Medicine in Ireland, April 21st, 1899.

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# DILATATION OF THE STOMACH,

## WITH ESPECIAL REFERENCE TO

## ETIOLOGY AND TREATMENT. (*a*)

By JOHN A. LICHTY, M.Ph., M.D.

The term, "dilatation of the stomach," has of recent years been surrounded by considerable obscurity. The most satisfactory classification of this condition is that given by Pepper and Stengel as atonic dilatation and obstructive dilatation. These terms define themselves. They are also in accord with the classification of Riegel and Boas, who speak of:—1. Simple gastric atony, or motor insufficiency, or myasthenia without dilatation. 2. Atonic dilatation without pyloric stenosis. 3. Secondary dilatation (motor insufficiency due to pyloric stenosis).

In this paper, atonic dilatation, in its broadest sense, will be considered with special reference to its etiology and treatment.

For the purpose of study, the causes of atonic dilatation may be divided into two groups. The first group includes the direct, or mechanical causes; the second, the indirect, or nutritional causes. Clinically, however, this classification is of little consequence, for rarely will it be found that a dilated stomach is due to a single cause, or that the causes may even be found under a single group.

Under the direct, or mechanical causes, may be discussed:—1. Too bulky meals. Too much food is taken at a single meal. This is not always because the individual is so very hungry, but because such a large variety of food is furnished for each meal, and the appetite is over-stimulated. At the same time, an excess of fluid is taken, adding greatly to the weight of the food ingested, as well as interfering with the process of digestion. 2. Rapid eating, or bolting of food. An individual who eats rapidly takes more food than is necessary, does not masticate it well, and uses an excessive amount of fluid, either water, milk, tea, coffee, or alcoholic drinks, to hasten the disposition of a meal. 3. Certain diseases of the stomach, such as chronic gastritis. In this condition, the food remains longer in the stomach than normal, fermentation takes place, gases are evolved, and the stomach is distended. 4. Abdominal tumours and pregnancy. These conditions distend the abdominal walls. When the tumour is removed, or after labour, the abdominal walls being relaxed, the stomach is not supported as before, and dilatation takes place. 5. Chronic constipation. The colon being heavy with large masses of fæces, considerable tension is brought upon the greater curvature of the stomach which tends to dilatation. 6. Constriction of waist by too tight, and suspension from waist of too heavy, clothing. Many women (and some men) wear tightly laced corsets, which are supposed to give the body a more natural and graceful shape. Thus the organs are pushed out of shape. The abdominal muscles are put in splints, so that from disuse they soon lose their tone and strength, and fail to afford the normal support to the stomach. The mischief done by the corset, and moderate lacing, however, is not nearly as great as that which results from suspending heavy clothing from a waist which has no support and stiffness. The constriction and weight of heavy skirts, worn over the ordinary corset waist, produce a great amount of tension and dragging down upon the abdominal organs.

It is said by some writers that sometimes the small omentum is unusually short, and the pylorus holds a higher position relative to the fundus than normal. The increased resistance to the passage of food into the duodenum, thus produced, tends to dilate the stomach.

Under indirect, or nutritional, causes, may be considered:—1. Worry, anxiety, and overwork, either mental or physical. When food is taken under such circumstances, digestion is often retarded, and sometimes entirely absent. Not only the secretory, but also the motor, function of the stomach is impaired, and the stomach becomes dilated. 2. Neurasthenia. There is scarcely any doubt that this neurosis is nearly always accompanied by faulty nutrition. The patient eats, but, under the severe nervous and mental strain, does not digest or assimilate sufficient nourishment to maintain normal strength or body weight. Worry is the initial cause more often than overwork. This impedes digestion and assimilation. The highly-organised nervous system soon feels the lack of nutrition, and then the fatigue neurosis manifests itself, which again reacts upon nutrition, and thus a vicious circle is established. The nervous energies are remorselessly continued, and reserve strength is steadily expended. The patient says she is "living on her nerve." She would be nearer telling the truth if she were to say she is living upon the fat of her abdomen. The fat tissue which is so essential to support the organs and hold them in a position best suited to perform their functions is used up, and the organs begin to sag. The stomach, besides becoming dilated, is often associated with the other organs in a general enteroptosis. In a paper which I read before this Society a year ago, upon movable kidney, the subject of faulty nutrition was considered with some detail. 3. Certain diseases of the central nervous system, such as tabes, multiple sclerosis, &c. Atonic dilatation may follow as a result of febrile diseases, especially typhoid fever. Anæmia and chlorosis are mentioned by some writers as causes of atonic dilatation, while others speak of these blood conditions as the result of dilatation of the stomach. There is no doubt that these conditions are frequently associated, but their causal relation is rather uncertain. It would seem to me that their early association is a coincidence, but later in the course of each condition the other may occur in a secondary relation.

Dilatation of the stomach, when it is considered simply as a symptom, must be associated with the symptom group which reveals the underlying disease, before its diagnosis, or recognition, can be of any clinical value. To make a diagnosis which will be of any value therapeutically both the chemistry and motility of the stomach must be considered important factors. Not many years ago all study was directed to the chemistry of the gastric juice; later, the size and motility of the stomach have been receiving the most attention. Neither of these factors can be safely ignored.

The normal position of the stomach, as described by Luschka, is as follows:—"The pylorus lies in the angle between the right border of the xyphoid and right costal cartilages. The lower border lies well above the umbilicus, and the fundus lies beneath the base of the left lung, and is almost covered by its projecting margins." Deviation from the normal size and position can be readily detected by inflating the stomach through a tube with a rubber bulb. The succussion splash also affords important information in reference to size and position, but more expressly in reference to the tone and power of the muscular walls. The use of the stomach tube is necessary to

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(*a*) Abstract of paper read before the Ontario Co. Medical Society, Canandaigua, N.Y., January 10th, 1899.

obtain the information which the chemistry of the gastric juice furnishes.

It is not within the scope of this article to refer intimately to diagnosis. In passing, it may be well to add that it is important to distinguish between gastroptosis and atonic dilatation. A knowledge of the exact position of the pylorus will enable one to differentiate between these two conditions. Gastroptosis is sometimes associated with dilatation.

The treatment of dilatation of the stomach may be divided into: (1) Hygienic, (2) Dietetic, (3) Physical, and (4) Therapeutic.

1. *Hygienic.* The *rôle* which tight and heavy clothing, suspended from the waist, plays in this condition has already been referred to. All clothing must be worn loose, and suspended from the shoulders. This cannot be accomplished by putting the abdomen and chest into splints (a corset) and then fastening the heavy skirts to the corset. Neither can it be accomplished by using the ordinary commercial corset waist, and having the tight belts of the skirt buttoned to it. This last contrivance is a snare and a delusion, and intended to relieve a woman's conscience rather than the abdominal organs from pressure. Usually, when asking one of these patients with dilated stomach in reference to the way she wears her clothing, or if she wears a corset, she will either say, "Yes, I wear a corset, but very loose," or, "No, I wear only a corset waist, and suspend my skirts from the hips."

After considerable study and experiment, I have found a plan which I can, unhesitatingly, recommend to these patients. I ask them to wear union undersuits; instead of a corset or a corset waist, I have them put on a waist fitted by a dressmaker, specially instructed; this waist being so made that when a skirt is buttoned to it the weight is really thrown upon the shoulders. To accomplish this three points must be observed:- First, the goods, which is usually white drilling, must be so cut that when the skirt is fastened to it the weight will be in the direction of the weave of the goods and not diagonal to it, as it is in the corset waist of the shops. Second, the waist must fit exactly to the shape of the body, with sufficient room for respiratory expansion. Third, the buttons for the attachment of the skirts must be so high that when the necessary weight is thrown upon them, they do not pull below the line of the smallest circumference of the patient's waist. To such a waist, both the petticoat and the dress skirt are buttoned. The belts must be comfortably loose. Over this waist, the ordinary dress waist, or a basque, is worn, loose, but neat, and not hooked to the skirt below. During cold weather, instead of adding an underskirt, knitted woollen tights of desirable weight should be worn. Such a combination will afford comfort, and, at the same time, permit the most fastidious to comply with the varying fashions. These patients frequently go to sanatoriums, where the life is such that tight dresses cannot be comfortably worn. They wear wrappers and spend much of their time lying down. Improvement, if not entire recovery, takes place, and they return home, where they again put on their unhygienic clothing, and in a short time relapse to their former miserable condition.

2. *Dietetic.* In dilatation of the stomach, one must contend with the unfortunate circumstance that the very organ which is needed most to hasten a recovery is seriously disabled. It is essential, if the patient is below her normal weight (and this is nearly always the case) that she should regain, or go above, her normal weight. The abdominal organs must be in part supported by the normal amount of fat which is found in the abdomen in health. I know of no one food which will restore this more readily than milk in definite quantities at regular intervals.

I am aware that a liquid diet in dilated stomach is contrary to the teachings and writings of many for whose opinions I have the greatest respect. They tell us "a modified dry diet, concentrated, with meals at long intervals, coarse vegetables, and, if necessary, nutrient enemata, so that the stomach may have very little weighty material, and have long periods of rest." I have never yet succeeded in getting these patients to gain in weight upon such a *régime.* If one adopts the dry diet, and also has the patient take as much water as one in health ought to take in a day, I daresay the weight of the food and water will be equal to the weight of the milk necessary for one day. But these patients need to take more fluid than a healthy individual, because they nearly all suffer from partial anuria, are constipated, and in a condition of auto-intoxication.

I have had very satisfactory results in many cases by giving these patients two glasses of good, rich milk, with two raw eggs at meals, say at 8 a.m., 1 p.m., and 6 p.m.; and two glasses of milk at 11 a.m., 4 p.m., and 9 p.m.; sometimes giving an additional glass at midnight, or early in the morning. After these meals and lunches, the patient is required to lie flat on the back, or on the right side, for a period of thirty to forty minutes. I do not see that there can be any danger of aggravating an existing dilatation when the patient follows this course, for the weight of the food is not exerted against the lower curvature of the stomach, but against the posterior wall, which is well supported by the underlying tissues.

With such a diet, the kidneys become very active, the bowels often become regular, and the patient gains in weight. When the patient regains the normal weight, a meal of solid food is allowed at 1 p.m., consisting of a mutton-chop, and zwiebach, with about four ounces of water, and for the four o'clock lunch are substituted about twelve ounces of water. The other meals and lunches remain the same. If, after a week of experience with the mid-day meal, the patient holds her weight, a meal of solid food is ordered for breakfast, much as the mid-day meal, with the addition of a well-cooked cereal, and to the dinner are added green vegetables and soft-boiled eggs. The patient is advised to eat butter freely. Thus, gradually, the patient is given three meals of solid food a day.

What of the patients who cannot take milk or raw eggs? There are many who think they belong to this class, but it is surprising to see how few really suffer from such an anomaly. The usual opinion is that there is too much acid in the stomach and the milk is curdled. From a careful study of the chemistry of the gastric contents, and observations upon the effect of milk in a number of cases, I have found that patients with hyperacidity are more likely to take milk without discomfort than those who have an absence of acid. A most decided case of hyperchlorhydria took milk easily, while one of achylia gastrica could not take it at all. It is not well to continue one diet with these patients too long. After ten days or two weeks of milk and raw eggs, it is well to have the patient take plain water for ten or twelve hours, equal in amount to the milk which would have been taken during the same time. After this, the milk is again resumed. All foods which are likely to cause fermentation must be avoided. Among these are potatoes, rice, and white bread. Raw fruit and an excess of sweets and fats must also be avoided.

3. *Physical.* Under this are included massage of the abdomen; certain exercises intended to develop the abdominal muscles; faradic electricity applied to the abdomen, and alternate hot and cold packs, or alternate hot and cold douches applied to the abdomen.

The application of electricity in these cases has been a question upon which there has been a diversity of opinions. Physiologists have proved that it is impossible to cause a contraction of the muscles of the stomach by the external application of the electrodes of a faradic battery, but that if one electrode is applied intra-gastrically, and the other over the abdomen, the muscles can be contracted at will. This has led to the use of the intra-gastric electrode. If the chief end of the application of electricity to the abdomen in these cases is to cause a momentary contraction of the muscles of the stomach, the intra-gastric electrode ought to be of the greatest value. But more than this can be accomplished with faradic electricity in these conditions. The tone and strength of the relaxed muscles of the abdominal walls can be increased, and I believe that the digestion and assimilation of food can be increased. Gynæcologists, especially those who employ electricity, claim that they can alter tissues in the pelvic organs by applying electricity, pericutaneously. If this is true, would it not seem reasonable that electricity, applied in the same way, would, at least, alter the delayed functional activity of the stomach and bowels? I have used faradic electricity pericutaneously, and have obtained very satisfactory results.

4. *Therapeutic.* There are several drugs which can be used to great advantage in the treatment of atonic dilatation. Among these, the tincture of nux vomica can safely be said to take first place. Strychnine may be equally effective. A combination of the sulphate of quinine and strychnine is often very good. If there is diminished HCl in the gastric juice, small and frequently-repeated doses of HCl are beneficial after the meals of solid food. If there is an excess of HCl, a combination of sodium bicarbonate, calcined magnesia, and bismuth subnitrate can be administered to advantage. If the constipation is not relieved by the hygienic and dietetic measures, and by the massage, the electricity, and the physical exercises to which reference has been made, glycerine suppositories may be used. Fluid extract of cascara sagrada, with tincture of belladonna and glycerine, may be given in small doses, if the suppositories are not effective.

The prognosis in these cases is good if the physician can have full control of the patient. Often the symptoms will disappear long before the stomach resumes its normal size.

# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, MAY 26TH, 1899.

Mr. LANGTON, President, in the Chair.

MR. H. BETHAM ROBINSON described a case of

### ACUTE INTESTINAL OBSTRUCTION, CAUSED BY AN ADHERENT VERMIFORM APPENDIX FORMING A BAND ASSOCIATED WITH FŒTAL ARRANGEMENT OF THE PERITONEUM.

A female child, æt. 7, was admitted into St. Thomas's Hospital in March, 1898, with a history of a week's constipation and occasional attacks of vomiting, now becoming constant and dark brown in colour. She had a pinched appearance; pulse 110, respirations, 38 per minute, and temperature 96·8, but without any marked collapse. There was acute pain in the belly about the umbilicus. Her abdomen moved with respiration, and was not rigid. There was particularly distension in the middle line above the umbilicus, and coils of small bowel were distinctly defined. There was comparative dulness on the left side. Teere had been no rectal discharge and no lump was to be felt there. It was doubtful whether she had passed flatus for the last few days. The abdomen was opened in the middle line, and a quantity of fluid with a few lymph coagula escaped. The small intestine was so extremely distended that exploration was impossible until the intestine was tapped, and three pints of fluid removed. In the right flank there was no colon, and on the left side the colon was absolutely collapsed, which condition was traced along the transverse colon. To the left of the mid-line above the umbilicus a mass was felt which proved, on examination, to be a loop of small intestine close to the cæcum strangulated under a band formed by the tip of the vermiform appendix being coherent to a caseous mesenteric gland. Beyond the obstruction the intestine was completely compressed, whereas the small intestine on the proximal side was very dilated. The cæcum and the whole of the ascending colon retained their primitive peritoneal investment, so that they could, and had, passed freely over to the left side. The appendix was separated and the intestine released. The child's condition was so bad as to require infusion. She did not rally at all after the operation and died very shortly. At the autopsy it was found that not only were the ascending colon and cæcum freely movable but the third part of the duodenum had a mesentery.

Dr. HAWKINS, of Reading, suggested that the adhesion of the appendix was due to a former appendicitis.

Mr. ROBINSON, in reply, said he could not agree with this as the specimen showed there was absolutely no indication of appendicitis, and, moreover, it was not necessary to seek for this as the presence of the caseous mesenteric gland was the undoubted factor in the adhesion of the appendix.

### HÆMORRHAGIC ERYTHEMA WITH BRIGHT'S DISEASE.

Dr. COLCOTT FOX related the case and showed drawings of the case of a woman, æt 61, who had suffered from bronchitis and acute nephritis probably supervening on old mischief. She left the infirmary but returned a fortnight later (January 5th) with injected and swollen fauces, some erythematous macules on the face, and a few petechiæ on the legs. On January 10th a generalised eruption made its appearance. It was of an erythematous macular type slightly raised with a tendency to rapid centrifrugal extension. The eruption varied in size from a pinpoint to a finger nail, but tended to become confluent, forming patches and sheets. The colour was a vivid red, ineffaceable by pressure. The smaller lesions were dotted with distinct hæmorrhagic punctæ, and the large older ones acquired a well-defined purple border enclosing bluish red centres. The palms and soles were diffusely involved but the fingers and dorsal surfaces were at first unaffected. The skin of the fingers, wrists, toes, and feet was œdematous. The joints of the wrists and hands were tender and painful. By January 12th the eruption had become almost universal and looked at first glance like severe purpura. Over the abdomen the maculæ were mostly small and erythematous, and not nearly as hæmorrhagic as elsewhere. The face was sallow and the forehead covered with a morbilliform eruption. The lips were swollen and blood stained, and there were a few purpuric spots on the gums and palate. After a brief pause the lesions became increasingly hæmorrhagic and even more confluent. On the 15th a recent retinal hæmorrhage was detected. On the 16th melæna occurred, and the patient died on the 17th. Before death the hæmorrhage was still increasing in the skin. Post-mortem a good deal of congestion of the lungs was seen, with intense injection of the mucous membrane of the trachea, bronchi, stomach, colon, and especially of the jejunum and ileum, where it was hæmorrhagic, There was no endocarditis. The kidneys were small, red, granular with a narrow cortex and adherent capsule. Microscopical examination of the affected portions of skin revealed distension of the lymph spaces and the blood vessels of the papillary layer with a moderate cell infiltration. The sheaths of the larger horizontal vessels were, however, densely infiltrated with cells. There was apparently no plugging of the vessels and no micro-organisms were discovered. Dr. Fox observed that the eruption appeared to correspond clinically with the roseola of Willan rather than with erythema multiforme.

He observed that one was familiar with cutaneous hæmorrhage as a complication of or even in lieu of the characteristic eruption of infective diseases such as variola and measles, and it was equally recognised that in erythema multiforme there was a special tendency to the exudation of blood-stained fluid, and even blood itself, which may completely mask the essential eruption. Hæmorrhage into the slighter roseolar forms of eruption was, however, rare. He added that in his experience the appearance of this kind of eruption in patients suffering from Bright's disease usually heralded approaching dissolution. They had been of two types—either the roseolar type of Willan, or of the morbilliform type. He mentioned the case of a woman who, two or three days before her death from granular kidney, became covered with a copious eruption of dusky erythematous macules the size of the finger nail, closely simulating the roseolar syphilide. He had also seen several examples of a copious generalised morbilliform eruption, terminating in profuse desquamation.

The President observed that the case would be a valuable supplement to those brought before the Society not long since by Dr. West.

### ANEURYSM OF THE SUBCLAVIAN ARTERY TREATED BY LIGATURE OF THE FIRST PORTION, FOLLOWED IN THIRTY-EIGHT DAYS BY REMOVAL OF THE ANEURYSM.

Mr. H. Allingham showed a man, æt. 25, a sailor, admitted February 20th, 1899, who three years before had noticed a swelling above the right clavicle which had gradually increased in size, especially during the twelve months preceding admission. On admission he exhibited a pulsatile expansile swelling in the right supraclavicular region between the sterno-mastoid and trapezius muscles, about the size of a tangerine orange. There was characteristic systolic bruit with delay and diminution of the right radial pulse. He ligatured the subclavian artery on the cardiac side of the tumour, using a kangaroo tendon ligature immediately external to the origin of the vertebral artery. Recovery was complete, no pulsation being perceptible in the tumour or in the radial artery until March 4th, when some slight beating was detected in the aneurysm. This continued, and the sac became distinctly smaller and harder. The patient was anæsthetised when it was found that the tumour, although pulsating, did not expand, and it was decided to watch the case for a time before proceeding to more radical measures. On March 28th it was noted that the aneurysm was increasing in an upward direction, and that there was decided palpable and visible pulsation. On April 8th the whole length of the clavicle was exposed and the greater part removed. The aneurism was carefully exposed, springing from the upper and anterior aspect of the vessel. Silk ligatures were applied above and below and the sac removed. During the dissection the transversalis colli artery was wounded as it crossed the tumour, and some few fibres of the brachial plexus were divided, the lower cord of which was adherent to the sac above. Some difficulty was experienced in separating the subclavian vein, which received a slight tear, which was closed by a lateral ligature. The patient rapidly recovered, and was now about, using his right arm with comfort. Section of the aneurysm showed that its cavity was largely occupied by firm clot, the blood passing into it from the subclavian and out posteriorly by what appeared to be the profunda cervicis. A careful examination of the arm was made on May 5th, and it was found that pulsation was present in the brachial, best marked in the ante-cubital space, and also in the radial at the wrist. The ulnar was not felt. The hand and fingers were pallid, and somewhat colder than those of the opposite limb, but this condition was improving daily. He remarked that little or no difficulty was experienced in applying the ligature to the first portion of the subclavian artery as it was approached from below, and the dissection was made from the region of the second portion, thus the large veins and nerves crossing the seat of ligature were not even recognised.

Mr. Stanley Boyd observed that these cases were so rarely successsul that the author deserved to be congratulated. He had been struck by the fact that the pulsation had returned very soon after ligature of the first part of the artery. That appeared to be common after proximal ligature for aneurysm of the third part of the subclavian, and constituted a strong argument in favour of excising the sac. With free exposure of the aneurysm it ought not to be more difficult to put a ligature round the artery at the start than later, and that had, indeed, been done on at least three occasions. He said the result in this instance after complete removal was interesting, and it would be interesting to note whether the shoulder dropped in the future more than it did at present. In fact, at present there was no drooping to speak of. Another interesting point of view was the reason why hæmorrhage was so very common after ligature of the first part of the subclavian. The subclavian had been stated to be the thinnest artery in the body, and in any case one of the great difficulties was to arrange the artery comfortably after ligature, as there was always such a large gap left.

Sir Dyce Duckworth mentioned the case of a patient under his care with aneurysm of the subclavian. He had placed him on a restricted diet, giving large doses of iodide of potassium. Mr. Howard Marsh had seen the patient, and was of opinion that it would be a very suitable case for this operation; but, inasmuch as the aneurysm was becoming smaller and was consolidating, it was decided not to interfere for the present.

Mr. Charters Symons related a case of aneurism of the second portion of the subclavian in which he had attempted to ligature the first part. It was situated underneath the clavicle, but the whole posterior triangle was filled with a pulsating swelling which extended to the sterno-mastoid. He proceeded to apply a ligature to the first part on the plan suggested by Ballance and Edmunds. On exposing the artery by splitting the sterno-mastoid, and on cleaning it, on passing a needle from below there was a furious rush of blood which ceased on his withdrawing the needle. On reintroducing the needle the rush of blood recurred. He therefore tied the innominate and common carotid on that side at the same time, and so far the case had done well. The curious thing happened that the whole of the sac separated, but the patient recovered with a fairly useful arm. He asked whether the author had divided the head of the sterno-mastoid muscle.

The President thought the fact that the author had used kangaroo tendon for the first ligature and silk for the second, was rather ominious. He had never himself ligatured the first part of the subclavian for aneurysm, but he had had two examples of malignant disease of the clavicle in the centre, and he had removed almost the entire length of the bone. In both cases a very good result had followed with no impairment in either of the limbs. If, therefore, it was thought desirable to remove that bone, it might be done without hesitation.

Mr. H. Allingham, in reply, said that he had freely divided the sterno-mastoid an inch above the clavicle, afterwards uniting it by sutures. By so doing, the inner border of the scalenus anticus was easily exposed and there the artery was found pulsating, and a ligature could readily be passed round it. He had used kangaroo tendon for the first ligature in deference to the advice of his colleagues, but on the second occasion he had preferred sterilised silk as this was what he was in the habit of using. Before the operation he had tried to find out what would be the result of removing the bone, but had not been able to get any information on the subject.

The business of the Annual General Meeting was then proceeded with.

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## ROYAL ACADEMY OF MEDICINE IN IRELAND.

### Section of Obstetrics.

Meeting held Friday, April 21st, 1899.

The President, Dr. F. W. Kidd, in the Chair.

### TWO YEARS' WORK AT THE SAMARITAN HOSPITAL FOR WOMEN, BELFAST.

Dr. John Campbell gave an account of two years' work at the Samaritan Hospital for Women at Belfast.

The hospital contains thirty beds, as well as nurses' apartments. Of these, eight are in the isolation wing and are devoted to the treatment of cancer and septic cases. Patients about to undergo an operation are well scrubbed with soap and water, and wear boric compresses over the seat of operation for three or four days beforehand The day before operation the field is well washed with soap and water, rubbed with turpentine, again washed with soap and water, and finally washed with 1 in 1,000 sublimate solution, and covered by a compress wrung out of the same. This preparation is repeated on the morning of the operation day. Septic cases are, as far as possible, excluded from the operation room. Sterilisation by boiling is carried out in regard to everything to which it can be applied. The hands are cleansed by thorough washing, followed by washing in turpentine, and again in soap and water. They are then put through the permanganate and sublimate processes in succession. India-rubber gloves are used if a septic case has been recently handled. The gloves are boiled. Chloroform is given by Junker's inhaler. Sickness in a patient is regarded as indicative of returning consciousness and of incompetence on the part of the anæsthetist. By the sponge and towel methods the patient is alternately half-poisoned and half-conscious. Flushing the abdomen is done in tuberculous peritonitis and cases in which glairy fluid has escaped into the abdomen. Drainage is used after flushing, in cases where much peritoneal fluid has been present, and in cases in which pus has escaped. The current of opinion has now set in too strongly against drainage. A glass tube with a gauze wick is to be preferred, and the bed-head should be raised. Small gauze drains float on the intestines. Large ones prevent the bowels from resuming their natural position. A rigid tube keeps the gauze in the pelvis. Dressings: Sterilised gauze is used for most cases. Iodoform is used for wounds which are drained. Post-operative Treatment: Morphia is, if possible, avoided. One half grain hypodermic may be given if pain is severe. The amount of fluid allowed depends on the amount of vomiting present. During 1897-98 forty-four intraperitoneal operations were performed in the Samaritan Hospital by Dr. John Campbell, namely:—1. Twenty ovarian tumours, including sixteen ordinary cysts, three dermoids, and one solid tumour. The patients' ages varied from 21 to 65. In three cases both ovaries were removed; in four one ovary was removed and the other resected. In one case a fæcal fistula was present for a fortnight, and in one phlebitis occurred in the left leg after puncture of small cysts in the corresponding ovary. All the patients recovered. 2. Diseases of the tubes were operated on in three cases. In one the tubes were catheterised; in another a four months' fœtus was removed from the right broad ligament; and in one a tumour of myomatous appearance was removed from the inner end of a tube, the outer end of which was dilated and contained fluid like menstrual blood. 3. A fibro-cystic tumour independent of the tube and ovary, and not obviously connected with the uterus, was removed from the right broad ligament. It weighed 20 lbs. 4. Fibro-myomata of the uterus were operated on nine times. Four were abdominal operations, done by the intraperitoneal method; two were vaginal hysterectomies; one was an enucleation after abdominal section; and one was an exploratory incision, in which the appendages could not be got out, and the patient could not stand panhysterectomy. The enucleation case died of shock; the others all recovered. 5. One case of cancer of the corpus and one of cancer of the cervix uteri was successfully removed by vaginal hysterectomy. 6. A case of prolapse and one of retroversion were treated by vagino-fixation, with good result in both cases. 7. Tuberculous peritonitis was incised and drained twice. The case in which there was much fluid appears to be cured; the other was not benefited. 8. A hydronephrotic kidney and a tuberculous kidney containing abscesses were removed with success. 9. Gastrostomy for cancer of the œsophagus was done once with excellent result. The vermiform appendix was once removed. A cancerous cæcum was exposed with the view of making a fæcal fistula and excising the growth when the patient had recovered from the effects of the intestinal obstruction caused by the growth, but she died exhausted after the preliminary operation. The mortality of these forty-four cases was 4½ per cent., as good an average as can be expected, if operations on so many different abdominal organs are taken together.

The **President** thought that gloves should be used in operations only when they suspected that they could not render their hands completely aseptic. He did not agree with Dr. Campbell's opinion that all the dangers of chloroform were due to maladministration. When chloroform was administered *guttatim* he had seen no ill effects.

Dr. **Smith** said he had practically given up drainage. He believed that after a few hours no drainage took place, since a layer of protective lymph was thrown out round the tube which acted as a foreign body. Moreover, a solid drainage tube pressing against the rectum was capable of causing a fistula. The operation he preferred was retro-peritoneal hysterectomy, which gave excellent results.

Mr. **M'Ardle** observed that nearly all the abdominal viscera reflected pain to the pelvis after laparotomy. It was not uncommon in gouty affections of the kidneys to have the pain referred to the pelvic region, and in many instances of spinal lesions the chief pains were pelvic. He strongly advocated the intraperitoneal method of operating, and considered drainage of the peritoneal cavity unnecessary, except where there was some intestinal lesion or some infection of the peritoneal cavity.

Dr. **Purefoy** said he was one of those who practised drainage, but he had never used a rigid tube. The gauze drain, in the form of a Mikulicz' bag, or otherwise, he was satisfied was of the utmost use.

Dr. **Campbell**, replying, said he believed that sudden death during the administration of chloroform was generally due to the use of a too concentrated solution. With regard to drainage, it was quite true that it was useless after a few hours, but it was during those few hours that it was especially required. He considered the vaginal method of operating on fibroids the best, when it could be done.

### ON UTERINE CANCER AND ITS TREATMENT.

Dr. **More Madden** read a paper on this subject which is published in abstract elsewhere.

The **President** said there were many conditions which resembled the initial stage of uterine carcinoma. A microscopic examination was therefore always desirable. He had performed vaginal hysterectomy on seven patients for malignant disease. Four of them, at least, he knew to be still alive.

Mr. **M'Ardle** said with reference to removal of the glands with the uterus and appendages, he had never yet seen thorough removal of the retro-peritoneal glands. In operations for tuberculous disease of the vermiform appendix it was his custom to rip up the peritoneum and remove the glands involved.

Dr. **Smith** said sufficient stress was not laid upon rectal examination for the purpose of determining infiltration of the surrounding tissues. He thought that the best chance for the patient was offered by the abdominal method of operating if there was any doubt about the case.

Dr. **Purefoy** said that when he recognised malignant disease in the uterus his inclination was to remove the whole organ.

The Section then adjourned.

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## HARVEIAN SOCIETY OF LONDON.

Meeting held Thursday, May 18th, 1899.

H. E. **Juler**, F.R.C.S., President, in the Chair.

### CONSIDERATIONS AS TO THE ETIOLOGY AND SIGNIFICANCE OF DILATED HEART.

Dr H. A. **Caley** read a paper with this title, a full abstract whereof will be found elsewhere.

Dr. **Alexander Morison** considered that the simplest method of regarding the etiological factors in the production of cardiac dilatation was to remember the essential triunity of the so-called functional unit, and to refrain from dissociating the muscular, hæmic, and neural elements of which it was composed. He protested against the tendency of many physiologists of the present day in regarding the muscular element as the predominant factor in sustained rhythmical action, and considered that both clinical experience and pathological investigation, rudimentary though the latter still was, pointed to the important *rôle* played by the nervous system in such cases.

Dr. **John Broadbent** said that the question as to what were the factors which determined the relative amount of dilatation and hypertrophy after endocarditis, was one of great importance. He considered that the myocarditis which so frequently accompanied endocarditis and not the actual lesion to the valves, was responsible for the initial dilatation, from which the heart might entirely or only partially recover. Subsequently, as the valves became puckered and deformed in the process of repair by cicatricial contraction of the granulation tissue on their surface, the effects of valvular lesion became pronounced, and led to fresh dilatation of the heart followed by hypertrophy, which constituted a measure for estimating the extent of the valvular lesion. It was important, therefore, not only to enjoin absolute rest after an attack of endocarditis during the period when the heart was recovering from the initial dilatation due to accompanying myocarditis, but subsequently to insist on great care and moderation in exercise at a later period when the compensatory changes called forth by the valvular lesion, were taking place. Otherwise undue permanent dilatation with excessive hypertrophy might ensue.

Dr. G. A. **Sutherland** asked whether dilatation was ever present without hypertrophy. Dilatation must be either an active or a passive process as regards the cardiac muscle. A passive dilatation or cardiac failure implied that the blood could be pumped through the arterial and venous systems by the left ventricle in a weakened condition, and yet remain under sufficient pressure to dilate the ventricle. It was difficult to accept such an explanation on physical grounds, as venous engorgement and cardiac syncope would appear to be a more likely result. Active dilatation, on the other hand, might be the calling into play of some reserve power in the heart, which by greater expansion and more rapid action was enabled to carry on the circulation. As compensation was often fully established under these conditions, he thought that dilatation might be looked on as a conservative process, and one not necessarily to be interfered with medicinally or otherwise, although it was recognised that over-action of the heart was present, and that a breakdown must occur in the course of time.

Dr. **Poynton** agreed with Dr. Sutherland as to the difficulty in many cases of explaining dilatation of the heart upon mechanical considerations. In rheumatism dilatation might be very marked, and the clinical symptoms comparatively slight, whereas in other conditions the clinical symptoms might be very severe and the dilatation slight. Microscopic examination of the heart walls sometimes showed extensive myocardial disease with little dilatation, and sometimes the reverse. In rheumatism he thought it probable, a view also held by Dr. Lees, that the marked dilatation was dependent upon a special and peculiar action of the rheumatic toxin upon the cardiac muscle. The difficulty and complexity of the question of cardiac dilatation was illustrated by the case of a young man about twenty-four years of age, who having been "out of sorts" for some days went for the first row of the season in a "four oar" to "shake it off.' On landing after the exertion he vomited, and later in the day was seen by a doctor, who found that his heart was extremely rapid, his pulse rate being about 200 to the minute. He was admitted under Dr. Cheadle, to St. Mary's Hospital in this condition, and died two or three days afterwards, the heart acting to the end at this extraordinary rate. The post-mortem showed some mitral valvulitis and old pericarditis. The dilatation was quite moderate. In this case there were two factors, a damaged heart and a mechanical strain, both, one would have thought, leading to extreme dilatation rather than a condition of tachycardia with little dilatation. He thought it was important to get a definite idea of the meaning of fibrous changes in the heart-wall, for sometimes they were brought forward to account for dilatation, and sometimes they were given as an explanation of its absence. These fibrous changes, which arise in connection with the vessels, were, he thought, essentially reparative, and an evidence of Nature's reaction, however imperfect, to morbid processes. The valve deformities in rheumatism were thus an evidence of reaction to the toxic process, rather than an evidence of the active effects of the toxæmia. He thanked the Society for their permission to show the microscopic specimens.

Dr. **Bezly Thorne** was glad to find so much importance attached to the first stages of dilatation, because by their early recognition and relief the physiological call for hypertrophy and the ultimate sequelæ of degeneration and loss of compensation could, in a large number of cases, be obviated. With regard to tobacco poisoning, the practice of inhalation was the most certain and rapid in evil effect. Abnormal sexual excesses were the cause of cardiac dilatation in other cases, and some of those the most obstinate. He added that myocardial and vascular degenerations which had not proceeded to calcification, and especially those which were attributable to atheroma and fatty degeneration were among the most amenable to treatment of cardio-vascular affections The free ingestion of water, at such times as not to interfere with gastric digestion, by promoting elimination of toxins, was an effectual means of reducing vascular tension in cases in which sclerotic changes had not rendered increase of arterial-lumen impossible. not excepting cases of commencing dilatation of the aorta.

Dr. H A. **Caley**, in reply, remarked that practically we could only estimate alterations in the cardiac nervous mechanism by noting any alterations in the frequency, or by those of the heart test, and by restricting, as far as possible, the amount of contractile vigour which the heart muscles possessed. In reply to the question as to whether slight degrees of dilatation might not be beneficial it was pointed out that just as a slight degree of dilatation under physiological conditions might be a mechanical advantage, so a corresponding degree of dilatation under pathological conditions might likewise be advantageous, provided that it was accompanied by sufficient vigour of the heart muscles, with or without actual hypertrophy. This had been referred to in the paper as strictly compensatory dilatation.

Dr. **Poynton** exhibited microscopic specimens illustrating various diseased conditions of the myocardium. The sections were taken through the left ventricle papillary muscles, and in one case the aorta. They showed the general fatty changes that may occur in severe rheumatic morbus-cordis, the extreme myocardial disease that may occur in some cases of alcoholism, and the severe and active changes that may be found in the heart wall in acute aortitis, without demonstrable affection of the coronary vessels. The explanation of the condition in these cases of aortitis was in all probability that a process analogous to that in the aorta had taken place in the heart wall itself.

## France.

[From our own Correspondent.]

Paris, May 28, 1899.

### Section of the Sympathetic.

At the last meeting of the Académie de Médecine M. Franck spoke on his experiments on the section of the sympathetic nerve in the treatment of Basedow's disease, and the effect produced on the circulation of the thyroid body on that of the brain, the ocular apparatus, and upon the head. The cervical cord of the sympathetic acts as the nerve of propulsion of the globe of the eye, thanks to its action on Müller's muscle; its section suppresses or attenuates exophthalmia. On the other hand thi nerve acted simultaneously as constrictor and dilator of the vessels; its section diminishes the tension intra-oculaire and can consequently have a beneficial influence on glaucoma. As to the supposed vaso-dilating action of the cervical sympathetic on the thyroid gland it did not exist. Irritation of this nerve determines, on the contrary, contraction of the thyroid vessels, and its section consequently cannot do otherwise than add a paralytic vaso-dilatation to the active congestion of exophthalmic goitre.

The vaso-constrictive cerebral action of the sympathetic is none the less apparent; it is thus that section of the cervical cord increases the cerebral blood current. The profit that could be derived from its section for Basedow's malady and for epilepsy was problematic, the theory of cerebral anæmia in these two affections being very questionable.

The cardiac nerves derived from the sympathetic are only furnished in a small proportion by the cervical cord, they derive for the most part from the superior thoracic region. Their suppression is consequently only complete in the case of total resection. Irritation of the aortic and cardiac branches, like that of the sympathetic, are capable of provoking a series of troubles in the circulation similar to the accidents of Basedow's malady.

### Treatment of Uræmia by Water Diet.

M. Renon said that there were cases of acute or chronic uræmia where the patients could not support the milk diet; the accidents persist, in spite of the milk, and perhaps even on account of the milk, which becomes a poison, as in cases of acute enterocolitis, and probably for the same reasons. In such cases, consequently, some other agent than milk should be employed. M. Mathieu showed that in the course of chronic gastric uræmia the patients could be treated simply with water, and he knew that M. Bar treated for the last year by the hydric diet, and with good results, women suffering from gravid albuminuria and from eclampsia. He thought, consequently, that in uræmic patients who did not support the milk the hydric diet should be observed. In five cases he prescribed this treatment. At the end of three or four days the vomiting, diarrhœa, and dyspnœa had disappeared, and the days following rice-water and vegetable soup were ordered, and gradually the milk diet was resumed.

### The Action of Coloured Light on Man.

Dr. Raffegean has published an interesting account of his treatment of nervous affections by coloured light. In a room papered in red and with red glass windows he placed a maniac, who, for a long time, was sombre, affected with taciturn delirium, and ate rarely of his own accord. Three hours after being placed in this room he visited him, and to his great surprise he found him smiling all over, and asked to be given something to eat.

Another patient took it into his head that the air was full of poison, and remained all day with his hands over his mouth to prevent the air from entering. He was placed in the red room, and the following day he seemed quite rational, asked for his breakfast, which he swallowed with avidity, and at the end of a few days he was able to be sent home. On the other hand, a maniac, very violent, and wearing the straight jacket, was put into a room with blue glass windows, and in a few hours he became calm and gave no further trouble.

M. Lumière, the well-known dry-plate manufacturer at Lyons, was obliged to substitute green coloured glass in all the windows of his large room for the usual red, as the work people sang all day, gesticulated, and the men made love to the women. Since the substitution they are quiet, do not speak a word, and seem less fatigued when they leave off work.

## Germany.

[from our own correspondent.]

Berlin, May 27th, 1899.

### Transplantation of Cartilage into the Larynx.

At the Surgical Congress Dr. von Branegoldt, Dresden, gave a note on the subject in connection with some cases of stenosis of the larynx. In some cases of stricture dilatation did not always lead to recovery, and scarcely to improvement. In such cases success could only be attained by resection and the implantation of fresh firm tissues into the stricture. The transplantation of hyaline cartilage had not, up to now, been attempted, but he had practised it in four cases with success, where there was defect of cartilage. In one case, that of a child, there was extensive papillomatous growth on both vocal cords. Laryngofissure was performed, the papillomata removed, and the surface cauterised. After five or six weeks stenosis was apparent, which could not be overcome by dilatations, nor could it be kept from getting worse. It was not possible to implant soft tissue, as on inspiration it would have been drawn in like a flap. He then attempted to implant rib cartilage with the perichondrium. The cartilage was first of all implanted into the skin, and then the skin, made firm by the cartilage into the larynx. Intubation was also performed. The success was complete. The patient breathed and spoke well. He had endeavoured to discover whether the cartilage remained alive or not after the implantation. Some weeks ago he implanted some cartilage from a rabbit under the skin of the back, and showed in a microscopic specimen young vessels passing into the cartilage, a proof that it remained alive.

Hr. Krettner, Tübingen, read a note on

### The Extension and Prognosis of Cancer of the Penis.

In two cases of cancer of the penis he found, contrary to his expectation, disease in the pelvic glands, while the inguinal glands were free. In order to come to an understanding of this striking fact, he made a series of injections of the lymph vessels of the neighbourhood, and found two groups, a superficial and a deeper. The superficial lymph vessels led to the inguinal glands, the deeper, almost without exception, direct into those of the pelvic. In amputation of the penis extirpation of the inguinal glands blocked the way for the spread of the disease. This was only in the early stages. Wherefore operation should not be delayed when cancer attacked that organ.

Hr. Most, Breslau, read a paper on the

### Lymph Vessels of the Stomach and their Relation to the Extension of Cancer,

and showed preparations and drawings illustrative of the subject.

Hr. Kraske, Freiburg, said that a few weeks ago a patient came under his treatment who had long been treated for ulcer of the stomach, but now showed symptoms of disease of the bowels. A high-seated tumour could be felt from the rectum. Operation was performed, and the tumour removed from the sigmoid flexure, along with the bowel implicated. The extirpated piece showed an unusual appearance. There were two separate patches of the disease inside, not raised, but sunk and ulcerated, and a doubt arose as to whether the disease was carcinoma or not. Five days after the operation vomiting and pain came on, and three days later death. The autopsy revealed still further stenoses of the same kind both in the small and large intestine and also in the stomach. In the bowel the carcinoma lay especially below the mucous membrane. The disease of the stomach was the primary, the other secondary. The disease passed first into the left gastroepiploic artery, which also passed to the right and there united with the gastro-duodenal. The superior pancreatico-duodenal was a lateral branch of this, which encircled the head of the pancreas and supplied the greater part of the duodenum. The organ was again connected with the inferior pancreatico duodenal, this was the inferior mesenteric, which divided into two branches, the left colic which supplied the descending colon, the superior hæmorrhoidal which passed to the upper and middle part of the rectum.

### CLINICAL CONTRIBUTIONS TO PERITYPHLITIS.

Hr. Karewski remarked on the importance of accurate differential diagnosis. It appeared that when bladder symptoms were present the prognosis was better. On the other hand attacks not preceded by peritonitic symptoms gave a worse prognosis, as here the abdominal cavity was a virgin one that reacted more readily on interference, with peritonitis. Retro-peritoneal suppurations were common, but they were, as a rule, of benign nature, but they could sometimes be malignant when they were only partially extra-peritoneal.

Hr. Gussenbauer, Vienna, said that vague pains often depended on adhesions which might be spread over a large part of the abdomen. If these were relieved the pains generally disappeared.

Hr. Kümmel, Hamburgh, would not operate in mild cases; in medium cases only when serious attacks came on; in diffuse peritonitis at once and without loss of time. Out of 850 cases he had operated in 57 with 32 deaths; out of the remainder there were only 11 deaths. The pulse always gave the clue as to whether a case should be operated on or not. Rehn had operated 19 times in diffuse peritonitis, nine of the patients recovering. Hr. Ewald, Berlin, also depended more on the pulse than on the temperature.

Hr. Körte, Berlin, said his standpoint was that generally the appendix was not to be resected, and in any case a free interval should be waited for. As a rule, simple opening of the abscess was enough. It should not be forgotten that 90 per cent. of appendix cases got well with internal treatment. Statistics proved that.

Hr. Jordan, Heidelburg, related a case of acute peritonitis that got well without operation. There was high fever, pulse 140, vomiting, collapse. Operation was declined. He heard nothing more for six weeks, when the patient was brought to him suffering from chronic peritonitis. After watching the case for a week an incision was made, and a large quantity of purulent material removed. Complete recovery took place.

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# Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 27th, 1899.

### RONTGEN RAYS AND SYCOSIS.

AT the Gesellschaft der Aerzte, Shiff, in conjunction with Freund, gave their experience of the Röntgen rays on sycosis and favus. In both diseases when the rays were applied seven and thirteen times respectively complete recovery was obtained, leaving the skin free from all inflammatory contractions and smooth. The action of the rays seem to be antiparasitic as no recurrence had appeared after the second month.

Herpes tonsurans was equally amenable to the rays.

### RUPTURE OF GALL BLADDER.

Hochenegg showed a woman, æt. 47, on whom he had operated for presumptive volvulus. The history began with an illness that seems to have been intermittent in its character, with violent pains in the abdomen, accompanied by vomiting. This went on for some time, till a sudden tear, as if something had given way in the abdomen, occurred, and a large tumour formed which necessitated immediate action. No gas or fæces came from the bowel, neither was there vomiting or hiccough present after this occurrence. On opening the abdomen it was found filled with gall-coloured fluid, and six litres being drawn off. Further exploration revealed the gall bladder torn and collapsed, and remained a large stone. After removing the stone and washing out the abdominal cavity the gall-bladder was stitched and the wound closed, after which the patient steadily returned her usual health, as might be seen from her present condition thirty days after operation. Owing to the wide diffusion of fluid in the peritoneal cavity, a drainage tube was left in the wound to prevent imbibition if possible.

Hochgnegg remarked that this condition of stone in the gall-bladder was not an uncommon occurrence, as 1,700 such cases were now recorded, 472 of which had been laparotomised, as no other form of treatment was rational under such circumstances.

Fabricius said that he had had three similar cases under his care some time ago which had been allowed to proceed further than Hochenegg's cases. The first was diagnosed as a case of hernia at the umbilicus which was treated till it burst and discharged a large quantity of purulent matter. On examining the opening a few gall stones were discovered embedded under the skin around the orifice. The second case had a similar history and was diagnosed as a fibroma, being located about the same place. The third was somewhat different but formed a large abscess in the sheath of the rectus muscle the discharge containing the gall stones.

### CHRONIC CAVERNITIS.

Grünfeld presented a patient with a chronic swelling about 5 c.m. wide and 6 c.m. long on the corpus of the penis entirely destroying the function of the organ. There was no pain with the swelling, which for some time has been considered malignant, though no confirmation of this could be adduced beyond swelling of the left inguinal glands. In malignant cases the Röntgen rays reveal a sort of cartilaginous substance which, strange to say, is present in this case. The microscope and symptoms were against, while the size of the glands and the Röntgen rays appearances were in favour of malignancy.

### Myoma Operations.

Wertheim next read his paper on 53 operations for myoma which he has performed during the last year and a half. Since Chrobak promulgated his methods of vaginal and "morcellement," five years ago for the removal of myoma, Grünfeld tells us that he has devoted most of his time to testing the different forms, and within the last year and a half has had 53 of this nature. He claims several modifications which are of considerable advantage.

His conclusions are that no tumour should be removed by this method if it rise above the umbilicus, as the loss of blood is too great to justify the operation. The length of time the patient has to be under chroloform is another danger to be feared. If the tumour be pediculated, it should be ligatured, and the stump returned to the uterus. In the case of multiple myoma the uterus must be removed with the tumor. The vaginal operation is limited in another class of cases; if these be anæmic or affected with myo-degeneration, even when the tumour is small, this method should not be practised, as the hæmorrhage is apt to be so great as to precipitate a fatal result. Intra-ligamentary myoma, as well as the adhesive inflammatory form, should be removed by laparotomy. He has operated 36 times by the vagina, but in two intra-ligamentary cases had to abandon this method and complete the removal by laparotomy, 25 times "morcellement"—six times dismembering and three times enucleation. Of the 36 operations, one died of myo-degeneratio cordis.

The radical cure he favoured was by total extirpation and supravaginal amputation, where there was less danger of wounding the ureters, and by removing the organ of the menstruating membrane danger was also removed, as well as fear of carcinoma in stump.

The indications for total extirpation were:—(1) Colloid myoma, which developed in the pouch of Douglas; (2) very large, or multiple myomata, though small; (3) infection or complication with pus discharges.

Of seventeen radical operations he performed, three were supravaginal and fourteen total extirpation, with only one death.

## South Africa.

[FROM OUR OWN CORRESPONDENT.]

Cape Town, May 10th.

### Illegal Practice at the Cape.

A good deal of interest has been excited locally over the prosecution by the police of an American negro, named Henry Tate, for illegally practising medicine at Claremont, a suburb of Cape Town. The accused claimed to be a graduate of the Western Reserve University Medical College of Cleveland, Ohio, and had applied for registration here, but had been refused, the diploma not satisfying the requirements of the Cape Medical Council. From evidence it was abundantly proved that the defendant had been carrying on an extensive practice, both prescribing and dispensing, under the guise of a semi-religious institution, the patients paying 2s. 6d. per week during illness, soul therapeutics being apparently included. To make matters safe, 10s. was always paid in advance as an entrance fee. He admitted having attended 800 patients in two years. The serious feature in the business is the implication of a duly registered practitioner, Dr. Anthony, a graduate of Michigan and superintendent of the Claremont Sanatorium, a large institution carried on by the Seventh-Day Adventists, which, with ethical ideas truly Transatlantic, has extensively advertised itself and its doctor. For this reason, and from its tendency to subordinate true therapeutical lines to religious and vegetarian fads, it has never been in good odour with the local profession. Dr. Anthony was alleged by several witnesses to have personally assisted Tate, under the name of "Dr. Green," and although this was denied by the defendant, who stated that the mysterious "Dr. Green" was really Dr. Anthony's son, it was admitted that Dr. Anthony had given death certificates to cover Tate, and that without seeing the patients. Anthony had, in February last, written to Tate declining to continue this dubious practice, as it was a violation of the laws of the land, but naïvely admitting that, if his time had permitted his seeing the patients with Tate "once or twice," he could have gone on doing so. Eventually Tate was fined £50, with the alternative of six months' imprisonment, but appealed, and was allowed out on bail. It may be well to point out that the colonial law is in advance of that of England by making the unqualified practice of medicine penal, apart altogether from professing to be registered. This renders prosecutions fairly easy, and, as a matter of fact, there is very little quackery in this colony, although it is rampant in the Republics. The only defence made in this case was that Tate was not practising for gain; but for religious purposes. A certificate he gave for the removal of a patient to hospital is a gem, and I reproduce it verbatim:—

"This is to certify that I have been the attending physician of Mr. Charles Fredericks, age 62, from January 7th, 1899, and I find no contagious disease or Faberish disease. But owing to his age and the location of his residence, his complaint has been of such Nature and now, and there is nothing more can be applied to his life sustenance. Only a quiet nursing, as he is now on his margins to his long home. God help him. There is quick rattling over his bones. Given under my hand this 17th day of March, 1899. Dr. H. Tate, M.D."

As a sequel to this case, Dr. Anthony has been placed upon his trial for giving false certificates of death. He attempts to justify himself by saying that he had sometimes seen cases with Tate, and that, although he had given certificates at Tate's request and on his description, he had not known that they were not for patients whom he had seen. As the case is still *sub judice*, it is impossible for me to comment further upon it, but one item of evidence demands note. Dr. G. G. Eyre, of Claremont, called as a witness in defence of Dr. Anthony, testified that it was a common thing for medical men to give certificates simply on the word of the relatives that the patients had been seen by them, without taking any means to satisfy themselves of the identity of the case. This is justly regarded as a very unfair assertion to make, and the more so, from the fact that Dr. Eyre happens to be the editor of the *South African Medical Journal*, and, as such, would be regarded by the public as an authorised exponent of the views of the profession. Certainly, no honourable man ever gives a certificate without fully satisfying himself as to identity. The Medical Association will probably take some steps to clear the profession from the imputation.

### Contamination of the Water Supply.

Another local matter has made much stir of late. The water supply of Cape Town is derived from the summit of Table Mountain. Acting on the recommendation of the Medical Officer of Health for the City, Dr. E. B. Fuller, the City Council has lately applied for powers to exclude the public entirely from the catchment area, except certain limited paths. This step was dictated by a fear of possible contamination of the water supply by typhoid excreta, but as the area is nearly 500 acres, about two-thirds of the mountain top, the proposal to deprive the citizens of their grand old mountain met with a good deal of resistance. The Cape Town branch of the British Medical Association discussed the matter in a fully attended meeting, and a resolution was carried by a very large majority, protesting against the new regulations as drastic and unnecessary. A deputation waited upon the Premier, whose sanction to new regulations of this kind is necessary, and urged the view of the Association. His reply was not altogether satisfactory, but it was understood that at least some modification of the regulations would be arranged. In view of the fact that the ascent of the mountain is rather too stiff a climb to make it likely that even the ambulant or convalescing cases of enteric fever would undertake it, and considering that the supply is derived from a multitude of trickling rills running over and through sand, exposed to strong sunlight and other bactericidal agencies, the sanitary zeal of the Council seems to be in excess of the requirements of the case. The matter has not been officially before the Colonial Medical Officers of Health, Drs. Turner (formerly of Guy's) and Gregory, but it is understood that they coincide with the opinion of the Association.

### Post-Graduate Tuition.

The advisability of giving South African students the first year, at least, of the curriculum here, and of instituting a Post Graduate School is being mooted, and will probably be brought before the Medical Association shortly. Dr. Dodd, the President, initiated the idea in an address. We have a hospital of about 200 beds, a large dispensary, and Government institutions for mental disease, sanitation, and bacteriology, besides all the machinery for teaching physics and chemistry, with some provision for biology, and ought to be able to do something.

### A New Disease among Miners.

Drs. Rogers, Brodie, and Hamilton, of Johannesburg, have lately published the results of some researches upon what they consider a new disease prevalent among mine Kafirs in the Golden City, and very fatal. They call it "Acute Specific Rhinitis," and consider it due to a diplococci, which they think is identical with Frænkel's pneumococcus, only more virulent. The morbid appearances, as shown in twenty-six cases, are a purulent rhinitis leading to meningitis, suppuration of the sinuses, middle ear suppuration, and parotitis. Croupous pneumonia was present in most of the cases, and there was generally peritoneal effusion. The cases with no pneumonia or very little were as fatal as the others. Dysenteric diarrhœa generally occurred at the last.

Active preparations are being made for the South African Medical Congress, which will meet here in October next. Dr. C. F. K. Murray is the President-elect.

A Masonic Lodge named after Mr. Kendal Franks, F.R.C.S., late Surgeon in Ordinary to the Lord-Lieutenant of Ireland, has been opened at Johannesburg.

# The Operating Theatres.

## ROYAL FREE HOSPITAL.

Nephro-Lithotomy in a Case of Obscure Diagnosis.—Mr. **Battle** operated on a man, æt. about 40, who had been suffering from obscure symptoms for some years; there had principally been frequent micturition with weakness and loss of strength, and occasionally an exacerbation with deposit of a yellow character in the urine and pain on micturition. He had been in various hospitals, where he had been told that he suffered from cystitis; he had previously been in the Royal Free Hospital, and had been subjected to examination under the X-rays, but without any satisfactory result. The opinion held at that time was that an enlargement which could be felt of the right kidney was possibly dependent on the presence of a calculus. The diagnosis was considered to rest between tuberculous and calculous pyelitis; against the tuberculous view was the fact that the patient had suffered for some years, and still showed no evidence of tubercle elsewhere; in favour of it was the comparative absence of pain or anything approaching a renal colic; in favour of calculous pyelitis was the fact that there had been intermittent attacks of the kind mentioned above, and that these attacks were usually ascribed to exertion, there had been blood in the urine, but it had not been a marked symptom. At his former visit to the hospital he had declined operation, but now asked for it, as his condition was much worse than it had been before. He was passing large quantities of pus and mucus, and was weak from this cause and insufficient food; his condition was so unsatisfactory that operation was not immediately performed, but he was kept in bed and fed up. As the right kidney was large and a little tender, whilst the left could not be felt, it was considered that the right kidney was the seat of his trouble, and this was explored from the lumbar region. Examination of the kidney through the wound thus made showed it to be harder than natural, and not in a condition of pyo-nephrosis. The finger was easily worked through the substance of the kidney as far as the pelvis, the lining of which had to be divided with a director before a stone, which almost filled it, could be fully exposed; it was even then not possible to find its outline, for it was too large; forceps were placed on it with a view of its extraction *en masse*, but it broke down under their grasp, and it had to be extracted in large fragments. One of the extensions passed into a calyx, and there bifurcated so that, until the opening had been made larger, it was not possible to extract it. The kidney seemed remarkably healthy considering the number of years that the stone had probably been present. Exploration with the finger after removal of the stone showed that it had been fully extracted. A drainage tube was passed down to the opening in the kidney, and the wound closed with deep and superficial stitches. Mr. Battle considered that the kidney had suffered less than usual because the stone did not extend into the ureter so as to produce blocking of that, and had formed in such a way that it was practically fixed unless any special exertion shook it up. The patient had become such a hospital bird, going from place to place and resting almost constantly, that attacks of irritation from this cause were rare.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 31, 1899.

## THE RIVAL SYSTEMS FOR THE SANATORIAL CURE OF PHTHISIS.

One of the aspects of the present prominence into which the sanatorial system of treating tuberculous disease of the respiratory tract has recently sprung, although in truth the system is of older growth than yesterday's, is puzzling both to laymen and to medical readers of the wordy warfare waged between the apostles and their disciples of its two schools. These schools can be best recognised by the names of their individual Meccas, Falkenstein and Nordrach—Falkenstein with its apostle Dettweiler, Nordrach boasting Walther as its prophet. The Falkenstein method has lately been described in these columns. Its gospel preaches fresh air and rest in it in a recumbent position but under shelter for many hours a day; plenty of good food at meal-times, with fresh milk added between them; windows open at night; walking exercise only in moderation and to medical order; absolute rest in bed when the temperature is above the normal; wine with dinner and supper, and spirits in fever. If the weather be wet and inclement the out-of-door life may be modified. The Falkenstein patients become feeding and dozing automata, many are benefited, and a considerable per centage recover. At Nordrach the gospel is according to Walther, and much more Spartan. Cold winds, rain, snow, or damp, make no difference, Life must be spent in the open air, moving about as much as possible, and with no extra covering, as a rule. If wet, the clothes are allowed to dry on the body; if unwilling to sleep with a wide open window, the window is removed. The system of feeding is also more autocratic. Eat what is set before them the patients must; if they cannot at the moment, they sit till they can; if they are sick they must return to table and begin again. The windows of the dining-room are kept wide open, and cheerful breezes—by no means to be called draughts—sweep in on most occasions over the table and past the occupants. We have seen the salt blowing off the edge of the plate when dining under this *regime*. Now many will, and do, object to the definite statements made by the apostles and adherents of either system as to its constituting the only right and proper method; how can both be right, yet neither wrong, while so different in conception? There is no doubt that both are right in so far as they are severally adapted for various different types of patients; one type of patient is benefited by the milder *regime*, injured by the harsher; and *vice versâ*; still another type fails to react satisfactorily to either. The drawbacks of sanatoria of the Falkenstein class lie in their large size and great number of patients, and the consequent inability of the physicians to exercise sufficient individual supervision, and in the extraordinary custom that persists in them (at least in Falkenstein and Hohenhonnef) of closing all the windows and doors when the patients are segregated together for meals in the dining-hall, and producing an atmosphere very inimical to large appetites, as we have had personal experience. The only occasions on which the patients are brought together in one room are exactly those in which the freest circulation of fresh air is indicated, apart from the frequent disinclination for food brought on by it—at least, upon British and American patients. This drawback, of course, chiefly occurs in the winter and springtime; in summer the windows surely must be opened. The reason alleged is the repugnance of foreigners to air and so-called draughts in rooms; but, if made part of the treatment, those who refused to tolerate it would be better away. But here we have the fact that many of these places are conducted by limited liability companies, and the departure of patients for such causes might lead to decrease in the dividends. The Nordrach system, again, aims at individual medical control, and limits the number of inmates. But even this has a drawback, for it is seldom possible to instal a resident expert laryngologist because of the expense, and even the Nordrach treatment requires, it appears, some local assistance in laryngeal cases. It is extremely difficult to find out the truth as to the history of laryngeal cases of consumption in sanatoria. At Falkenstein many seem to do well. We believe that such patients are not *personæ gratæ* at Nordrach. Attempts to obtain any statistical conclusions on the subject proved abortive; the question was not a congenial one at any of the institutions. Taking into consideration the after life history of those discharged cured or recovered from sanatoria, two interesting questions arise. Are such lives insurable? If so, what extra premium would be advisable, in the most general sense? And should such persons marry afterwards, if they have knowingly suffered from serious tuberculous lesions, but recovered? These questions will require to be answered in the near future, There is no doubt that both of these systems can actually abolish tuberculous lung mischief. Which of them is the better we are disinclined to say, because some benefit from the one, others from the rival method, and many from neither

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## THE PLAGUE IN EGYPT.

THE news that the plague has broken out in Alexandria will cause little surprise when viewed in the light of past experiences. Its progenitor, the Indian outbreak, which happily now seems to be declining, has led to an enormous loss of native life. The extent of the mortality may be illustrated by the fact that a fortnight ago the number of deaths from that cause all over India was returned as 953 "only," or "less than in any week since last July." With regard to Egypt, there can be no doubt that during the British occupation the sanitary condition of the country has been greatly improved, but for all that it may be questioned whether the country as a whole excels the average Eastern standard of public health. In other words, the plague having gained a footing in Egypt will not be readily ousted, for it is a disease that, above all others, is fostered and spread by an unwholesome popular environment. When, a couple of centuries ago, the malady slew its thousands in Great Britain, its virulence was due to the absolute ignorance of sanitary principles that prevailed in those days. Better attention to the laws of healthy living gradually abolished plague from the shores of the United Kingdom, just as within the memory of the present generation it has thrown off cholera. The practical lesson to be learned is that in both instances the malady is sent to the rightabout by good public health administration. What Great Britain has effected in her own country, she has failed to accomplish in her vast Indian empire, for the prevailing sanitary conditions are simply deplorable. It now remains to be seen what will happen in the case of Egypt, where the British occupation has had merely a tithe of the duration of the supremacy in India. The disease was brought into Alexandra, so it is reported, by Russian pilgrims who arrived there after having touched at infected ports. The story has a ring not unfamiliar in the annals of the East, where religious rules and customs have so strong a hold upon the popular mind. It certainly brings home to a thinking man a sense of the huge responsibility involved in the empire of Greater Britain. Not only have vast territories to be conquered and held by the strong hand, but their sanitary salvation must be brought about in the face of deeply rooted ignorance and prejudice. Britain has already paid an enormous toll in the loss of life sacrificed to the sanitary dangers that lurk in every inch of Indian soil. It may, no doubt, be argued, on the other hand, that she has gone through a similar ordeal within her own walls, a proposition that cannot be seriously controverted. It is one thing, however, to pay for one's own experience, but quite another to purchase the redemption of races that are not our own kith and kin. When the wider aspects of the prevention of disease are investigated the conclusion is unavoidable that no real advances can be made without a corresponding outlay of money. To bring up the vast cities of India to an average European standard of sanitation would involve an expenditure of Gargantuan size. Yet plague, to say nothing of other pestilences that stalk about by day and by night through these Eastern dependencies, can be excluded in no other way. To decide whether the game is worth the candle is a matter outside our province as a medical journal, and must be left to the later school of political economists, who will have the advantage of examining the cost of empire in the fuller light of modern preventive science. That the task is a mere matter of skilled energy and monied administration was abundantly proved at Hong Kong, where the plague was rooted out by the British from foul and extensive native quarters. Imagination reels, however, at the thought of what a similar attempt would mean if applied generally throughout India. Fortunately, the bacteriologist has given us the key to the etiology of the scourge, and has provided a vast number of precise data as to the propagation of the specific bacillus by the soil, by wild and domestic animals, by vermin and by other agents. Nothing can exceed the interest of this chapter of modern research, which showed how pigeons could distribute the disease from the housetops and ship rats convey the malady to far-distant ports. When all is said and done, however, we are still faced with the fact that plague was banished from England before the existence of pathogenic microbes was known. That is to say, its disappearance was due simply and solely to the gradual bettering of sanitary administration. Under the circumstances, the progress of the plague in Egypt will be watched with no little interest. In the Mediterranean there are many ports whose sanitary state is about as bad as bad can be, and should any of these be invaded by plague the world at large will doubtless be furnished with plentiful reminders of the danger of delay in the perfection of public health administration.

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## INFIRMARIES OR HOSPITALS?

THE conduct of the Bradford Guardians in appointing the two medical officers whose appointment has been so badly received by the medical profession in that city opens up a new vista in infirmary medical work. Let us try to discuss the matter in a fair spirit without calling in question either the technical right of the guardians to act as they have done, or the intrinsic fitness of the two gentlemen upon whom their choice has fallen. Hitherto it has been the universal custom to regard the post of medical officer to a Poor-law infirmary as one the duties whereof would best be discharged by a general practitioner, indeed, the duties are of such an onerous and irksome nature as to indispose the consultant class of practitioner to compete for them. Otherwise it is evident that if the guardians had to choose between a Fellow and a Member of the College of Surgeons or Physicians their choice must, unless nepotism were rampant, fall upon the more highly qualified of the two. Under these circumstances it seems a pity that the guardians should have imported into their selection an element of controversy which was totally unnecessary in that, *cæteris paribus*, the gentlemen who have obtained their sanction would, under any circumstances, have come out at the top of the poll, always supposing that the guardians were actuated solely by consideration for the interests of the sick in their charge. It follows from what we have said, that whatever method of selection was adopted, these two candidates would have been chosen. But the selection amounts to a revolution in the principles which have hitherto guided guardians in the choice of infirmary medical officers. We are far from saying that the innovation is not one well worthy of approval, but it is of sufficient importance to challenge discussion on its merits. It has been our policy for years to advocate that workhouse infirmaries should be worked on hospital lines, that is to say, the senior medical staff should be composed of men whose professional status is such as to command confidence, and that the vast amount of clinical material which runs waste in these, collectively, gigantic institutions, should be made use of for purpose of clinical instruction. If the guardians individually would only take the trouble to investigate for themselves the conditions which prevail at hospitals where students are admitted they could not fail to be convinced that the presence of students is a great incentive to thoroughness of work on the part of the senior medical officers without, absolutely without, any drawback as far as the patients are concerned. If in future the infirmaries are to be made centres of medical study we cannot but approve of the selection of the highest possible order of physicians and surgeons as medical officers. On the other hand, if the guardians imagine that these men are going to render the same monotonous and unthankful services as those hitherto rendered by the ordinary workhouse infirmary doctor, they are egregiously mistaken. On the other hand, if these consultants imagine that the holding of these posts *per se* will give them consultant rank they, too, are mistaken; indeed, the mere fact of their supplanting general practitioners at a ridiculously low rate of remuneration will inevitably lead to a tacit boycotting, which will render their position the reverse of agreeable, and we cannot blame the medical men of Bradford if they set their faces against a departure which deprives them of sundry remunerative posts without any compensating advantage to the profession or to the public. Let us have a clear understanding with the guardians. Are they going to run the infirmaries on the lines of the general hospital, or are they merely trying to get a higher order of medical officer at a remuneration which the general practitioner would despise? In any case we see no valid reason why the time-honoured custom of throwing open the appointments to public competition should be departed from. If the guardians like to append certain conditions, such as the possession of particular diplomas or degrees to the candidature, they are, we imagine, at liberty to do so, but above all let them avoid even the appearance of hole-in-the-corner manœuvres.

# Notes on Current Topics.

## The Medical Education Question in South Africa.

The question of medical education in South Africa is attracting a good deal of attention among the medical men in the colony. There are those who hold that it would be an expedient thing to start a South African medical school in Cape Town, while there are others who oppose the scheme entirely. It has also been suggested that a school of anatomy and physiology might be established as a beginning, but the obvious arguments advanced against the proposal are that the undertaking would be a very costly one, and inferior in appliances and accessories to the great European schools, while it is doubtful whether the South African students would care to avail themselves of its privileges. The situation is summed up by Dr. Anderson, of Cape Town, who expresses the opinion that the question of founding a South African medical school may be safely adjourned for a generation. "Our population," he says, "is too small to enable us to have anything but a make-shift medical school, and I do not think that I am wanting in loyalty to South Africa when I say that the gain to our professional men from some years of close intercourse with the great centres of life and thought must far outweigh the somewhat narrow advantage of being able to do everything for ourselves." It must be conceded that the views expressed by Dr. Anderson closely coincide with those generally prevalent among medical teachers in London. To found and organise a medical school and equip it in accordance with all modern requirements is a most costly undertaking, so much so, that it is often quite impossible to make these undertakings paying concerns. We believe that in at least one medical school in London not only do the teachers fail to be paid for their services, but from time to time they are called upon to contribute to a fund for the maintenance of the school. Again, among the large schools, despite the ample entry of new students every year, the payments of the teaching members of the staffs are much diminished owing to the heavy expenditure demanded in order to keep pace with the requirements of modern medical education. Thus from a financial point of view, medical schools in London are by no means in favour, and regarded in the same aspect, it seems difficult to comprehend how, even with the best prospects, a South African Medical School could become self-supporting. There is nothing, however, to prevent a South African millionaire building and endowing a seat of medical learning in Cape Town, if he felt so disposed, and thus perpetuate his name and good works after the manner of the philanthropist Johns Hopkins, of Baltimore.

### Diabetes in Children.

DIABETES is acknowledged to be a very rare affection in children, and the paper, therefore, by Dr. Townsend, in the *Boston Medical and Surgical Journal*, for May 11th, in which the notes are given of five cases is undoubtedly of interest. In one case the child was only one year and eleven months old, while the oldest was nine years of age; a fatal issue occurred in all. Prout and Meyer, in a series of 700 and 380 cases of diabetes respectively, each met with only one case under the age of ten years. Again, Wegeli has collected 108 cases of the disease in children, among whom there were three children whose age was no more than three months each. In children diabetes is a much more rapid disease than is the case in adults, and the prognosis is always bad. In the series collected by Wegeli the shortest course of the disease was in a child, aged two years and nine months, who was only ill four days and then died of coma, while the longest case did not prove fatal till after the elapse of four years and a half. In the author's cases the duration of the disease varied from two to fourteen months. Attention is drawn in the paper to the fact that the initial symptoms are incontinence of urine, due to polyuria; nervous irritability, and great thirst, while strength, flesh, and colour may be retained till nearly the end. So far as treatment was concerned, the author gave his patients codeine, and enforced a strict anti-diabetic diet But in no instance did any real improvement follow, although occasionally a diminution was noted in the quantity of sugar excreted. Lancereaux believes that the occurrence of diabetes in children is due to a relative insufficiency of the pancreas, owing to a want of development of that organ.

### Trichinosis in America.

IT is curious to learn that a disease like trichinosis is still met with. While in this country the probability is that no case has been seen for many years. yet in America, we gather from Professor Osler, that the disease is by no means infrequent, and sometimes even assumes an epidemic form. Professor Osler has paid a large amount of attention to the subject, mainly from the point of view of the differential diagnosis of the malady. When occurring in an extensive outbreak he states that there is no difficulty in the diagnosis, but just the reverse is the case when it occurs in sporadic form, and it then happens that many of the cases are overlooked. The disease, the clinical features of which trichinosis most closely resembles, is typhoid fever, and in order to distinguish between the two it is essential to know the three main features by which it is possible to arrive at a differential diagnosis. According to order these features are—(1) muscular pains; (2) œdema; (3) leucocytosis and eosinophilia. Muscular pain is universal in trichinosis, and is rarely if ever present in typhoid fever; again, in trichinosis there is usually œdema which is most marked in the eyelids and over the eyebrows. Lastly, leucocytosis and eosinophilia present in trichinosis is not known to exist in typhoid. All these points, of course, are of interest, but they are altogether beside the question when it is remembered that trichinosis is an easily preventible disease, and with the adoption of the most ordinary precau tions could not occur. Meat which is infested with trichinæ can be rendered quite safe by efficient cooking; the parasites are killed by a minimum moist temperature of 170 degs. F., but if a lower temperature than this he employed for the cooking, the parasites will be afforded the opportunity of making a new start in the tissues of those who partake of the meat. It has been stated that trichinosis seldom occurs in England, not because undercooked meat is not eaten, but because the trichina does not happen to infest British pigs. This is possibly the case, but if so, is there any reason why the parasite should be allowed to infest the pigs of any other country?

### The Rheumatic Heart.

NOT long since Drs. Lees and Poynton called attention in a valuable communication to the sudden and well-marked dilatation of the heart which can be made out in patients suffering from acute rheumatism, such dilatation subsiding as the disease disappears. In a further communication embodying the results of pathological researches on a fatal case of the kind, Dr. Poynton shows that the dilatation in question coincides with the existence of a myocarditis which may occur quite independently of either endo- or pericarditis. Hitherto the marked increase in the area of precardial dulness has generally been attributed without further inquiry to pericarditis and the murmurs induced by the dilatation have been too readily put down to endocarditis. It is highly important that current views concerning the pathology of the rheumatic heart should be revised in the light of these researches. Cases are on record in which exaggerated precordial dulness has led to a diagnosis of pericardial effusion, and in more than one instance attempts have been made to drain the pericardium, of course with a disastrous result. Dr. Poynton was able to adduce microscopical evidence in abundance, pointing to the existence of degenerative lesions in the myocardium, and it seems likely that these constitute the source of the dilatation, itself a consequence of the weakening of the cardiac muscle. The *materies morbi* is at present referred to the hypothetical toxin elaborated by a not less hypothetical micro-organism, but bearing in mind that one of the most salient and most constant features of acute rheumatism is the presence of lactic acid in the blood, one is at a loss to understand why the damage should be localised in one particular part of the muscular apparatus. But it is possible that it is not thus localised, and in any event it cannot safely be affirmed in the absence of concurrent examination of other voluntary and involuntary muscles. It may well be that the degeneration which attacks the heart muscle is only part and parcel of a general process involving the muscular system as a whole. There are several points in the clinical history of rheumatism which lend colour to this assumption, in particular, the extreme muscular weakness and atrophy which characterise an acute attack of the disease. We must leave it to those who are fully equipped for such laborious investigations to work out the pathology of this interesting subject; but, in the meanwhile, it is highly desirable that the general practitioner should reconsider his views of rheumatism in so far as it affects the heart, because both diagnosis and prognosis cannot fail to be profoundly modified as the result of the fresh light that has already been thrown on the subject of cardiac lesions in association with rheumatism.

### Certificated Opticians.

The Corporate and Medical Reform Association are actively moving in the matter of bringing professional pressure to bear upon the General Medical Council with a view to that body taking steps to deal with the question of the certification of opticians by the Spectacle Makers Company. For this purpose a special fund has been opened by the Corporation in order that the campaign of resistance may be brought under the notice of all members of the profession. The object, of course, is a worthy one, though we may doubt whether the General Medical Council will concede that the matter concerned really comes within the purview of their functions. Again, the contemplation of a legal tussle with such a powerful company as that of the Spectacle Makers' would be more than likely to weigh heavily in the balance were the Council disposed to adopt strong measures. We believe that the company in question has emphatically determined to fight for the maintenance of their position to the bitter end, and to protect the professional rights of all of those concerned with them in the undertaking. Under these circumstances, therefore, it would be only natural were the General Medical Council to hesitate before embarking upon a course which had every prospect of leading to prolonged and exceedingly costly litigation. Thus, while the Corporate and Medical Reform Association are quite justified in, and to be commended for, doing their best to impress upon the General Medical Council that the matter is one for official interference, yet, on the other hand, it does not seem to be at all possible that anything of importance will come of their protest.

### The Physiology of Insomnia.

Insomnia is the appanage of certain nervous temperaments, but it is precipitated and predisposed to by a large number of dietetic and other errors of a distinctly remediable nature. In women tea drinking, and in men tobacco, are responsible for much of this nocturnal excitability to an extent which the sufferers little dream of. Then, too, the condition of the stomach has much to do with the vascular supply of the brain. If the stomach be over full, or if, on the other hand, it be empty, the night's rest is likely to be disturbed. These are well recognised and removable causes, but there are other, more subtle, factors which are equally capable of preventing sleep. One is the intense desire to sleep coupled, it may be, with the fear that sleep may not come. Nothing probably acts so efficiently as a sleep preventer as the extreme desire for it. The importunate *ego* wanders restlessly into the various chambers of the brain, testily inquiring why the cells are not at rest as per order, and the half-dormant cells rouse themselves to offer excuses, and then the irritable *ego* retires into its cerebral lair, watchfully apprehensive lest its subordinates should not comply with its orders. The muscular system, as represented by the cells in the motor area, resent the intrusion and give vent to their dissatisfaction by irregular contractions, manifested by an attack of fidgets, which the wrathful *ego* is powerless to control. The sufferer's only chance is to give his Me an occupation of some sort. Give it something to do, some calculation to control, some problem to elucidate, and forthwith, the moment its vigilance is relaxed, the subordinate faculties turn off the light and there is peace. This is the general principle underlying the tricks suggested by popular usage for wooing sleep, the success whereof depends upon the ability of the subject to enforce a sufficient amount of domestic discipline.

### A Literature of Snippets.

The *Saturday Review* deplores the popularity of what is described as "a literature of snippets." Instead of reading Ruskin, Gibbons, Shakespeare, or Spencer, the average British reader is satisfied with an intellectual meal composed of snippets, mere extracts from current events and annotated descriptions of physical and mental monstrosities. Is there not a somewhat similar tendency in medical literature? Is there not a certain section of the profession which is satisfied to be fed with snippets from contemporaneous publications. They do not require to know much about anything but they want to know something about everything. It is hardly necessary to point out that such knowledge is valueless for all practical purposes. We cannot know too much about anything, but it is very possible to know too little, and in medicine above all too little knowledge is a very dangerous thing. Of what value can it be to know that Dr. X. in some out of the way place has prescribed such and such a drug in a particular disease. The snippet does not give sufficient data to enable the reader to judge whether or not he is worthy of credence, and the mere intimation that a surgeon in Alaska has successfully (?) removed the stomach will not materially assist the reader in treating his cases of dyspepsia. The only valuable form of medical literature is the monograph in which the author's professional status is set forth, and he gives his reasons for arriving at certain conclusions. When this is transmogrified into a "snippet" its educational value is lost, and we have instead a bald statement of premises and conclusions. Let us beware of this tendency which degrades medical literature and impairs the logical faculty of the reader.

### The Purity of Drugs.

Physicians may prescribe, but, after all, the worth of the remedies they order is determined by the activity of the drugs that are put into the bottle. We are happy to believe that with the average respectable chemist their patients are safe, but a slight consideration of the matter from the point of view of probability must convince the most confiding customer that now and then he does not get what he pays for. Nay, more, in the rare instances in which local authorities have troubled to test pharmaceutical products a fair proportion of convictions have followed under the Sale of Food and Drugs Acts, indeed, a more strenuous application of those salutary measures is much to be desired in the interests of the public. What can be more desirable, for instance, than the systematic supervision of the purity of drugs used as medicines? Yet in the vast majority of cases no samples are taken by the sanitary boards of our local authorities. Perhaps the new districts created by Mr. Balfour in the metropolis will find time to look into this important matter, and set an example to the Provinces. In America, the Massachusetts Board of Health analysed 1,380 samples of drugs in the year 1896, and found 156, or 11·3 per cent., impure. The percentage of similar adulterations during the four years preceding was 11 per cent. Among the drugs implicated were spirits of nitre, rhubarb, and vinum ipecacuanhæ. Clearly the matter is worthy of a little more attention on this side of the Atlantic.

### The Disinfection of Schools and Churches.

The Medical Officer of Health of Halifax, in view of a possible epidemic of small-pox, suggests that advantage should be taken of the holidays to disinfect the elementary schools, and he urged that this measure of protection should be extended to Sunday schools, churches, chapels, and other places of public resort. This is a very valuable suggestion, and one that calls for adoption and imitation. As a rule the flooring of schools and churches, &c., is of soft absorbent wood, which attracts and retains dust in a very marked manner. When the floors are moistened they invariably give rise to emanations of a highly odoriferous character, testifying to their richness in organic *detritus*. Periodical disinfection with sulphur or formal would undoubtedly tend to purify and sweeten the atmosphere of such buildings, and as churches are notoriously ill-ventilated it is not excessive to ask that steps may be taken to protect our bodies against infection while the higher part of us is being attended to.

### The Tomato as a Tonic.

The tomato not only now enjoys great popularity as a vegetable, but quite recently experimentation has shown that its juice is very valuable as a blood tonic. During the recent Hispano-American War the juice of the tomato was extensively utilised for keeping the American troops in health, with results which at the time were regarded as very satisfactory. Some prejudice will probably always interfere with the free use of the tomato, on account of the fact that some silly person was once audacious enough to say that it caused cancer. But there has never been one iota of evidence brought forward in support of this absurd notion, and the suggestion is altogether preposterous. On the other hand, it would be difficult to find a more easily digestible, nourishing, and wholesome vegetable than the tomato. Moreover, the well-known colour and form of tomatoes adds to the attractiveness of culinary dishes, and when eaten in the raw state they are even more nourishing than when cooked.

### The Inebriates Act.

For some time past it has been more and more evident that the new Inebriates Act, from which the friends of temperance expected so much, has not yet fallen on its feet. It is all very well to sentence the police court victims of drink to so many years' detention in a "home," but it becomes a species of burlesque opera sentence when no place of the kind exists whither they may be sent. One of the chief flaws in the Act, as some of its critics pointed out at the time of its passage through Parliament, was to be found in the lack of provision of proper detention. Before long something practical will have to be undertaken by Her Majesty's Government in that direction. No doubt the step will mean the expenditure of a very large sum of money; but it is likely that, in the long run, it would not cost the country more than that of maintaining prisoners continually convicted under the present system. So far as London is concerned, the deadlock was last week exemplified in several cases. One woman could not be taken into the only available institution because she was not a Roman Catholic. One of the magistrates kept a woman in prison several weeks while inquiries were being made. He said that there were only three such homes as those contemplated by the Act. Two were impossible for the prisoner, on account of her character and religion, while the third refused admission because the County Council would not contribute to the funds of the establishment.

### Sanatoria for Tuberculous Patients in England.

The open-air treatment of phthisis has "caught on" so much with the profession as well as with the public that a boom is beginning in the establishment of sanatoria for the purpose. One small company that we know of, on a small capital, is paying its lucky shareholders upwards of ten per cent. on the outlay, and there is no doubt that, under proper management, institutions of the kind offer good prospects of paying a satisfactory dividend. Now that the demand has been created in this regard there will probably be no lack of money in order to meet it, on the part of the investing public.

### Glaise *v.* Christie.

Under the title "A Nurse's Action for Inadequate Instruction," we alluded in our last issue to a claim for damages based on alleged non fulfilment of contract and fraudulent misrepresentation brought by Miss Glaise, an aspirant nurse, against Dr. Christie, of Bedminster. We are pleased to learn that the jury, without any hesitation, gave a verdict in favour of the defendant. Indeed, in view of the evidence it would have been difficult for them to do otherwise. We gather from the later reports that the plaintiff only remained in Dr. Christie's cottage hospital for rather less than a week, and left in a huff, so that she was hardly in a position to affirm that the instruction was adequate or otherwise. While we congratulate Dr. Christie on the issue of the action we cannot but disapprove of any scheme for training nurses which is based upon a three months' or even six months' course. Such a course of training, even in a large and well-appointed hospital, must needs be miserably inadequate, and as the public cannot be expected to enter into these details when engaging the services of a nurse it is much to be desired that the right to exercise the functions of a trained nurse should be restricted to women who have passed through a recognised and sufficiently protracted curriculum at a public institution of adequate size. If nurses are to be certificated on the strength of a short and perfunctory course, the position of trained nurse will soon carry no more weight than that of the certificated masseuses who have been manufactured by the gross in the interests of individual practitioners.

### The Dundrum Dispensary Election again.

This bone-of-contention district now awaits its fifth effort at the parturition of a medical officer. We need not recapitulate the very peculiar circumstances under which four election meetings of the guardians have been already held without result. At the last one we understand that the first two votes among the favoured candidates were taken by ballot, but the final vote for the successful candidate by open voting. The Local Government Board has decided that this method is illegal, although it is that which has been followed for the past twenty years, and has ordered that a new election shall be held and the whole proceedings gone over *de novo*.

### The Meeting of the General Medical Council.

The Session of the Council opens to-day, and its Executive Committee met yesterday to arrange business. The budget of the President is very full of important business, and it is likely that the meeting will extend beyond the week. Among the items for discussion are: the proposed increase in the disciplinary powers of qualifying bodies, the preliminary examinations, the examinations of the Apothecaries' Hall of Ireland, the Medical Aid Associations, the sham diplomas of the Spectacle Vendors' Guild and suchlike, and several penal cases. There will also be a renewal of the protest against the concealment system of transacting the Council's business initiated by the new President. If any of the larger questions in which the profession is interested be settled no one will grudge the heavy cost of a long sitting.

### The Institute of Preventive Medicine.

The munificent bequest of a quarter of a million by Lord Iveagh to the Jenner Institute has been the subject of an application to the Court of Chancery. The donor wished to appropriate the income of the grant to research as distinguished from treatment of disease, and with this intention a modification of the original scheme of the Institute was proposed. The result of the application to the Court on this occasion was a postponement.

### A Certificate of Sobriety.

Not everyone charged by the police with drunkenness is sharp enough to take the bull by the horns and get a medical certificate of non-ebriety. This, however, was what a man at Wycombe did last week when threatened with a prosecution, and Dr. Nicholson, whom he consulted, was able to certify that he could co-ordinate his movements well, that he could walk a line on the square step, and could repeat sentences clearly. Under these circumstances, the doctor expressed the opinion that he was not, at the time of giving the certificate, drunk and incapable. Under these circumstances, the magistrates could hardly do otherwise than dismiss the case.

### Doctors at the Lowest Tender.

Our readers are aware that the Local Government Board for Ireland has recently introduced into the Union drug contract system a new arrangement by which the Board itself fixes the standard price of the drugs and the contractors estimate for the supply by stating the discount which they will allow off the total of the official prices, such discount being, in some cases, as high as 50 per cent. It is reserved for the Coleraine Guardians—a canny northern Board—to propose to extend the same system to the doctors. They suggest that the Local Government Board shall fix the maximum in each district and that competitors shall tender for as much less as they will accept. The arrangement would be at least economical, for we could offer to the Coleraine Board a few legally qualified practitioners who would be very ready to go for 75 per cent. less than the official price. Heaven help the unhappy and friendless sick poor.

A Liverpool contemporary states that Dr. Crawford is about to commence legal proceedings against Drs. Taylor and Whitford in respect of their allegations concerning his conduct as Medical Officer of the Cancer Hospital, as well as against *Truth* for re-editing and commenting upon the same. We trust that this report is correct, as, in the absence of anything approximating a satisfactory inquiry by the management of that institution, the Law Courts afford Dr. Crawford an unexceptionable opportunity of clearing himself from the damning inuendoes which have been circulated on his character.

### The Dublin Public Health Salaries.

We noted last week that the guardians of the South Dublin Union had intimated to all their public health officers that they must look for their salaries in future to the urban authority, *i.e.*, to the Corporation. We understand that the latter body has accepted the liability, and that in future all such salaries will be paid directly out of the borough fund, and not pass through the hands of the guardians.

A special meeting of the Governors of the Royal London Orthopædic Hospital will be held on Thursday, June 8th, for the purpose of considering and amending some of the bye-laws. With at least one proposal we cordially agree that no one shall be allowed to vote, "who at the date of his election to the committee, shall have been a Governor of the hospital for a period of less than twelve months." Had such a rule been in existence the scandal at a Liverpool hospital referred to in our last, by which voters were created just before the meeting, would be impossible.

We regret to learn that Mr. Phillips, practising in Commercial Road, E., has been the victim of a cowardly assault, followed by robbery. He has, however, the satisfaction of knowing that two, at any rate, of his supposed assailants, have been committed for trial on a charge of highway robbery with violence.

Mr. Norman Hay Forbes, F.R.C.S.Ed., of Tunbridge Wells, has been admitted to be one of Her Majesty's Royal Company of Archers and Bodyguard for Scotland.

Sir Richard Douglas Powell, Bart., has been elected President of the Clinical Society for the ensuing session, and Mr. Charters Symons, M.S., and Dr. Percy Kidd have been elected secretaries.

Dr. Lippmann, one of the Professors in the University of Vienna, has discovered a new element. Full details will be brought before the Vienna Academy of Science. The matter has aroused much interest in scientific circles in connection with the recent discoveries in England.

We regret to learn that the health of Sir Francis Laking, M.D., Apothecary-in-Ordinary to Her Majesty the Queen and His Royal Highness the Prince of Wales, is in an extremely critical condition. Sympathetic messages from Royal patients are arriving daily at his riverside residence at Marlow, where he is lying seriously ill.

## Scotland.

[FROM OUR OWN CORRESPONDENT.]

Glasgow University and its Students. — The students of the University are directing the attention of the professors to the fact that Anderson's College professors encourage their students by giving prizes both in books and instruments, to their successful students, whilst the university professors content themselves and ease their consciences by giving certificates of merit, and in a class of from 80 to 100 there may be at most two or three first-class certificates; also in the matter of gold medals Glasgow University is far behind the Edinburgh University, for every one given in the former five or six are given in the latter school. The Glasgow University students think that the professors with their large incomes might devote a few pounds in the purchase of suitable as well as useful prizes, and thus encourage students and show their appreciation of the work done as well as the interest and zeal of students in their classes. The final examinations are shortly to begin, and consequently many are the wailings of the likely-to-be candidates, especially as the wards, or certain of them, from now become hidden mysteries as regards the cases which they contain. This has become imperative, as there is always a tendency for laggards to suddenly assume to be very attentive in the wards when they are likely to be examined in the clinicals. It is reported that this year candidates are to be treated to the presence of additional examiners from England on behalf of the General Medical Council to see that Scottish degrees are not too easily obtained in medicine. It is said of one of these assessors that after returning from a recent examination in surgery in Glasgow, he reported to his Council that as far as he could see the cases which candidates were asked to diagnose were very simple and required no knowledge of surgery, and cited a case which he stated was a simple one of epithelioma of the lip, in which there was no credit in "spotting." The Secretary to the General Medical Council at once communicated with the Glasgow examiners asking an explanation. The reply was that the examiners had carefully looked over the list of cases shown to students, that there was no case of epithelioma of the lip, but that there had been one of a hard specific sore of a different kind which the student had diagnosed correctly, and probably this was the case referred to by the assessor.

## Manchester.

[FROM OUR OWN CORRESPONDENT.]

Royal Infirmary.—Much interest is being taken in the forthcoming election to fill the vacancies caused by the resignations of Professor Leech and Dr. Little. The candidates for the post of Assistant Physician are Dr. Brockbank, Dr. Kelynack, Dr. Reynolds, and Dr. Williamson; while for that of Ophthalmic Surgeon Dr. Hill Griffiths and Dr. Emrys Jones are applying.

Owens College.—A course of lectures on "Tropical Diseases" is being given during the summer session by Dr. Graham Steell. At present no arrangements have been made for adequate clinical instruction in this important department of medicine.

Medical Staff Corps.—The members of the Manchester Volunteer Medical Staff Corps have been having a busy time at Netley. Fortunately, the weather has been more favourable than in the North, and full parades have been possible. The current number of the *Owens College Union Magazine* give a number of illustrations of the students' company during their Easter week under canvas, and several well-known medicals are readily recognised.

Lancashire Mill Life.—Mr. Allen Clarke, who has had a practical experience of the factory life of this district, in his recent work on *The Effects of the Factory System*, clearly shows that "The system is unhealthy, dangerous, bad for mind and morals, has an injurious effect on family life, unfits woman for motherhood, and is causing the people of Lancashire to deteriorate."

Workhouse Nurses.—The Northern Workhouse Nursery Association has just issued its eighth annual report. Its objects are to promote the employment of trained nurses in the workhouse, and to supply trained women to boards of guardians. There are now forty-five union hospitals employing seventy-seven nurses supplied by the Association.

The Infectious Diseases Notification Act (1889) Extension Bill has emerged from the committee stage in the Lords, and the third reading has been put down for June 1st.

# Correspondence,

**We do not hold ourselves responsible for the opinions of our correspondents.**

## THE HOSPITALS ABUSE ACT.

*To the Editor of* The Medical Press and Circular.

Sir,—Why does all the boasted desire to prevent abuse of charities avail nothing? The answer is too painfully evident to those who quietly watch the moving spirits with their background of selfish insincerity. Yes, were such not the case it would be very easy indeed to stop the ever-increasing evil of certain classes of society to impose upon the benevolent. Take for instance the abuse of that charity now troubling the minds of the charitably disposed benefactors. I refer to the abuse of the hospitals. Yet, there is a large sum here to be stealthily melted away in Central Boards and Organisations.

If the money lavished upon hospital charities is to be applied to the purposes for which it is intended, then all that is necessary is a strict economy inside the hospitals and a short Act of Parliament outside, the rough outlines of which should run: Every person applying to a hospital for assistance shall sign a declaration form stating his name, address, occupation, weekly and annual income. Every person giving a false name or address shall be liable to imprisonment with or without hard labour for a period of not less than seven days nor longer than one calendar month. Every person understating his weekly or annual income from all sources shall be liable to a fine not exceeding 40s., and a further sum of 42s. shall be imposed for the services obtained in consequence of the declaration form on which he had declared falsely. The monies derived from fines to go to the police courts and the fees charged for services rendered shall go to the funds of the hospital. In no case shall the surgeon or physician benefit by the false declaration fines or fees for service. Every hospital shall appoint a sufficient number of investigation officers to carefully inquire into the statements made upon the declaration forms, and whose duty it shall be to take immediate proceedings against every false declarant. Should any hospital fail, or refuse, or omit to appoint such officers it shall then become the duty of the Local Government Board to take such steps as may be necessary to appoint and attach to that particular hospital the officers before named, and to charge their salaries and expenses upon the hospital. Should any one of Her Majesty's subjects become aware of any case in which no proceedings have been taken within one week after the false declaration, then such one of Her Majesty's subjects may upon depositing £10 in a police court, as guarantee of costs should he fail to obtain a conviction, proceed against the false declarant as if he were the hospital officer, or he may take action against the hospital officer for neglect of duty and recover from him the sum of £10 for his personal inconvenience, together with any proper legal expenses as between client and solicitor. In the event of any person requiring immediate attention the hospital may give that attention and detain the patient in hospital when necessary and with his consent; or in the event of the patient being incompetent so to decide then he may be detained with the consent of those lawfully responsible for his maintenance, and who shall be required to refund to the hospital a reasonable charge for such maintenance and services as may seem fair and consistent, having regard to the patient's social and financial position. I would suggest as a wage limit, say, 30s. a week for a man without dependents, 40s. a week for a man with dependents, and 3s. a week for every child over the number of two. I would make it a serious offence for any investigation officer to receive bribes or to in any way suffer this Act to be defeated so far as his duties are concerned. Now, just for a moment, think how many investigation officers would be required for one of even our largest hospitals, and I believe the reader will agree with me that not more than two would be required after the Act had been in force for six months. The importance of this subject is so great that I feel sure you will pardon the liberty I have taken in thus trespassing for so long upon your valuable space.

I am, sir, yours truly,
Robert Hugh Hodgson.

Rye Lane, Peckham, S.E.

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## ON SERUM INOCULATION.

*To the Editor of* The Medical Press and Circular.

(Without prejudice.)

Sir,—I have just arrived in this country and have read your editorial note on my communication in your issue of March 15th on the above subject. Permit me to say that the writer of that note has entirely mistaken the question which I have put before the profession about the compulsory inoculation of cattle for diagnostic purposes. I shall, therefore, put it in a simpler form—namely:—

Koch's original serum for the cure of phthisis having been proved to aggravate the disease, and to cause the deposit of new tuberculous nests in the organism, Koch modified the serum, which has been proved, by veterinary surgeons, to be a sure means of diagnosis in cattle. Well, granted that the modified tuberculin (T.R.) possesses all the properties which its advocates claim for it as a sure diagnostic agent, no fault could be found with it as employed by the cautious Glasgow people *in cases of animals which exhibit tuberculous symptoms, or are otherwise ailing.* But the question which I have before the profession is as to *whether we are justified in inoculating all dairy cows which are perfectly healthy?* The question has been forced upon our consideration by the report of a committee of experts at the Dairy Congress on Tuberculosis in August, 1898, that "Koch's new tuberculin (T.R.), although free from the lethal properties of the original fluid, nevertheless contained a poison which lowered the heart's action, spreads tubercles to the lymphatic glands, and favoured the development of specific inflammation." This substance we are ordered to inject into healthy cattle, notwithstanding that experiments on a large scale have shown that 14·6 per cent. of healthy cattle become tuberculous the following year after inoculation. Is there no reason to fear that the wholesale inoculation of healthy cattle may produce far-reaching disastrous effects by poisoning our food supply?

In my visits to the various European educational centres, I shall discuss the subject with some high authorities. Should I find that my apprehensions are groundless I shall most cheerfully report it in your columns.

I am Sir, yours truly,
J. R. Wolfe, M.D.

Hotel Metropole, London,
May 25th, 1899.

[Our correspondent bases his arguments on highly questionable data. It is precisely for the purpose of distinguishing between healthy and *apparently healthy* cows that the test is proposed, and post-mortem examinations have almost invariably confirmed the result yielded by the test. Tuberculin cannot possibly convey infection, though conceivably it may render existing lesions manifest, a result to be desired in the public interest.—Ed.]

## THE APPOINTMENT OF MEDICAL OFFICERS TO THE BRADFORD WORKHOUSE.

*To the Editor of* The Medical Press and Circular.

Sir,—The communication of Dr. Crowley and Mr. J. B. Hall, which appears in your issue of the 24th inst., anent the above question is a puerile plea in justification of their action. The Bradford Guardians' action is not original. They are merely following the example of Manchester and Birmingham. In discussing the two appointments they must be taken separately, in order that they may be viewed in their proper light. Dr. Crowley has been appointed Medical Officer to the workhouse. He is the only officer that the Local Government Board will recognise, and he is responsible for the medical supervision of the whole institution. Mr. J. B. Hall has practically no *locus standi* at the workhouse so far as the Local Government Board is concerned, although the Guardians may say otherwise. He is merely an assistant visiting Medical Officer. The previous Medical Officer to the workhouse was in receipt of a salary of £120 per annum. Dr. Crowley has accepted the appointment at £150 per annum, and his responsibility and duties are no less than those of the previous medical officer, although the Guardians have furnished him with more assistants. It is not often we find the assistant medical officers in receipt of a salary equal to that of the principal medical officer. The Guardians, in making these appointments, gave as their explanation for doing so that they intended to provide the workhouse patients with the best possible medical attendance; also that they intended to make the workhouse infirmary resemble, in every respect, a general infirmary. The Guardians say that their visiting medical officers are not to receive a salary but an honorarium. They are afraid to call a spade a spade. Now if these appointments are honorary the guardians have practically introduced medical charity into their workhouse infirmary. If the appointment of medical officers is not honorary, and it can claim no such appellation, it has been accepted at a salary which is far from adequate, and is not in consonance with the responsibility attached to such an office. The Bradford and West Riding Medical Union has made much of the arbitrary manner in which the guardians have made these appointments, and in doing so it has lost sight of the great principle at stake, namely, the introduction of medical charity into the Poor law service.

I trust that the Medical Press and Circular will give space for the discussion of this question. I may say that two contemporary journals have adopted a biased attitude which almost amounts to bigotry in refusing to open their columns for the discussion of an abuse which may have far-reaching consequences.

I am, Sir, yours truly,

May 25th, 1899. H. B. S.

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# Laboratory Notes.

## "S. N." STOUT.

It is nearly a quarter of a century since we first examined this article, and found it what the brewers claimed, a pure beer and pleasant to the palate. The methods of manufacture in this, as in most articles of commerce, have varied considerably during the interval, and we approached the analysis after so long a period with some curiosity. On examining present samples of the "S. N." stout (Waltham Brothers, Stockwell), our analysis gave the following results:—The specific gravity at 15·5 degrees Centigrade was 1025 (water = 1,600). The amount of alcohol was equal to 4·8 per cent. of absolute alcohol by weight (=10·54 per cent. proof spirit by volume). The total solid residue, dried at 100 degrees Centigrade, amounted to 7·7 per cent., and this, on ignition, yielded an amount of ash equal to 0.3 per cent. on the original sample, testifying to the absence of an excessive amount of salt. The acidity was determined by trituration with a standard alkali solution, and was equivalent to 0·3 per cent. as acetic acid. With these data before us we are enabled to affirm that "S. N." stout is, as formerly, a well-made pure article, eminently adapted for the use of those who, from taste or for therapeutical reasons, require a stimulant of this class, the proportion of alcohol is moderate, its keeping qualities are good, and it may safely be recommended for general use.

# Literature.

## THE LUMLEIAN LECTURES. (*a*)

The author commences with perhaps the most difficult part of his task, namely, the treatment of cardiovascular neuroses, or functional affections of the heart, which he aptly defines as "an increased sensibility and disordered action of the heart not dependent on structural change." These, as he points out, prove, as a rule, very refractory to treatment, more especially cases of tachycardia, and in their management reliance should be placed less in drugs than in the removal of all possible sources of reflex irritation. The use and abuse of digitalis and of baths and exercises, are judiciously and ably discussed, and an interesting table is given of fourteen cases of infective endocarditis, collected from various sources which have been treated by anti-streptococcus serum. Unfortunately, the results are not as favourable as one could wish, though there were three recoveries, which is a better proportion than can be claimed for other methods of treatment.

For the better understanding of neurosis of the heart, two coloured illustrations are given, showing diagrammatically the innervation of the heart.

Those who have already heard or read these lectures will be glad to have them published in a handy little volume for future reference, and by those who have not, they will repay perusal.

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## BOLLINGER'S PATHOLOGICAL ANATOMY. (*b*)

There are few departments in medical science of which it is so difficult for the student and practitioner to acquire a sound and comprehensive knowledge as morbid anatomy, and there are also few subjects so difficult to illustrate satisfactorily. We accordingly consider that the medical profession is much indebted to the publishers for these volumes, which are issued simultaneously in England, America and Germany. Though there are already atlases of great excellence in the field, their high price, in some cases, practically prohibitive, prevents their general use. In the present instance, however, this objection does not apply. At a moderate price, we might say at a remarkably low price, an admirable series of coloured plates, with accompanying text is supplied, so that no practitioner or student can now complain of such prohibition. These volumes contain, in all, 132 coloured figures and 35 drawings in the text. These include all the common diseases both of the organs usually examined and also of the genital organs, bones, joints, &c. There are included, in addition, conditions more rarely met with, such as acute yellow atrophy of the liver, toxic enteritis and nephritis, &c. The ground covered is thus extensive, and after going carefully over all the plates we can say that there are very few indeed which are not good, while most are excellent. And it seems to us that the excellence is most marked in the case of the lesions of rarer occurrence, and in the case of the organs of which the morbid changes are most difficult to reproduce. In connection with the latter remark, we might refer to the kidneys and the nervous system. It may be stated with confidence that, in view of the price of the book, the work of reproduction is of remarkable excellence.

It is sometimes said that it is impossible to illustrate, even approximately, all the morbid lesions which may occur. This is no doubt true, but each one engaged in routine pathological work unconsciously acquires a number of mental type-pictures, by means of which he judges of, and interprets, any pathological changes he may meet with. We do not, of course, suggest that such

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(*a*) "Treatment in Diseases and Disorders of the Heart," being the Lumleian Lectures. By Sir Richard Douglas Powell, Bart., M.D., F.R.C.P. London: H. K. Lewis. Price 16s.

(*b*) "Atlas and Essentials of Pathological Anatomy." By Professor O. Bollinger. Two Vols., crown 4to. Price 12s. 6d. each. London: Bailliere, Tindall and Cox. 1899.

works as Bollinger's "Pathological Anatomy" should supplant actual observation in the post-mortem room, but we consider that to students and others who have not such extended experience, this work will be of great service in supplying "type-pictures," and have, therefore, an important practical function.

In addition to the illustrations, which naturally constitute the most important part of the work, there is also given in the accompanying text an account of the morbid anatomy of all the systems. This—the work of an acknowledged master of this department of pathology—is succinctly and sensibly written, while his judgement on subjects which are still matters of dispute is, in our opinion, reliable, and, on the whole, correct. It is also comprehensive—in fact, we have failed to find any subject of importance omitted. There is only one point, and one of minor importance, to which exception might be taken—viz., the extensive use of classical or scholastic terms in describing lesions—as this tends in some cases to make the student regard as separate diseases what are merely one process modified by accidental circumstances. Though it is only right to state that in most cases the simple English equivalent is also given, still we think the subject would be simplified if their use were in great part discarded.

We have great pleasure in cordially recommending the volumes to students and practitioners of medicine.

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## Medical News.

### Work of the Malaria Commission.

Dr. Patrick Manson, Chief Medical Adviser to the Colonial office, stated last week that Dr. C. W. Daniels, of the Colonial Medical Service, British Guiana, who had been making investigations in India, had now arrived at Blantyre, in the Central African Protectorate, where he had joined the other members of the Commission appointed to investigate the mode of dissemination of malaria. Private letters which had reached him from Dr. Daniels, which were accompanied by specimens, confirmed the theories which had been advanced by Surgeon-Major Ross, of the Indian Medical Service, to the effect that the parasites of birds, analogous to the parasites of human malaria, were transferred by mosquitoes, which were the active agents in the propagation of malaria.

### Dental Hospital of London.

In their recently issued annual report the committee of the Dental Hospital in Leicester Square draw special attention to the condition of the building fund of that institution. To place this fund in a satisfactory position they urge it is important that a sum of £3,000 should be raised for the present year, and they make an appeal to the friends of the hospital for renewed efforts to attain this object. The conveyance of the land having been settled, the Charity Commissioners have granted their order for proceeding with the work. Last year the number of operations performed was 63,298, as against 62,512 in 1897.

### The Chalfont Epilepsy Colony.

The Duke and Duchess of York will, on Thursday, June 22nd, visit Chalfont St. Peter, to open four new homes at the colony established there by the National Society for Employment of Epileptics, of which his Royal Highness is president. These homes comprise two for children, one for men, and one for cases requiring special care and treatment, and they will in the aggregate increase the existing accommodation of the colony by nearly 100 beds. The cost of building has been defrayed by special donations, given respectively by Mr. Passmore Edwards, Mr. Frederick Greene, and Mrs. Dearmer.

### The Medical, Surgical, and Hygienic Exhibition.

The annual Medical, Surgical, and Hygienic Exhibition which was held in the Queen's Hall last week was on a smaller scale than last year, several well-known caterers for the medical public being conspicuous by their absence, in addition to many of the leading manufacturing druggists and all the principal medical publishers. Nevertheless, there were many tasteful and artistic exhibits, such as those of Messrs. Down Brothers, Messrs. Maw, Son and Thompson, the Anglo-Swiss Milk Company, Messrs. Parke, Davis, and Co., Brand and Co., Cooper and Co., and the Kronthal Water Company. During the afternoon and evenings of the four days during which the exhibition was open, the proceedings were enlivened by some excellent vocal and instrumental music, to listen to which there was usually a large gathering of ladies and gentlemen sitting in the balcony seats of the hall. Altogether about eighty-five exhibitors took part in the show.

The Inebriates Acts Amendment Bill has been blocked by Mr. Pickersgill, who will oppose further progress until means have been provided for putting into operation the Inebriates Act, 1898. It is admitted on all hands that the present condition of things, in virtue whereof a person condemned to detention is set at liberty on account of the lack of accommodation, is scandalous. The Government do not appear to be alive to the discredit attached to recent legislation by the absence of this very necessary complement of the provisions.

### An Ointment Woman.

An inquest at Lambeth last week revealed to the uninitiated the existence of a female quack who practises in the neighbourhood of Brixton. Her speciality appears to be the preparations of ointments which are reputed to be specifics for pretty well all the ills that flesh is heir to, from ulcers to bronchitis, and croup to whooping cough. She vaingloriously boasted of treating "thousands" of patients a week though she is only assisted by her daughter. As her ointment could not be shewn to have been in any way responsible for the death of her patient, who succumbed to tetanus, she escaped with an admonition from the coroner, but if her statements are correct the only thing she lacks, to be a successful practitioner, is a licence from the Society of Apothecaries.

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## PASS LISTS.

### Royal College of Surgeons, Edinburgh.

The following gentlemen having passed the requisite examinations, were, on the 16th inst., duly elected ordinary Fellows of the College:—

John Basil Hall, M.R.C.S.Eng., L.R.C.P.Lond., &c.; Charles William Donald, M.B.C.M., Edward William Scott Carmichael, M.B.C.M.; Robert Black Purves, M.B.C.M.; John Harley Gough, M.R.C.S.Eng., L.R.C.P.Lond.; Jas. Wilson McBrearty, L.R.C.S.E.; Wyndham Anstruther Milligan, M.B.C.M.; Henry John Forbes Simson, M.B.C.M., and Charles Benjamin Rossiter, L.R.C.S.E.

### Royal College of Surgeons in Ireland.—Dental Examination.

The following gentleman, having passed the necessary examination, has been admitted a Licentiate in Dental Surgery of the College:—Mr. W. F. Crosse.

The following gentlemen have passed the primary part of the examinations for the Licence in Dental Surgery:—Mr. A. L. Harrison, Mr. D. L. Rogers, Mr. J. R. Small, Mr. G. M. Sterling, and Mr. G. N. Tate.

At the M.B. Examinations held during May the following candidates passed:—

*First Division.*

Anderton, William Bury
Carter, Arthur Hinton
Clogg, Herbert Sherwell
Edmonds, Agnes Sarah, B.A.
Greenwood, Frank Redmayne

*Second Division.*

Beit, Francis Victor Owen
Bergin, William Marmaduke
Bishop, Charles Thompson
Burrows, Harold
Cann, Francis John Hughtrede
Clapham, Lucy Beatrice
Clarke, Arthur Ernest
Davies, David
Dixon, Robert Halstead
Fox, Herewald Eveln. Croker
Goode, Henry Norman
Goring, Chas. Buckman, B.Sc.
Gunther, Hermann Arthur
Harding, Henry William
Knowlton, Alexander John
MacInnes, Janet Waldegrave
Marriage, Herbert James
Miller, George Valentine
Sayer, Ettie
Watts, Eliza Turner
Wilmot, Philip McKinnell C.
Wise, Howard Edward
Woodbridge, Elliot Wilson

# Notices to Correspondents, Short Letters, &c.

☞ **CORRESPONDENTS** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

**REPRINTS.**—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them, at half the usual cost, on application to the printers before the type is broken up.

### ECONOMY *AD HOMINUM.*

THE Listowel Guardians have refused the requisition of the medical officers, backed by the recommendation of the Local Government Board, that competent midwives should be appointed to the districts. While excusing this refusal of help for the sick poor on the ground of economy, their next business was to pass, for the second time, a resolution in favour of free luncheons for themselves at the expense of the ratepayers, to which proposal the Local Government Board has, most properly refused its sanction.

**DR. GILLES DE LA TOURETTE**'s Clinical Lecture on "Convulsive Twitching" has been received from our French correspondent.

### THE SABBATARIAN MONOMANIAC.

THE "Lord's Day" Society sued, last week, at the Stoke Sessions no less than eleven shopkeepers for the offence of Sunday trading. The trading consisted in putting some drops in aching teeth, which seem to be frequent about that neighbourhood. The Magistrate fined the delinquents one farthing each. If he could have sent the prosecutors for a couple of hours to the stocks it would be what they deserved.

**DR. H.**—The correspondence is far too voluminous for us to be able to deal with it as you suggest. Moreover, the matter is one that calls for investigation at the hands of disinterested persons in a position to gauge the merits. We shall not lose sight of your contention.

**K. B.**—We thank you for the newspaper cutting. *De minimis non curat lex.* There is, however, a principle involved, and this, divested of its provincial appurtenances, we shall discuss at the first opportunity.

### A LUCID EXPLANATION.

A PROVINCIAL visitor to Lille on the occasion of the opening of the Pasteur Institute in that town, expressed surprise that the Ministers of Agriculture and of the Colonies should have been chosen to preside over the function~~. It was pointed out~~ to him that they were obviously the most appropriate officers of the State in this connection, seeing that the work of the Institute was so largely concerned with "cultures" and "colonies."

**DR. J. H.**—Good or bad the Notification Act is law, and it is our duty to give it our support. Its administration may sometimes challenge criticism, but the principle of notification, has, we imagine, passed beyond the stage of adverse comment. We have, therefore, referred your communication to the W. P. B.

# Meetings of the Societies and Lectures.

### THURSDAY, JUNE 1ST.

**BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY** (20 Hanover Square, W.).—3.30 p.m. General Meeting. Election of Officers and Council for the year 1899. 4 p.m. Ordinary Meeting. Dr. I. Murray: Scarborough as a Health Resort in Phthisis.—Dr. Shirley-Jones: Treatment of Neuralgia by the Droitwich Brine Baths.

**CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL** (Gray's Inn Road, W.C.).—5 p.m. Dr. D. Grant: Diagnosis and Treatment of Nerve Deafness.

### FRIDAY, JUNE 2ND.

**CHILDHOOD SOCIETY** (Library of the Sanitary Institute, 72, Margaret Street, W.).—5 p.m. Discussion on the Education of Children Feebly Gifted Mentally under the Care of Guardians (opened by Dr. G. E. Shuttleworth).

**WEST LONDON MEDICO-CHIRURGICAL SOCIETY** (West London Hospital, Hammersmith, W.).—8.30 p.m. Clinical Evening. Cases will be shown by Mr. C. B. Keetley, Dr. L. Dobson, Mr. R. Lake, Mr. L. A. Bidwell, Mr. McAdam Eccles, and others.

**LARYNGOLOGICAL SOCIETY OF LONDON** (20 Hanover Square, W.).—5 p.m. Cases and Specimens will be shown by Dr. Permewan, Dr. St.Clair Thomson, Dr. J. Horne, Dr. S. Spicer, Dr. H. Tilley, Dr. W. Hill, Mr. de Santi, Mr. R. Lake, and others.

### MONDAY, JUNE 5TH.

**ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.**—8 p.m.—Annual General Meeting. President's Valedictory Address. Paper by Mr. Kenneth Goadby on "Micro-organisms of Dental Caries." Casual communications by Mr. P. Preedy, Mr. E. Bartlett, and Mr. H. Albert.

# Vacancies.

Bath.—Eastern Dispensary.—Resident Medical Officer. Salary £130 a year, with furnished apartments, coals, gas, and attendance. Applications to Colonel Eyre, Rockville, Lansdown, Bath.

Borough of Hove, Sussex.—Medical Officer of Health and Medical Officer for the Hospital for Infectious Diseases. Salary, £450 a year, rising £25 annually to £550. Applications to the Town Clerk, Town Hall, Brighton.

Cardiff Union. Assistant Medical Officer for the Workhouse. Salary £100 per annum, with rations apartments, attendance and washing. Applications to the Clerk, Queen's Chambers, Cardiff.

Harris Parish Council.—Medical Officer and Public Vaccinator for the Southern Division. Salary £90; other emoluments. Applications to Mr. Thos. Wilson, Solicitor, Lochmaddy, N.B.

Holloway Sanatorium.—Virginia Water.—Senior Assistant Medical Officer. Salary commencing at £300 per annum, with board, lodging, and washing.

Metropolitan Asylums Board.—Assistant Medical Officer at the South-Eastern Fever Hospital, New Cross, S.E. Salary commencing at £160, with board, lodging, attendance, and washing. Applications to the Clerk to the Board, Norfolk Street, Strand.

School Board for London.—Medical Officer for the training-ship *Shaftesbury*, lying off Grays, Essex. Commencing salary £100 a year. Applications to the Clerk, School Board Offices, Victoria Embankment, London.

Staffordshire General Infirmary, Stafford. House Surgeon. Salary £100 per annum, with board, lodging, and washing.

West Norfolk and Lynn Hospital, King's Lynn.—House Surgeon. Salary commencing at £80 per annum, with board, &c.

West Riding Asylum, Wadsley, near Sheffield.—Fifth Assistant Medical Officer. Salary commencing at £100 per annum, with board, &c.

West Riding Asylum, Wakefield.—Fourth Assistant Medical Officer. Salary commencing at £100 per annum, with furnished apartments, board, washing, and attendance.

# Appointments.

**BYFORD, W. F.**, L.R.C.P.Lond., M.R.C.S., Medical Officer for the No. 1 Sanitary District at the Ruthin Union.

**CROWLEY, RALPH, H.**, ~~M.D.Lond.,~~ M.R.C.P., M.R.C.S., Workhouse Medical Officer and Visiting Physician to the Hospital, by the Bradford Board of Guardians.

**DAVEY, S.**, M.R.C.S., L.R.C.P., D.P.H.Lond., Medical Officer of Health to the Urban District Council of Caterham.

**FEATHERSTONE, G. W. B.**, L.R.C.P.Lond., M.R.C.S., Medical Officer for the Radnorshire Sanitary District of the Hay Union.

**GODWIN, F. J.**, M.R.C.S., L.R.C.P., House Surgeon to the Infirmary, Burton-on-Trent.

**HAWKINS-AMBLER, G. A.**, F.R.C.S.Edin., Assistant-Surgeon to the Liverpool Stanley Hospital.

**JACKSON, THOS.**, M.D.Edin., M.R.C.S., Medical Officer for the First Division of the Greystoke Sanitary District, Penrith Union.

**KIRKPATRICK, T. PERCY C.**, M.D., Anæsthetist and Clinical Registrar to Dr. Steevens' Hospital, Dublin.

**MALINS, H.**, M.B., C.M.Edin., Assistant Medical Officer at the Infirmary, Parish of St. Marylebone, London.

**MATHEW, C. P.**, L.R.C.P.Lond., M.R.C.S., Medical Officer for the Tregony Sanitary District of the Truro Union.

**READ, B. T.**, L.R.C.P.Lond., M.R.C.S., Medical Officer for the Odiham Sanitary District of the Hartley Wintney Union.

**RUSSELL, J.**, M.B., C.M.Aberd., Assistant Honorary Physician, North Staffordshire Infirmary.

**STONE, F. W.**, L.R.C.P., L.R.C.S.Irel., Medical Officer for the Bilton Sanitary District of the Warmley Out relief Union.

**TODD, G. D.**, L.R.C.P.Edin., M.R.C.S., Medical Officer for the Selby Sanitary District and the Workhouse of the Selby Union.

**WARD EDWARD**, M.B., B.C., M.R.C.S., Professor of Surgery in the Yorkshire College Department of Medicine.

**YONGE, EUGENE S.**, M.D., Honorary Assistant Physician to the Manchester Hospital for Consumption and Diseases of the Throat.

# Births.

**MURRAY.**—On May 24th, at 110, Harley Street, London, the wife of John Murray, F.R.C.S., of a son.

**SCOTT.**—On May 25th, at 3, Southgate Road, Winchester, the wife of T. W. Scott, M.B., of a son.

# Marriages.

**MITCHELL—NICKELS.**—On May 20th, at Christ Church, Woburn Square, Bloomsbury, London, James E. H. Mitchell, M.R.C.S. (Eng.), L.R.C.P. (Lond.), &c., of Middlewich, youngest son of the late Timothy Mitchell, of Eightlands, Dewsbury, to Maria Lois, youngest daughter of the late Samuel Nickels, of Sunderland, and formerly of Fowey.

# Deaths.

**ASKWITH.**—On May 27th, at the Vicarage, Taunton, Marion, widow of Robert Askwith, M.D., late of Cheltenham, aged 75.

**BATEMAN.**—On May 19th, at Albion Park, New South Wales, Arthur Wigley Bateman, B.A.Oxon., L.R.C.P. and L.R.C.S.Edin., of Kibworth, Leicestershire, aged 54.

**MILLER.**—On May 24th, at Bath, Harriet, widow of the late A. R. Miller, M.D., M.R.C.P.Edin., daughter of the late Wm. Morgan, of Ravensdale, Kildare.

**MACKENZIE.**—On May 17th, suddenly, John William Harris Mackenzie, M.R.C.S., at Daisy Bank, Cheadle, Staffordshire, aged 75.

**SPENCER.**—On May 17th, at Caseytown, Tavistock, Herbert Spencer, M.R.C.S., late of Bradford, Yorkshire, aged 66 years.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXVIII. WEDNESDAY, JUNE 7, 1899. No. 23.

## Original Communications.

### HEY'S INTERNAL DERANGEMENT OF THE KNEE-JOINT. (a)

By JOHN KNOTT, M.D., Ch.B. (Univ. Dub.)

IN the volume of "Practical Observations in Surgery," published by Mr. Hey, of Leeds, is included a paper "On Internal Derangement of the Knee-joint," which contains the original description of the very peculiar lesion to which the name of this distinguished surgeon has since been attached. It is given in the following words:—"This joint is not unfrequently attended with an internal derangement of its component parts, and that sometimes in consequence of trifling accidents. The disease is, indeed, now and then removed, as suddenly as it is produced, by the natural motions of the joint without surgical assistance; but it may remain for weeks or months, and will then become a serious misfortune, as it causes a considerable degree of lameness. . . . This disorder may happen with or without contusion. In the former the symptoms are equivocal till the effects of the contusion are removed. When no contusion has happened, or the effects of it are removed the joint with respect to its shape, appears to be uninjured. If there is any difference from its usual appearance, it is that the ligament of the patella appears more relaxed than in the sound limb. The leg is readily bent or extended by the hands of the surgeon, and without pain to the patient; at most the degree of uneasiness caused by this flexion or extension is trifling. But the patient himself cannot freely bend nor perfectly extend the limb in walking; he is compelled to walk with an invariable and small degree of flexion. Though the patient is obliged to keep the leg thus stiff in walking, yet in sitting down the affected joint will move like the other.

"The complaint which I have described may be brought on, I apprehend, by any such alteration in the state of the joint as will prevent the condyles of the os femoris from moving truly in the hollow formed by the semilunar cartilages and articular depressions of the tibia. An unequal tension of the lateral or cross ligaments of the joint, or some slight derangement of the semilunar cartilages may probably be sufficient to bring on the complaint. When the disorder is the effect of contusion, it is most likely that the lateral ligament on one side of the joint may be rendered somewhat more rigid than usual, and hereby prevent that equable motion of the condyles of the os femoris which is necessary for walking with firmness."

Such are the words of the earliest notice of this peculiar lesion which we possess, and such is the uncertainty as to the accurate diagnosis in which the original describer has left his readers, and, so far as we can see, was obliged to remain himself.

Sir Benjamin Brodie notices Hey's observations, and says that "the symptoms very much resemble those produced by a loose cartilage within the joint," but his views of the actual nature of the existing condition seem even more indefinite than those of the latter writer; and he states further on, in reference to a case which had occurred in his own practice, that "the facts which I am about to state are not very easy to be reconciled, either with this hypothesis or with that suggested by Mr. Hey."

When a very junior surgeon I ventured to publish my views on this obscure affection. They were based upon personal experience of symptoms and signs, and on careful anatomical investigation. The lapse of time has but served to confirm them, and as they do not seem to have indoctrinated the present generation of surgical authorities so completely as I could have wished, I have determined to submit them once more to the examination of my professional brethren. Many, at least, of the surgical apostles of the present day appear to have made up their minds to a very decided view of the actual state of things in Hey's internal derangement of the knee-joint; and, without much more conclusive evidence to go upon than that which was then possessed by the distinguished surgeons whose names I have mentioned, unhesitatingly inform their readers or hearers, as the case may be, that the symptoms are due to a luxation of one of the semilunar fibro-cartilages which are interposed between the cartilaginous surfaces in the femoro tibial articulation.

Before proceeding further with my subject I will mention that I understand by the term *Hey's Internal Derangement of the Knee Joint, an abnormal condition suddenly resulting from the application of external violence, and as suddenly reducible by appropriate manipulation.*

In the tenth edition of Erichsen's "Surgery," edited by Messrs. Marcus Beck and Raymond Johnson, will be found the words of this high authority thus written:—

"*Subluxation of the Knee, Displacement of a Semilunar Cartilage*, or, as it was termed by Hey, internal derangement of the knee-joint, is a common and very troublesome accident. It usually occurs whilst the knee is slightly flexed and the leg rotated inwards or outwards.' Instances of the causation are given:—"Rising from a kneeling position, or kicking a football (the limb affected being that upon which the patient is standing), or by striking the toe against a stone in walking.

"In many cases a distinct fulness can be recognised on one side of the ligamentum patellæ in the hollow between the tibia and the femur, and there is tenderness at the same spot. In the course of a short time, in most cases, the joint becomes distended by inflammatory effusion.

"This accident has been the subject of much investigation since it was first described by Hey. It has long been recognised that it is due to a displacement of one of the semilunar cartilages."

In the "System of Surgery," edited by Mr. Treves, p. 1015 of Vol. I. has the running title of "Displacement of Semi-lunar Cartilage," calling attention to a section the opening of which on this page bears the title, "Subluxation of the Knee, Internal Derangement of the Knee, Dislocation of the Semilunar Cartilage." The writer (Mr. A. Marmaduke Shields) proceeds to inform us that: "Under this heading is described a peculiar condition of the knee-joint, which almost invariably is associated with a wrench, sprain, or other injury, and which is characterised by a sudden sensation of the joint being "put out"; some fixation and impediment to the movements of the limb, more or less pain, and, lastly, by the functions of the articulation being suddenly and properly restored by an appropriate manipulation.

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(a) Read in the Surgical Section of the Royal Academy of Medicine in Ireland, April 7th, 1899.

*Causation and Pathology.*—The accident is usually produced by a twist of the leg, when the knee-joint is flexed and the tibia is fixed, the body and femur being suddenly rotated on the tibia. . . . swinging the body to make a stroke at golf, or in the rotation which occurs in stepping out of a dogcart. (Treves.) . . . . "In practice, the internal cartilage will be found to be most generally displaced. This occurs in violent external rotation, principally performed by the biceps. . . . The gap between the internal condyle and the tibia is, however, increased, and the movable internal cartilage is apt to slip between the internal condyle and the inner tuberosity of the tibia. . . . Godlee has argued from anatomical considerations that the external cartilage is more frequently displaced. Clinical experience points, however, undoubtedly to the greater frequency of the displacement of the internal cartilage."

When a student engaged in preparing for my first surgical examination, it was considered very necessary for every candidate to know the special views of one member of the board before which we, unfledged aspirants were obliged to present ourselves. His explanation of the greater frequency of "derangement" of the internal cartilage was its intimate adhesion to the corresponding lateral ligament, by which it was dragged out of its position when the leg was wrenched outward with sufficient force. How the cartilage in question could be so dragged out of the joint without having its cornual attachments torn remained the *meta*-physical part of the problem.

Mr. Herbert W. Allingham in his exhaustive monograph on "Internal Derangements of the Knee-joint," gives the following account of displacement of the semilunar fibro-cartilages:—

"When rotation *outwards* takes place, the gap between the internal condyle of the femur and the head of the tibia will be found to be increased; and the internal semilunar cartilage is more movable, and consequently is apt to slip too far in between the condyle of the femur and the corresponding head of the tibia.

"A parallel state of affairs results when the tibia is rotated *inwards*, for then the gap between the external femoral condyle and the head of the tibia is increased, and then the external cartilage is more movable.

"When the knee is flexed, the anterior part of the internal semilunar cartilage glides backwards on the head of the tibia; if the leg be then rotated outwards, the internal semilunar cartilage will be drawn in between the internal condyle of the femur and the head of the tibia. Sudden movement of extension will then cause the internal condyle to roll on to too much of the internal semilunar cartilage. Now, as extension is always combined with external rotation of the tibia, the inner tuberosities of the latter must make a sweeping movement forwards and outwards. The internal cartilage will be held by the femoral condyle, and as the tibia makes its curve forwards and outwards the coronary ligaments will be stretched, or even torn. This, doubtless, is what occurs in aggravated cases, and when the accident has recurred frequently. The converse applies to displacements of the external semilunar cartilage. In the milder forms there may be only a stretching and relaxed condition of the coronary ligaments, but when once thus relaxed they are always in danger of being further stretched or even ruptured.

"There are some conditions which predispose to these derangements

"A lax condition of the ligaments about the joint caused by general debility or previous synovitis, predisposes to these accidents on account of the insecure way in which the femur and tibia are then bound together. Prolonged flexion of the knee-joint, as in kneeling, strains the anterior part of the coronary ligaments, and renders possible a liability to these disorders."

Our courteous secretary, Mr. John Lentaigne, called my attention to the October issue of the *Annals of Surgery*, in which there is an elaborate paper on the "Cause and Treatment of the Subluxation of the Semilunar Cartilages of the Knee-joint," by Newton M. Shaffer, M.D., in which the author believes that he has established the following "facts":—

"(1) In many cases of Hey's joint there is an acquired or, perhaps, congenital lateral mobility of the knee-joint. This condition existing, the normal rotation of the tibia in flexion or extension of the knee is greatly increased.

"(2) In many cases, if not in all cases, there exists an elongated ligamentum patellæ, which so modifies the action of the quadriceps extensor muscle upon the tibia that the force of its contraction upon the tibia is modified or delayed in such a way that extension and rotation are not synchronously performed. And it seems more than probable that this condition forms an important factor in the production of the subluxation of the semilunar cartilage."

And again, the author quotes Allingham's statements: "The injury is caused by some sudden and almost involuntary movement. Most of the muscles governing the joint are then thrown off their guard, or fail to act in concert one with the other."

Dr. Shaffer then proceeds to say: "But I do not agree with Mr. Allingham when he says 'All this may occur even in a healthy joint,' if for healthy we substitute 'normal,' except under circumstances where great lateral pressure is applied, and when a true subluxation of the tibia occurs as a result of direct violence. In these cases there existed a condition which I have attempted to describe, and which directly favoured the subluxation. And further, the muscles are not 'off their guard.' The quadriceps acts promptly; but the patella, instead of clamping the femur with a normal length of ligament in the trochlea, is tilted upward at the lower end, and the muscular effort is so delayed that the movable semilunar cartilage is caught, perhaps only slightly pinched, or really dislocated, and sometimes seriously damaged."

In nearly all the above quoted descriptions of this lesion there appears to be a tacit assumption that one of the semilunar fibro-cartilages has been displaced. Too intimately associated with this unproved assumption is a positively inexplicable haziness in the minds of the respective writers regarding the actual structure of the knee-joint.

To examine the validity of the grounds for such a conclusion is my chief object in making this communication. To do so satisfactorily it will be necessary to call attention to some of the more prominent features in the mechanism of the knee-joint, and to notice more especially the connections of the fibro-cartilages, which concern us so intimately in this lesion.

The upper end of the tibia presents an extensive surface, bearing two articular facets separated by a rough non-cartilaginous interval, which runs in an antero-posterior direction, and is chiefly destined for ligamentous attachment. Of these facets the internal is the larger and of somewhat oval shape, with the long axis passing from before backwards; it is also somewhat more hollow than the other, although the amount of depression on either side is but slight, and, in the recent state, is still further diminished by the greater thickness of the articular cartilage in the central part. The outer facet approaches the circular form.

The inferior extremity of the femur presents two articular facets which are, respectively, more extensive than the corresponding ones on the head of the tibia on which they rest. The deep intercondyloid notch separates the two condyles, of which the internal is prolonged downwards considerably further than the external—a disposition of parts which determines the internal obliquity of the shaft of the femur, and the formation of an angle salient inwards at the inner aspect of the knee-joint.

It is obvious that the very shallow depressions on the upper end of the tibia can afford no security for the condyles of the femur during the various movements of the joint. The glenoid cavities for the reception of these articular prominences are, accordingly, almost solely formed by the semilunar cartilages. Each of the latter structures presents three surfaces—a superior, which is markedly concave; an inferior, nearly flat; and an external, forming the prominent rim, which is connected with the fibrous structures surrounding the joint. This rim, in a well formed adult knee, is of considerable thickness.

At the inner (concave) side the cartilage thins down to an irregularly festooned edge. On examination of the mutual relation of these fibro-cartilages, we find that the external forms almost a complete circle, while the internal forms a C-shaped curve, elongated from before backwards, and of which the extremities embrace those of the outer cartilage. These extremities (*cornua*) are extremely strong, and bind the cartilages with great firmness to the non-articular portions of the osseous surface, while the circumferential aspects of the cartilages are bound—rather loosely—to the corresponding margins of the head of the tibia by the so-called "*coronary*" ligaments. The other surfaces are covered with synovial membrane, and glide smoothly—the upper on the cartilaginous surface of the corresponding femoral condyle, the lower on the head of the tibia. "The fore part of each is less fixed than the hinder, so that it may be free to follow up the condyles as the latter recede from the front of the tibia in flexion, and be pressed back again into its place in extension" (Humphry). In the case of the external cartilage the posterior cornu has an accessory attachment to the femur, which accompanies the posterior crucial ligament (*cornu postici adhæsio primo* of Weitbrecht, *ligamentum cruciatum tertium* of Robert. This femoral adhesion causes the cartilage to follow, in a limited degree, the movements of the lower end of the thigh bone; and its nearly circular outline, with the greater looseness of its coronary attachments, and the fact that it does not, like the internal semilunar fibro-cartilage, adhere intimately to the corresponding lateral ligament of the joint, all combine to give to the external of these cartilages a greater degree of mobility than is permitted to the internal.

The more obvious movements of the knee-joint are those of flexion and extension—characteristic of the ginglymus articulation, of which it forms an imperfect type. In addition to these, the knee possesses, when moderately flexed, a rotatory movement, which, as shown by the brothers Weber, may attain a range of 39 degs. in the normal joint. The vertical axis around which these movements take place passes through the head of tibia at the inner side of the spine. The use of the greater mobility of the outer cartilage is obvious in this condition; for if it were absolutely fixed to the head of the tibia, any considerable rotatory movement of the latter bone would inevitably throw the external femoral condyle out of its articular cavity. Slight lateral movements of the *passive* variety may also be demonstrated in the knee-joint when the leg is semi-flexed. In this position, the ligaments being relaxed, external pressure will produce movement of the tibia to either side; the latter bone gliding, to a very limited extent, of course, upon the articular facets of the femoral condyles.

With regard to the more ordinary movements of the knee, an interesting anatomical fact has been demonstrated by Tillaux. This anatomist pointed out that a vertical antero-posterior section through one of the condyles is not limited at the lower end by an arc of a circle, as formerly represented; the cartilaginous surface represents two arcs—one anterior and the other posterior, belonging to circles of different radii, and separated by a portion of a very flattened ellipse. The mechanical result of this arrangement is that in flexion of the knee there is, at first, rotation round an anterior axis; towards the middle of the movement, a combination of rotation and gliding; which is, in turn, replaced by a purely rotating movement towards the end of the act of flexion. The axis, around which the movements of flexion and extension take place, passes through the femoral condyles at the level of the attachment of the lateral ligaments of the joint.

An even moderately careful scrutiny of the recorded observations of "internal derangement of the knee-joint" will show that the writers on this subject have included, under the same denomination, two distinct varieties of surgical lesion—one in which the displacement is supposed to have affected the semilunar cartilage only; the other in which, besides the "derangement" of the cartilage there is also a change established in the normal relations of the articular surfaces of the femur and tibia; or, in other words, an incomplete dislocation of the leg.

Some cases of the former class would appear to have been unaccompanied by prominences or any other outward and visible sign of the existing internal derangement. This would appear to have been pretty much the case in some of the instances observed by Hey himself. A good case of the typical "internal derangement" has been recorded by Bonnet (de Lyon): "A very active man, æt. 45, twisted his knee in making a movement of external rotation. I saw him two days after the accident; no physical derangement could be detected in the knee; there was merely a small amount of serous effusion into the synovial cavity. The patient could walk only with extreme pain, he suffered much, and could extend his leg upon the thigh but in a very incomplete manner. This disproportion between the impairment of motion, which was carried to an extreme degree, and the inflammation, which was but slight, made me think that a luxation of the semilunar cartilage had probably taken place. I then flexed the knee as much as possible; this flexion was painful. Having done this a first time I extended the leg, and flexed again. This manœuvre was followed by immediate relief; the patient was able to walk with less pain, and to extend the leg upon the thigh completely. The inflammation rapidly subsided."

Very valuable evidence with regard to the nature and mechanism of this lesion was obtained by the same surgeon from the results of experiments performed on the dead body. On the cadaver of an adult male who had succumbed to a chronic malady, Bonnet found that by flexing the leg to form a right angle with the thigh, as the body lay in the prone position, and suddenly rotating the foot outwards, a peculiar snap was felt, after which the limb remained in the position of external rotation, with the leg flexed upon the thigh at an angle of about 45 degs. At the antero-internal aspect of the knee-joint a prominence could be felt corresponding to the inner tuberosity of the tibia; this prominence projected in front of the inner condyle of the femur; the head of the femur was carried backwards and inwards. The rotation of the leg, measured by the deviation of the foot, amounted to nearly a quarter of a circle. Upon extending the leg (for which a slight effort was found necessary) the snapping sensation was again felt, and the normal relation of the articular surfaces was re-established. Subsequent dissection of the knee showed no displacement of the inter-articular structures, and no appreciable laceration of either ligament or muscles. In the next experiment he removed the patella; and, repeating the movements already described, he watched the effect on the inter-articular structures. The snapping sensation was then found to be produced by the passage of the inner condyle of the femur behind the semilunar cartilage, which was, accordingly, pushed forwards on the internal glenoid cavity of the tibia, but without any laceration of the internal lateral, or capsular ligament of the joint. On the outer side, the condyle had undergone no considerable displacement; it was carried a little forwards from its normal position, but still lay in the glenoid cavity formed by the external semilunar cartilage. On extension of the limb, with a little effort, this peculiar disarrangement was at once rectified. The experiment was frequently repeated, and always with similar results.

Cases have been observed in the living body which correspond very closely indeed with the facts above recorded as observed by Bonnet on the cadaver. But none of these "derangements" can properly be regarded as a luxation of the semilunar cartilage; they are incomplete rotatory dislocations of the leg itself.

The possibility of such a displacement cannot be doubted by those who are familiar with the normal internal arrangement of the structures of the knee-joint, and the author of the present communication can add to the evidence already published on this subject a description of the accident as it has repeatedly occurred in his own person.

*(To be continued.)*

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## Paris Clinical Lectures.

ON

# THE INTOXICATION OF ADDISON'S DISEASE.

DELIVERED AT THE LAENNEC HOSPITAL.

By Dr. CHAUFFARD,

**Professor Agrege at the Medical Faculty of Paris; Physician to the Paris Hospitals.**

The theory of Addison's disease, still a matter of controversy, is based on two fundamental principles. One, the result of clinical observation and due to Addison, is the existence of a special cachexy, accompanied by profound asthenia and pigmentation of the skin and mucous membranes, and characterised by more or less degeneration of the suprarenal capsules. The other, deduced from experiments and formulated by Browning, that the suprarenal capsules form an organ indispensable to life, the total loss whereof is rapidly followed by death.

The problem, thus clearly defined, seemed on the way to a satisfactory solution, when the new nervous theory was brought forward, according to which the cause of the affection is to be sought in a lesion of the abdominal portion of the sympathetic nervous system and the solar plexus. Addison's disease may be induced, it is asserted, not only by lesions of the pericapsular sympathetic system, but also by lesions of the solar plexus, as in the case reported by Raymond, where generalised lymphadenoma was found to exist in association with integrity of the suprarenal capsules and sclerosis of the solar plexus, comprising the whole ganglionic mass. The same is true with regard to lesions of the semilunar ganglia, as is shown by a case of Brault and Perruchet's, in which a tuberculous mass was found attached to the right semilunar ganglion, without apparent lesion of the capsules.

The partisans of the suprarenal theory replied by a new and remarkable series of experimental researches, having for object to strengthen and confirm clinical experience. These experiments, carefully carried out and studied, proved conclusively that animals deprived of the suprarenal bodies die from poisoning, and that their blood shows a special and peculiar toxicity. Moreover, the preservation of a small portion of the suprarenal parenchyma suffices to neutralise the intoxication, and insures their survival.

These toxins, due to suprarenal inadequacy, exist, however, not only in the blood, but also in the muscles, whence they may be extracted by means of alcohol, and they are physiologically identical with the toxic substances elaborated in the muscles of an animal in normal condition, when subjected to an excessive amount of work. An animal without adrenals, at the least exertion, shows signs of rapid and persistent fatigue, which does not disappear even after a long period of rest.

Finally, the paralysis which attacks animals whose suprarenal capsules have been removed appears to be principally due to changes affecting the terminations of the motor-nerves, the muscles themselves being but slightly interfered with. We have, therefore, to do with a veritable curare-poison. This is a point of great importance, seeing that the experimental proof of the antitoxic action of the suprarenal capsules on the waste-matter of muscular disassimilation furnishes the explanation of one of the fundamental symptoms of the bronzed cachexy, the so-called Addisonian asthenia.

These experiments, however, only prove two things, viz, the rapid auto-intoxication of the organism after destruction of the suprarenal glands. and the curare-like nature of the toxin thus produced or retained for want of elimination. Neither the pigmentation of the skin and mucous membranes nor the characteristic gastric troubles of Addison's disease have ever been reproduced by experimentation.

That, however, is not to be wondered at, seeing that ablation of the suprarenal capsules is of necessity a coarse measure, too sweeping in its effects and incapable of the delicate physiological disassociation that characterises the lesions produced in a slow and progressive manner by Addison's disease. The symptoms as a whole certainly point to an intoxication. Two cases which have recently come under my observation seem to me very significant in this respect.

One of these was an Italian, fifty years of age, whom some of you doubtless saw in my ward at the Broussais Hospital on two separate occasions. He is a typical specimen of Addisonian cachexy, without other morbid antecedents than a slight attack of occupation lead poisoning. A year ago he developed a sudden and persistent distaste for foods of all kinds, accompanied by vomiting of alimentary or bilious matter. He had lost both weight and strength. He complained of pain in the lumbar, abdominal, and epigastric regions; the characteristic pigmentation had invaded the labial, lingual, and bucco-genial mucous membranes, as well as the integuments covering the face nipples, gluteal furrow, scrotum and penis, front of the patella, and dorsal aspect of both hands. The only visceral lesion was a slight degree of induration of the apex of the left lung. The urine was normal. Twice this man was admitted to the hospital in a very prostrate condition, suffering from a fully developed crisis of gastric intolerance and throwing up what little he was able to swallow. On both occasions these distressing symptoms subsided rapidly with no other treatment than rest, and our man was anxious to leave, in the belief that he was cured of his ailments and able to resume work. Could there be a more striking example of progressive auto-intoxication under the influence of muscular fatigue and bad hygienic conditions, showing a constant tendency to disappear in the early stage of the disease, as soon as the necessary repose has permitted the elimination of the accumulated toxin?

The second case, from my private practice, exemplifies very well the rapidly fatal course sometimes following Addison's disease. A lady, æt. 35, of strumous diathesis and delicate from childhood, was said to have suffered for several years from nausea and attacks of retching, resulting in the ejection of a little frothy or viscid matter. In December, 1892, she consulted one of our most celebrated dermatologists, with whom she had been acquainted for a long time; but a thorough examination revealed no trace or any special pigmentation. She passed the winter at Cannes, where she began to rapidly lose flesh, and, with the gradual disappearance of her strength her skin began to change colour and became pigmented. She ultimately developed complete and obstinate anorexia.

Late in February, 1893, she returned to Paris, and came to consult me. I found typical Addisonian pigmentation, with the usual series of localisations on the mucous membranes of the mouth, tips of the breasts, integuments of the face, and uncovered portions of the body, patellar regions, and nails. The face was thin and hollow, the eyes sunken, with black rings; the expression was drawn and suffering, indicating complete exhaustion of the vital force. There was no pain but the appetite was completely lost. Motion of any kind produced nausea; rising, taking a few steps, or making a slight exertion were sufficient to induce angor, extreme malaise, and exhausting retching.

I decided to try hypodermic injections of suprarenal juice, but little or no benefit resulted to the patient from these injections. The patient dragged on until April 7th, when death finally ensued, the vital energy slowly fading away without being affected either by injections of ether or caffeine, or by nutritive or aqueous enemata. The toxin of Addison's disease, in this case, not only exhibited all the characteristics of curare, but acted also as a poison to the myocardium and the cardiac terminations of the pneumogastric nerves, producing paralytic tachycardia.

The idea of the all-important *role* of auto-intoxication in Addison's disease must not be pushed too far, and it cannot be invoked in explanation of, or as furnishing sufficient cause for, all the symptomatic phenomena. Though I firmly believe in its existence in this disease, I also believe that it alone is not at the bottom of all the lesions; and the most prominent link, from a clinical point of view, in the symptomatological chain, the pigmentation of the skin and mucous membranes, is assuredly not of toxic nature. In this connection Alezais and Arnaud's researches and discoveries are to be appreciated at their full value, showing us, as they do, that the suprarenal lesions alone are not capable of producing melanoderma. Something more is needed for this, namely, the participation in the morbid process of the periglandular capsule, and particularly of the small sympathetic nerve-ganglia comprised is the fibrous structure of the latter. And, moreover, it must be remembered that this part of the sympathetic apparatus is far from being the only one, the morbid condition of which may influence the chromatogenous action of the skin. The experiments of Raymond and of Brault and Perruchet show clearly that any irritating, and sufficiently intense, lesion of the solar plexus or semi-lunar ganglia may result in pigmentation of the skin and mucous membranes.

The physiological mechanism of this process is as yet rather difficult to determine. Raymond has advanced an ingenious theory, according to which the human skin normally contains feebly pigmentary elements, subject in a certain measure to nervous influence in the same manner as the chromatoblasts of certain animals are under the immediate direction of a special innervation. The Addisonian pigmentation is then due to dystrophic disturbance in the chromatogenous apparatus of the skin, depending upon an irritative lesion of the peri-suprarenal or semi-lunar ganglia, or of the solar plexus.

Be that as it may, we are constrained to consider Addison's disease as a syndroma implying, in typical cases, a double lesion: the almost total destruction of the suprarenal glands, and irritation, by compression or sclerosis, of the neighbouring sympathetic ganglia. As a rule, the extension of a caseous infiltration of the capsules is liable to produce both these lesions. At the same time, either of them may exist alone, a circumstance which explains the occurrence of double capsular tuberculosis without accompanying melanoderma, and inversely, sympathetic lesions and melanoderma without degeneration of the capsules.

It is this idea which I think must henceforth be our guide in clinical and anatomical researches, so as to distinctly separate, in the symptomatology of the disease, all that is directly due to the glandular lesion from that which merely points to accessory implication of the sympathetic system, and to distinguish the complete symptomatic manifestation of Addison's disease from abortive and atypical cases, in which only one of the pathogenetic processes is at work.

To attempt to explain in this way all the abnormal cases already published would undoubtedly be a difficult undertaking; but it must be remembered that the reports are not conceived in a catholic spirit, and that each author has been bent upon explaining his particular case in accordance with the pathogenetic theory, to which he gives his preference. And it is evident that neither the nervous theory, nor the theory of capsular insufficiency alone is able to explain all the cases recorded without straining the facts. The negative cases, and the so-called contradictory symptoms, only prove the narrowness and inadequacy of our pathogenetic conceptions. The two theories actually discussed are not at all incompatible; on the contrary, they mutually complete each other. To determine the exact relationship existing between the symptoms of a toxic nature and those of sympathetic origin seems to me to be a most worthy object of our endeavours in this direction. And for this purpose, clinical observation must go hand in hand with experimental physiology. The road to success is clearly and unmistakably pointed out to us; all we have to do is to follow it.

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Mr. N. W. Hubbard, chairman of the Asylums Committee of the London County Council, opened a new asylum at Horton, near Epsom, on Saturday last. Accommodation is provided for 700 patients. Dr. F. Bryan has been appointed medical superintendent with Dr. Lewis as his assistant.

# MALIGNANT DISEASE OF THE UTERUS:

## ITS DIAGNOSIS AND TREATMENT. (a)

By FREDERICK HOLME WIGGIN, M.D.,
Surgeon to St. Elisabeth's Hospital; Gynæcologist to the New York City Hospital; President of the New York County Medical Association.

At the present time 7 per cent. of all deaths occurring in women over 45 years of age are caused by cancerous disease, and of these a very large proportion commence either in the neck or body of the uterus. Even at the present time the disease frequently runs its course during the patient's life. These facts and a few others will suffice to show that there is no subject of greater interest to the general practitioner and gynæcologist at the present than that of malignant disease of the uterus and its early diagnosis, for on this depends our patient's chance of permanent relief from her dreadful malady.

The results which have hitherto been achieved by the gynæcic surgeon in the radical operations performed for the relief of sufferers from the disease which we are considering, while often followed by a low rate of mortality, have not been brilliant, when the recurrence of the disease is taken into consideration, for according to Thorne, hardly 30 per cent. of patients upon whom vaginal hysterectomy has been performed for malignant disease of the uterus, and who have survived the operation, remained well at the end of five years. This poor and discouraging result, he attributes (and the writer believes justly) to the fact that 70 per cent. of patients suffering from this disease, who present themselves to the surgeon for examination and treatment, do so in the later stages of the disorder, instead of in the earlier, as they should. The responsibility for this failure to recognise the disease during the earlier months of its invasion rests largely upon the general practitioner into whose hands these patients usually come first, and who seems to be largely imbued with the popular idea that all sorts of menstrual irregularities may occur during the last years of a woman's child-bearing period of life, without being of serious import, unless accompanied by a story of pain, foul vaginal discharge and evident cachexia, forgetting that, as Baldwin has recently pointed out, these last are the "symptoms, not of incipient, but of inoperable disease."

Williams, in a recent article on cancer, says that at the present time there are probably eight thousand women in England and Wales who are suffering from malignant uterine disease; while in the State of New York alone, during the year 1898, there were reported to the State Board of Health, 4,456 deaths as having occurred from cancerous diseases, a large proportion of which were undoubtedly those of the womb. These statements of the common occurrence of the disease, coupled by the fact which is borne out by the writer's experience both in hospital and private practice, that only a very small proportion of cases reach the surgeon at a time really favourable for operation, viz., before the disease has extended beyond the organ where it originated—must be his excuse for calling your attention to a brief review of what is already well known of this dreadful disorder, in the hope that further discussion of the subject may, by bringing out individual views and experiences, throw more light than we have hitherto had on malignant uterine disease in its earlier stages.

As is well known, cancer is a disease which originates in the epithelial structures. At the present time, though doubt still exists as to its etiology, the recent work of Sanfelico, Roncali, Bra, Bosc, Gussenbauer, and others, make it seem most probable that the time is at hand when the micro-organic origin of cancer, will be fully demonstrated and accepted as a fact. Among the chief indirect causes of the disease, may be enumerated heredity, locality, age, trauma, and infection caused by the following child bearing. A fair proportion of all who suffer from malignant uterine disease, as do those suffering from other forms of the malady, give a family history of cancer, showing that heredity plays a part by producing a predisposition to the disease. Location of residence is a factor of importance, as there are districts in which the disease is unusually prevalent, notably as stated by Park, in Bath, England, whose health officer recently reported that in his district there were 50 per cent. more cases than in neighbouring ones. Luckau, in Germany, where seventy-three deaths from cancer occurred in twenty-three years, within an area comprised by two or three City squares, four deaths occurring in one house. The same writer also calls attention to the unusual prevalence of the disease in the districts immediately surrounding Buffalo, N. Y. Age is an important factor in the development of the disorder, for while it may occur at or during almost any period of life, it is most likely to make its appearance between the thirtieth and fiftieth year, but more commonly during the latter half of this period.

Women who have borne large numbers of children are more subject to it than are nullipara. This fact is clearly shown in a study made by Mullins, and published in the *Australian Gazette* for January, 1897, of 585 cases of females who had died in New South Wales of cancerous disease, 202 of whom had uterine cancer; of these 17 were sterile and two were single females, while the remaining 183 had been married and had given birth on an average to five children each. The other factors which enter prominently into the causation of the disease are cervical lacerations and neglected endometritis. The cervix is much more frequently attacked by the disease than is the body of the uterus, some observers placing the ratio as high as 50 to 1, but the writer believes that the uterine body is more often the seat of the disease than is supposed to be the case. Malignant disease, when located in the lower segment of the uterus, makes its appearance more frequently before the occurrence of the menopause than after it, and it is most likely to occur in those who have borne many children, and who, as previously stated, belong to the lower classes of society; while the disease in its corporeal form generally begins after the occurrence of the menopause, and in those women who have not conceived. The most common form of the disorder is adenocarcinoma, but occasionally it is of the sarcomatous variety, when it runs its course with great rapidity. Unfortunately the disease is frequently ushered in with few or no symptoms to attract the attention of the patient, or of her physician, to the fact that she is suffering from a serious disorder.

But, as a rule, the disease manifests itself by the following constitutional symptoms. A general feeling of discomfort, loss of energy, anorexia, and an ill-defined sense of fulness and uneasy sensations referred to the lumbar, sacral and genital regions, accompanied with more or less marked increase of vaginal secretion or leucorrhœa. If this discharge is examined, it will be found to be less viscid, and more watery than it usually is. If the patient is a woman between 30 and 45 years of age and has borne several children, a digital examination of the cervix will reveal the fact that it is enlarged and indurated and possibly slightly nodular. If we inspect it by means of a speculum we will find that on one or other side of a deeply lacerated cervix there is either a little hard nodule or an elevated area of mucous membrane, redder in colour than normal, and tending to bleed freely when touched. The disease at this early stage of its existence simulates very closely simple erosion of the cervix, but it is well to bear in mind that an eroded surface is smooth and velvety to the touch, has not infiltrated edges, and that on its surface the curette makes little impression. Any condition of this sort, however, that does not yield readily to ordinary treatment and tends to spread, should be regarded with more than suspicion, and the diseased tissue at once removed. It can then be examined microscopically and the exact nature of the disease can then be determined.

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(a) Paper read before the New York County Medical Association, May 9th, 1899. Author's MS.

Some years since, the writer had a doubtful case under observation, one in which the disease was confined to the cervix, but not wishing to subject the patient to an unnecessary operation, a portion of the diseased tissue was removed and sent to a pathologist for diagnostic purposes. In about ten days an answer was received that the disease was malignant in its nature, and preparations were made to proceed with the removal of the uterus, when it was found that during the interval which had elapsed, the disease had made rapid progress. The case being no longer a favourable one for operation, the body of the uterus and the vaginal wall having become involved in the destructive process. Hence it has been the writer's custom of recent years to first remove all tissue of a doubtful character and have it examined afterwards.

The early stage of cervical cancer, it should be remembered is rather favourable to the occurrence of pregnancy, and also that when this condition coexists, the malignant disease makes rapid headway. At a later stage of cancer of the cervix, we will find on inspection either a series of warty growths which are friable and bleed easily, or that a deep ulcer with raised friable edges exists. At this stage, microscopical examinations of the diseased tissue is not needed to settle the diagnosis, and the patient begins to complain of hæmorrhage following coitus, of metrostaxis, menorrhagia, metrorrhagia, and escape from the vagina of foul smelling watery discharges, more or less tinged with blood, accompanied by pain. The sooner, under these conditions, the uterus is extirpated, the better will be the patient's chances, not only for immediate recovery from the operation, but for freedom from recurrence of the disease for at least three years, which as has been said, is the true test of the success of the operation,

When a patient who is between 45 and 50 years of age, or older, and who has never conceived, calls our attention to the fact that a few months after the cessation of her menstrual flow she has begun to fail in health, has also developed a profuse watery leucorrhœal discharge, and that her flow has recurred, a bi-manual examination of the uterus should be made, and will probably reveal the following conditions—viz., that the body of the uterus is enlarged and tender, and possibly nodular, that the external and internal os are both patulous. Such a patient should without delay be placed under the influence of an anæsthetic agent, and the cervical canal dilated and the uterine cavity explored. If the trouble is found not to be due to fibromata, the uterus should be removed, and the histological examination of the tissues made after this has been done, rather than before, as is usually the case. The curettage and delay incidental to this procedure before operation favouring the rapid progression of the disease, if it is of a malignant character.

It has been well said that the best treatment that a woman suffering from a carcinoma of the uterus can receive at the hands of her physician is the early recognition of her condition, when the removal of the diseased organ should follow, and a cure be effected.

Attention has already been called to the fact that by far the largest proportion of cases that reach the surgeon do so after the disease has progressed too far to give a reasonable hope that the patient will be benefited by a radical operation. These patients can however, still have much done to relieve their distressing condition by placing them under the influence of an anæsthetic agent, and removing as much as possible of the diseased tissue. After this has been done the hæmorrhage, which is often free, can be controlled by packing the cavity with pledgets of cotton wet in a solution of antipyrin, or, better still, with hydrozone, the pledgets being removed after a little while, and if the hæmorrhage continues the cavity should again be packed with similar pledgets, and it is rare that this procedure has to be followed more than three times. If the flow of blood continues after the third packing has been removed the cavity is once more to be packed, and the pledgets allowed to remain in place for twenty-four hours. The hæmorrhage having been controlled, the packing is removed, and the parts are thoroughly irrigated. The vagina and vulva should next be well anointed with a salve composed of one part of sodium bicarbonate and three parts of vaseline. The uterine cavity is then packed with small pieces of cotton wrung out in a solution of chloride of zinc, which should vary in strength from 50 to 100 per cent., according to the thickness of the remaining uterine tissue. Any excess of this solution must be rapidly removed with sponges, and the vagina should be filled with cotton soaked in a saturated solution of bicarbonate of sodium, Forty-eight hours later all this packing is to be removed, and the parts again irrigated. This treatment, which has been described by Penrose, has been followed for the past two or three years by the writer, both in hospital and private practice, with much benefit to his patients. The hæmorrhage is controlled, the offensive discharge disappears for a considerable time, and the patient being relieved in a large measure, of her sepsis, improves in appearance and gains rapidly in weight. Lucas-Championière advises the use in these cases of carbide of calcium, and gives the following technique for its application:—The vagina is first irrigated and then a small piece of the carbide is to be placed against the ulcerated surface. Bubbles soon appear showing that acetylene gas is being generated. The vagina is now to be carefully packed with iodoform gauze. This is to prevent the irritant effects of the products of decomposition of the carbide of calcium on the mucosa of the vagina and vulva. The packing should be allowed to remain in place for three or four days and then is to be removed. The parts should then be irrigated and all crusts removed. This procedure can be repeated at intervals of from two to six weeks as needs be. The claim made for it is that it stops hæmorrhage, thoroughly suppresses odour, and relieves pain in a large proportion of the cases so treated.

In conclusion, let me call your attention again to the fact that pain in these cases is an unreliable symptom, only occurring late in the disease except in certain cases, where the patient complains that she suffers from attacks of agonising cramp, like pains which recur during the latter part of each afternoon. Such a symptom when present in an elderly woman, is almost pathognomonic of cancer of the uterine body and is due to pent up secretions in that organ. Hæmorrhage is a constant symptom, but of the later stages of the disease, as is also the foul smelling vaginal discharge. Do not wait for a patient to tell you of this concatenation of symptoms before you think of a possibility of malignant uterine disease. The acceptance as an axiom of the statement that an increased flow of blood occurring before, at, or after the menopause is always due to an abnormality and needs careful investigation, as to its cause, would undoubtedly save innumerable lives. Let me call your attention to the fact that no form of malignant disease is so amenable to operative treatment, or promises more brilliant results than does that of malignant disease, provided only that the disorder is recognised, and the operation is performed while the morbid process is confined wholly to that organ, or, in other words, during the earlier stages of the disease, or before its advent, I would also have you bear in mind the fact that even when the disease is not recognised till it has passed the stage favourable for an effort to bring about a cure of the patient by extirpation of the diseased organ, that much can still be done in the way of palliative treatment, which will not only render the remainder of the patient's life more bearable to herself and her friends, but will actually prolong it.

Our patients should be taught to return to us for examination within three months after confinement, and when uterine abnormalities are found they should be eradicated by operative means without delay. Patients should be further taught that the period of life between forty and fifty, which usually includes the menopause, is one of danger, and that during this period they should be more or less under the supervision of their physician, and on our part we should be more careful to examine locally all those who have reached this period of life, who complain of failing health, increased leucorrhœal discharge, and the slightest menstrual irregularities tending to an increased loss of blood. In cases of doubt our patients should be given the benefit of it, by submitting them at once to operation, while there is yet time and hope that the disease may be permanently removed.

And, finally, while we have good ground for believing that at a day near at hand, the micro-organic origin of cancer and its infectious nature will be fully established, and that once the life-history of the germ is known, we shall be able largely to prevent the occurrence of the disease, we must for the present base our hope of permanently benefiting a greater number of our patients suffering from this fearful trouble, not upon improved operative technique, but upon an earlier recognition of the existence of the malady.

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# Clinical Records.

## WESTMINSTER HOSPITAL.

*Enemata Rashes.*

Under the care of Dr. Murrell.

William G., æt. 14, was admitted with enteric fever on the eleventh day of illness. There was at first diarrhœa, but subsequently the bowels were confined. He had a motion on the twenty-first day, and on the evening of the twenty-fourth day he was given an enema of a pint of soap and water which acted freely. About thirty-six hours later a rash appeared on the abdomen, chest, arms as low as the elbows, and on the thighs. It was bright scarlet in colour, slightly raised, disappearing on pressure, and not attended with itching. It lasted forty-eight hours and was not followed by desquamation. There was no sore throat. On the thirty-eighth day the bowels were open twice, and then for four days there was no action. On the forty-second day the temperature, after having been normal for sixteen days, rose at 7.30 p.m. to 100·4 degs. At 8 p.m. an enema was given of a pint of soap and water. At midnight and at 8 a.m. on the following morning the temperature was 103·4 degs. At 9.0 a.m. a rash appeared similar in character to that already described. It was confined to the chest, face, and arms, and there was no sore throat. The temperature fell at mid-day to 102·4 degs., and continued its downward course until it touched normal on the morning of the forty-sixth day. The rash gradually disappeared at the expiration of twenty-four hours, and there was no desquamation. The bowels acted freely from that time, and it was not necessary to give another injection.

*Remarks by* Dr. Murrell.—As a case of enteric fever this patient presents no feature of interest. The point is that on two occasions after the administration of a soap and water enema there was a marked erythema presenting the ordinary characters of a scarlatinal rash. Such cases are not common, although they have been described. Dr. Suckling, of Birmingham, has recorded instances of a scarlet rash following the administration of enemata, and thinks that they are met with more commonly in children than in adults. Dr. Coupland, of Stoke-on-Trent, mentions a similar case in which the rash was followed by desquamation, and Mr. Staveley says that the rash is sometimes observed after the administration of a purgative by the mouth in cases of prolonged constipation. Some years ago Dr. Burford published a note on a mild form of septic toxæmia after enemata. These cases are evidently examples of ptomaine poisoning. The rectum is capable of absorbing fluids rapidly, and when the hot soap and water liquefies the motion we get toxæmia. Dr. David Walsh, who is an authority on such matters, points out that the rash is not unlike that which sometimes follows the injection of tuberculin, and suggest that it is an effort at excretion by the skin of an irritant substance. The elevation of temperature in our case is a feature of interest. The occurrence of enemata rashes, although apparently of trivial import, is worth recording, when one remembers the possibility of the rash being mistaken for scarlet fever and of the inconveniences which may attend a mistaken diagnosis.

In another case recently under my care the patient, a girl, æt. 13, suffering from that curious combination of symptoms so frequently described of late, tonsillitis, acute rheumatism, endocarditis and chorea, the enema was given at night and the rash was observed the first thing in the morning.

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# Transactions of Societies.

## ROYAL ACADEMY OF MEDICINE IN IRELAND.

### Section of State Medicine.

The President, Dr. Tweedy, in the Chair.

Meeting held Friday, April 28th, 1899.

### ROOM DISINFECTION, WITH SPECIAL REFERENCE TO THE USE OF FORMIC ALDEHYDE.

By Drs. Littledale and Kirkpatrick.

Dr. Littledale.—Experiments on the efficacy of formalin vapour were carried out in a room 28 cubic metres content, with no opening into it but the door, and 10 grains of formalin tabloids were vaporised in an "alformant" lamp. The yellow air coccus, coli commune, staphylococcus pyogenes albus, bacillus typhosus, pus, sputum and putrid urine were the test objects exposed. Threads were steeped in emulsions of these various objects, wrapped in filter paper and lint, or concealed in the pocket of a coat or between the leaves of a book, or exposed quite open to the vapour. All the objects freely exposed were quite incapable of growing on nutrient media after a nine hours' exposure to the formalin, but concealment in a coat pocket or between the leaves of a book seemed quite sufficient to prevent their being acted upon to any degree, as all bacteria so exposed were not at all or only slightly hindered in their growth. The sputum was openly exposed on cover glasses, on which it had been let dry in the oven at 37 degs. C., and after exposure for nine hours no growth took place in broth for two days—that is, until the surface layer digested off and the deep surface was exposed, as could be seen by the shaggy appearance of the layer on the cover glass. Everything in the dried pus, which was openly exposed on gauze, was killed, except a leptothrix. Agar tubes of definite dimensions were inoculated over a sloped surface for a known distance and exposed just immediately after inoculation, and after the experiment were kept at 37 degs. C. Growths appeared in these tubes, but not over the whole length of the "smear," only the lower part furthest from the opening of the tube and terminating to a sharply-defined horizontal line, as appears to be the case whatever form of generator is used, as most investigators have had similar experiences. No inoculation experiments were undertaken on animals.

Dr. **Kirkpatrick**.—The apparent need for an efficient yet easily applicable mode of room disinfection is perhaps most marked in dealing with such a chronic infectious disease as tuberculosis. Such a method can practically only be obtained by means of gaseous disinfectants. Experience, however, has shown that the methods which until recently were employed for this purpose are very unsatisfactory. The author proceeded to examine critically those in most common use—*i.e.*, sulphurous acid, chlorine, and bromine. The experiments of Koch were quoted to support his conclusion. As regards the first of these, that for practical purposes, it is useless. As regards the two latter, Drs. Fischer and Peoskaner have proved that to apply them efficiently is quite as difficult as to disinfect with germicidal solutions. The possibility of efficient room disinfection by means of formic aldehyde generated by Messrs. Zimmerman's "alformant" was then considered. Experiments by various authors were quoted to show what had already been done, and the apparatus was described in detail. It appeared that this process was very much simpler than any other of the modes of gaseous disinfection considered, while it was superior to any of them in point of efficiency. These conclusions would justify a very much more extended trial of this mode of disinfection than has hitherto been made, and lead us to expect that great practical good is likely to result to both patients and attendants from its use.

Dr. **Ninian Falkiner**, reviewing the action of chemical disinfectants, said they acted in three ways—by oxidation, "direct or indirect," "reduction," or by "coagulation of albumen." Referring to the manner in which the disinfecting action of the formalin vapour stops at a clearly defined line in the culture tube, it suggests that the limit was caused by a chemical change in the vapour itself, produced by its action as a chemical oxidiser, it being reduced to the condition of an alcohol.

Dr. **Knott** was inclined to believe that the stoppage of penetration at a certain line in the culture tube was due to eddying currents generated by the disinfectant, and that the explanation was physical rather than chemical.

The **President** said that anyone working much among the poor knew the great objection they had to disinfection as carried out at present; a more effective and less disagreeable process was, therefore, much to be desired.

Dr. **Littledale**, replying, said the penetrating action of the vapour appeared to be inversely proportional to the vitality of the bacteria—a point which seemed to favour the suggestion made by Dr. Ninian Falkiner. Their experiments had not given formalin an exhaustive trial, as they had used a very weak gas.

Dr. **Kirkpatrick** pointed out that among the advantages which formalin had over other gaseous disinfectants was the ease and rapidity with which it could be used. The result did not depend so much on the length of time objects were exposed to the gas, but rather on its initial force. Six or seven hours would be sufficient to thoroughly disinfect with this vapour, and on opening the doors and windows after this the smell at once disappeared, which was not the case with sulphurous acid or other gaseous disinfectants.

### CANCER IN IRELAND.

Dr. **Martley** read a paper on cancer in Ireland. After contrasting the deaths from cancer in Ireland and England—the former rate being roughly only 70 per cent. of the latter—he illustrated by maps its very unequal incidence in different localities, the parts most affected being the east of Ulster, Dublin, and Carlow. In conclusion, he moved a resolution that the Academy should appoint a committee to investigate the distribution of the disease in Ireland.

Dr. T. W. **Grimshaw**, C.B., Registrar-General, in seconding the resolution, remarked that the maps which were before them showed that cancer was prevalent in the most Anglicised parts of the country; for example they might look at Carlow, which they knew to be an old English colony, and Dublin, containing a large proportion of the population of English descent. Registration was not as long in vogue in Ireland as in England, and consequently the returns were less trustworthy, as they had often to trust to memory for the ages of middle-aged people.

Dr. **Haviland** had noted the fact that cancer prevailed where there were sluggish rivers of considerable size and liable to overflow their banks, but they were ignorant as to the exact bearing this fact had on the occurrence of the disease.

Dr. **John W. Moore**, President R.C.P.I., explained the preponderance of cases in Dublin and Belfast by the fact that in country districts the doctors were often reluctant to give cancer as a cause of death, owing to the existing dread of the disease, on account of its hereditary nature; also the diagnosis of cancer was usually verified in the city hospitals by a necropsy, which was not the case in the country; in addition Dublin and Belfast received cancer patients from all parts of the country.

The resolution was adopted by the meeting, and the Section then adjourned.

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## WEST LONDON MEDICO-CHIRURGICAL SOCIETY

A clinical meeting of the above Society was held in the Society's rooms at the West London Hospital on June 2nd, Dr. S. D. **Clippingdale**, President, in the chair.

Mr. **McAdam Eccles** showed a boy with a large nævo-lipomatous tumour of the forearm, which had existed since birth.

The case was discussed by the President and Dr. Leonard Dobson, and Messrs. Rothery, E. P. Paton, C. B. Keetley, and Neville Wood.

Dr. **Leonard Dobson** and Mr. C. B. **Keetley** showed a young woman who had been successfully operated on for gastric ulcer three weeks previously. The patient had suffered much pain for many months, and was in no way better in spite of prolonged medical treatment. Mr. Keetley opened the abdomen and found near the œsophagus an ulcer, which had become adherent to the diaphragm. The adhesions were separated and the ulcer was scraped and closed. The patient made a good recovery.

The case was discussed by Messrs. Bidwell, Neville Wood, and Paton.

Mr. **Bidwell** showed a child on whom he had operated for tuberculous peritonitis, and a man on whom he had operated for extensive carcinoma of the rectum.

The cases were discussed by Dr. Dobson.

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## NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

Meeting held at Leeds, May 19th, 1899.

The President, Dr. **Donald**, in the Chair.

### Specimens.

Dr. **Hellier** showed: 1. Fallopian tube with chronic salpingitis; 2. Uterus with acute puerperal inversion.

Dr. **Braithwaite**: 1. Parovarian cyst; 2. Cystic ovary.

Professor **Wright**: A ring pessary retained for twenty-three years.

Dr. **Gemmell**: Uterus removed for epithelioma of the cervix.

Dr. **Croft**: 1. Series of specimens and microscopic sections of gynæcological interest; 2. Sarcoma of uterus following hydatid mole; 3. Fœtal monstrosities.

Dr. **Hellier** read the notes of a case of "Chronic Inversion of the Uterus," successfully reduced by Aveling's repositor. The labour was instrumental, but no hæmorrhage or signs of inversion were noted at the time. On the fifth day the uterus was found at the vulva completely inverted. This was reduced by the medical man in attendance, but some months later as menstruation was excessive, an examination was made and the uterus again found completely inverted. Taxis under ether having failed, Aveling's repositor was applied. This effected complete reduction within 51 hours. It was, however, necessary to give the patient an anæsthetic to remove the cup of the repositor which had become incarcerated in the cervix.

Remarks were made by Dr. Young, Professor Wright, Dr. Lea, and the President.

Dr. **Braithwaite** read a paper on "A Method of Treating some Cases of Amenorrhœa by Mechanical Irritation of the Uterus with an Intra-uterine Stem." He advised that in certain cases of suppressed menstruation in which all other remedies fail to bring on the flow a vulcanite stem should be introduced. Suitable cases are those in which the patient is suffering from symptoms such as flushings, headaches, and signs of plethora. The treatment is of no value unless there are distinct menstrual molimina. It is of no use in cases of infantile uterus. The introduction of a stem is also contra-indicated in the presence of flexions of the uterus, endometritis, or inflammation of the appendages. In some cases Dr. Braithwaite has succeeded in establishing typical menstruation: in other cases only a single flow of blood lasting a few days. The stems may be worn for some months, and Dr. Braithwaite has never seen any harm arise from their use. In many cases great benefit resulted.

Dr. **Hellier** considered that the risk of setting up endometritis and salpingitis in these cases was considerable.

The **President** held that stem pessaries should never be employed, and did not consider that amenorrhœa could be permanently cured by local means, although a hæmorrhage from the uterus might be mechanically caused. He believed that in cases in which they were tolerated they sometimes caused permanent amenorrhœa

Dr. **Rabagliati** considered that amenorrhœa must be treated by attention to general nutrition, and held that mechanical irritation was not justifiable.

Remarks were also made by Drs. Young, Gemmell, and Wright.

Dr. **Swailes** read the notes of two cases of "Umbilical Hæmorrhage." Case 1 was a feebly nourished child, born of healthy parents. The cord came away on the fourth day, and the navel appeared normal. On the tenth day bleeding commenced, and continued in spite of local applications and ligatures. The child became jaundiced, and the urine was of high colour. The hæmorrhage proved fatal two days later. No post-mortem was obtained. Case 2, a well developed infant, born of healthy parents. Slight jaundice appeared on the fourth day. Two days later hæmorrhage came on. Various styptics were applied, and, finally, hare-lip pins were used. The bleeding, however, continued, and the child died on the fourteenth day. Post-mortem the umbilical vein was patent up to the liver, but nothing else abnormal was found. There were no signs of infection.

Dr. **Hellier** said these cases formed a well-recognised group, and were often associated with hæmorrhages from other organs. The cause was probably navel infection. The dry antiseptic treatment of the umbilical cord was strongly to be recommended.

**The** Royal Institution celebrates its centenary next week, and, as the *Times* points out, that occasion ought not to be passed in silence. The Institution has, by unostentatious but thoroughly sound scientific work, contributed to the public benefit more lasting result than other more pushing institutions. It can point to the names of Count Rumford (its founder, in 1799), to Faraday, Davy, and Tyndall, besides many other less distinguished followers, and it may well be proud of such men.

# THE GENERAL MEDICAL COUNCIL OF EDUCATION AND REGISTRATION.

## SUMMER SESSION, 1899.

Sir William Turner, President, in the Chair.

### FIRST DAY—Tuesday, May 30th.

**The** sixty-seventh session of the Council was inaugurated on Tuesday, May 30th, by the usual Introductory Address, delivered by the President, who briefly reviewed the work before it. He announced, as stated last week under the head of Parliamentary News, that the President of the Local Government Board had "regretted his inability" to introduce a Bill for the reform of death registration for the present. He commented upon the hostile attitude taken by several of the licensing authorities towards the clauses drafted by Mr. Muir Mackenzie bearing on the suspension of the right to use medical titles by persons whose names have been erased from the *Medical Register* for infamous conduct, adding that amended clauses had been drafted which, it was hoped, would disarm the opposition of the licensing bodies. He congratulated the Council upon the fact that a Bill had been introduced by the Lord Chancellor to prohibit the practice of medicine, surgery, and dentistry by companies. He referred to the complaint emanating from the College of Preceptors alleging "serious errors of statement and fact" in the Report of the Education Committee, and he intimated, in respect of the standard of general education, that in view of the number and importance of the replies received from various authorities on general education the period of reference would require to be extended.

In alluding to the penal cases to come before the Council the President called attention to a curious point connected with one of them, *viz.*, whether a registered medical practioner, the salaried officer of a provident dispensary, could be regarded as "covering" an unqualified person who not only acted as dispenser, but visited and prescribed for the patients attending the dispensary, such dispenser being engaged, not by the practitioner in question but by the managers, The practioner, moreover, formally denies having consented to the dispenser visiting his patients. Passing on to the painful case of the late Mr. Hunter, he said he had directed a narrative thereof to be prepared for circulation among members of Council in view of a possible discussion As might have been anticipated this *résumé* is marked "strictly confidential."

After the usual vote of thanks to the President for his address, various tables showing the results of examinations were received, whereupon Mr. **George Brown** called attention to the fact that in Part 1 of the final examination of the Victoria University there had been 33 rejections and 58 passes, and in Part 2 there were 41 rejections and 35 passes. He contrasted these results with those at the final examination for the same degree at the University of Edinburgh, where the rejections numbered only 18 and the passes 62, while for the M.B., B.Ch. there were 11 rejections and 137 passes. He wanted some explanation of this curious disparity in the results at the two universities suggesting that men would be sure to prefer universities where they would stand a better chance of getting through. He therefore moved that a special committee be appointed to examine and report thereon. In answer to a question by Dr. McVail he admitted that he was not personally acquainted with instances of men leaving the Victoria University to go to Edinburgh on this account, and he repudiated any intention of insinuating that there was anything wrong in the way in which the examinations at Edinburgh were conducted.

Dr. **McVail** was good enough to move that certain of the tables be referred back to the committee, but after an emphatic statement by the President as to the quality of the Edinburgh examinations the Council, on the initiative of Sir Dyce Duckworth, passed to "the previous questions."

### Honour to whom Honour is Due.

Sir William Thomson pointed out that the table referring to commissions in the R.A.M.C. was a trifle ambiguous, and, as it stood, might be construed as meaning that the first thirteen places were won by the English Colleges.

The speaker's national susceptibilities were soothed by a promise that a footnote should be appended placing the matter in its proper light.

Dr. Glover, alluding to the returns of the Society of Apothecaries showing that ninety-two persons passed in surgery and 169 in medicine, asked whether it was a fact that no candidate had passed the examination in both subjects.

Mr. Carter asked for notice of the question before answering and pointed out that of thirty-seven of their candidates for Army appointments thirty-five had been successful.

### The F.F.P.S.G.

Mr. Victor Horsley asked the Council to declare that the action of the President at the last session in ruling out of order his motion concerning the alleged insufficiency of the examination for the Fellowship of the Faculty of Physicians and Surgeons of Glasgow, was contrary to the Medical Act, 1858.

The President pointed out that the original motion referred to a memorial addressed to the Council by certain fellows of the Faculty, but no such memorial had been received by him, though a letter from a Dr. Woods, addressed to no one in particular, had been received. A reply had been sent Dr. Woods to the effect that the Council did not inspect the examination for the fellowship, and there the matter rested. He urged, moreover, that the motion, as recapitulated by Mr. Horsley, was not the one which he had ruled out of order, and he called upon Mr. Horsley to make his motion conform to fact.

Mr. Horsley explained that he had understood the President to rule that the Council had nothing to do with the higher examinations of Corporations, and this, he felt sure, was an entire misapprehension. He explained the grounds in which he based his opinion, and urged that to allow the ruling to pass unchallenged would be to cut the Council off from a statutory right and duty which it owed to the profession and the public.

The President observed that his opinion, which he admitted was only that of a layman, was confirmed by the practice of the Council for the last thirty years. That practice was based on Section XXX. of the Medical Act, 1858. He did not think it was competent for the Council to go into the matter, the remedy being in the Glasgow Faculty itself.

Mr. George Brown asserted that under Section XXX the Council was entitled to examine into the sufficiency of what were termed higher examinations.

Sir Christopher Nixon said that at first sight he thought the Council were entitled to sit as judges upon the higher examinations, but it would entail a herculean task. His own college, for instance, might refuse inspection of the examination for the membership, and the Council would be powerless. On the whole, he did not think the Medical Acts gave the Council power to deal with any examination other than that which entitled a man to be registered.

After some remarks by Mr. Teale and some further observations by Mr. Horsley, Dr. McVail pointed out that the motion invited the Council to censure the President for not having brought before the Council a memorial which had never reached him, and he moved "the previous question," which was carried.

### Inspection of Documents.

The report of the Executive Committee codifying the standing orders regulating the inspection of documents belonging to the Council was received and adopted, and the Council adjourned to give the various committees a chance of getting their reports ready.

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## SECOND DAY—Wednesday, May 31st.

### Direct Representation.

After taking cognisance of certain resolutions passed at the last meeting of the British Medical Association in favour of an increase in the number of direct representatives on the Council, Mr. George Brown moved that the Council express the opinion that the time has come to confer on the registered medical practitioners of England and Wales the power to return an additional member. After shedding a tear over previous motions of like purport which "owing to the exigencies of business had not been dealt with," he explained why on this occasion he had restricted his demand to the English division. He pointed out that the number of practitioners in this division had increased from 16,978 in 1886 to 21,614 at present. With touching pathos he implored the Council to do the thing gracefully, and expressed the hope that those who had on former occasions voted against the proposal would see the propriety of yielding the point. The motion was seconded by Mr. Victor Horsley, and then Dr. Glover said a few words in support thereof. Admitting that the subject of increased representation had in the past been a somewhat ungracious one to the Council, he hoped that the passage of years had diminished, and in the future would still further diminish that hostile feeling. He claimed for the direct representatives a share in the good work done by the Council, and he quoted a remark by the late Sir George Humphry to the effect that the profession supplied the funds it was but fair that it should be fairly represented. He could hardly see how the Council could refuse the modest concession suggested by Mr. Brown, and he emphasised the interest which was taken by the profession in the questions which had to be dealt with by the Council.

Sir William Gairdner disclaimed any desire to speak in opposition to the representation of medical practitioners but he dissented from the view that the representation was or ought to be a numerical one. That was evident from the fact that while the University of St. Andrew's, with it comparatively small number of graduates, was represented by one member, the College of Surgeons with its huge constituency had also to be content with one member. The point was that every institution connected with the medical profession should have a voice. He thought the *status quo* was fairly satisfactory, and he complained that the movers for additional representation "left out of account the great body of men who have borne the burden of the whole for so many years and had devoted so much time and attention to it." He said these movers were a disturbing element which they could very well do without. After a Parthian shot at the malcontents who, he said, would be found to be "men of no distinction" whatever he decided to vote against the motion.

Dr. Little failed to see that any valid argument had been adduced in favour of the change, and Sir Richard Thorne pointed out that only some 59 per cent. of practitioners had taken the trouble to vote at the last election, which did not look as if the profession as a whole cared very much about direct representation.

Mr B. Carter intimated his opinion, in other words, that the resolution in favour of increased representation was "a put up job," and advanced the absurd argument that if the Council passed the resolution they would have to adjourn and await the decision of the Privy Council.

Sir William Thomson supported the proposal on the ground that the great mass of the profession was only represented by one-sixth of the Council. With regard to the term malcontents, applied by a previous speaker, to those who had moved in the matter, he pointed out that all reforms were the outcome of discontent, and he concluded by characterising the proposal as very moderate in view of the large interests involved.

Sir Christopher Nixon "could not see what advantage it would be to the profession to have a representative directly elected when they had a body such as the Council, composed of gentlemen willing to do anything they could to benefit the members of the profession." (Ironical applause).

Dr. Pettigrew thought it would add to the labours of the Council, and Dr. Leech thought it was undesirable to deal with the question piecemeal.

Dr McVail said he should, as heretofore, vote for the motion, but he deprecated an attitude which implied that the Council had a vested interest against the general practitioner.

Mr. Brown having replied, the motion was summarily quelched.

### Reappointment of Registrar.

At this juncture Dr. McAlister proposed the reappointment of the Registrar, his being an annual appointment, and the proposal was carried *nem. con.*

### Unqualified Dispensers.

Sundry communications were read from the Privy Council bearing on the appointment by medical men of unqualified dispensers, together with letters which had been addressed to that body on the subject. These having been assimilated, the President explained that the matter had been referred to the Council by the Executive Committee, which in the meantime had replied to the Privy Council to the effect that while accidents might occasionally happen from the employment of careless or incompetent dispensers such cases were probably very rare, and suggesting that probably the best protection was afforded by the responsibility of the practitioner for the acts or defaults of his servants.

Mr. Brown expressed dissatisfaction with things as they stood, and asked if the committee had any resolution to bring forward. Failing this he urged that they should appoint a committee or pass some resolution urging practitioners who dispensed to employ only qualified dispensers. He asked on what data the committee had arrived at the opinion that such accidents were rare

The President observed that no information had reached the Council to justify the supposition that they were otherwise than rare.

Mr. Carter pointed out that the matter had been referred by the Executive Committee to the Council for their decision, whereupon Mr. Brown formally proposed the appointment of a committee to consider the communications in question, and on being seconded by Dr. Bruce, the motion was carried unanimously.

### The Prevention of Personation.

A report by the Executive Committee was read embodying the suggestion that no application for the restoration of a name to the *Register* under Section 14 of the Medical Act and Section 12 of the Dentists' Act should be entertained unless the statutory declaration contained a statement by a clergyman, magistrate, or registered practitioner establishing the identity of the applicant.

Mr. Victor Horsley moved an amendment, which, after some discussion, was passed, to the effect that a special committee be appointed to report during the present session upon the best means to secure the identification of a person applying to be admitted to the Medical or Dental *Register*, and to prevent fraudulent registrations either on the first admission to the *Register* or subsequently. The whole subject of granting certificates of registration was also referred to the committee.

### Midwives' and Opticians' Certificates.

A report of the Executive Committee was read recommending a resolution to the effect that as midwifery legislation was before Parliament, it was not opportune to discuss the giving of certificates in midwifery. With regard to opticians' certificates the Council exercises no jurisdiction over opticians, but would be prepared to consider any properly substantiated charge of improper conduct made against a registered medical practitioner with reference to this subject

At the suggestion of Mr. Brown, the discussion was postponed.

### Reciprocity with Foreign Countries.

Communications from the Privy Council in regard to the right to practice of Italian practitioners in this country were read. They comprised one from the Italian Ambassador asking whether Italian physicians could without a fresh diploma, exercise their profession in this country, or at least on foreigners resident in this country, and whether, if the answer were in the negative, Government would be willing to grant permission to Italian physicians to do so if the Italian Government were to engage to grant similar privileges to English physicians residing in Italy. The report comprised the following resolution of the Executive Committee, "that they would welcome such a recognition of a right by English practitioners to practise in Italy as would enable Her Majesty in Council, under the provisions of Section 17 of the Medical Act, 1886, to extend similar privileges to Italian practitioners in this country. And that with regard to the other questions raised in the correspondence, the Executive Committee would refer the Privy Council to a letter of date February 24th, 1898, addressed to Sir Charles Lennox Peel, containing a reply by that Committee to certain questions received through the Privy Council from the German Ambassador as regards practice by foreigners in this country."

Dr. McVail urged that if this were conceded it would be difficult to refuse similar concessions to other countries, and this he feared might work an injustice to home made practitioners.

Mr. Victor Horsley concurred in the principle of reciprocity, but suggested that they ought to commence with the Colonies. In the interests of the profession he thought, however, that the Council should not accept the motion.

Dr. Atthill pointed out that it was far more in the interests of English physicians in Italy than of Italian practitioners in this country, and Sir Richard Thorne urged the cause of the "thousands" (?) of English physicians practising in Italy. After some further discussion tending to show that it was not such a far-reaching measure as was alleged, the matter was referred to Mr. Muir Mackenzie to advise whether the privilege could be restricted to authorising foreign practitioners to practise only among their fellow-countrymen residing in this country.

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### THIRD DAY.—Thursday, June 1st.

This was a penal day, and the first case to be called on was that of

### Mr. Samuel Bingham Shekleton,

of East Ham, who was charged with having aided and assisted one Rowland to procure himself to be registered under the name and with the qualifications of one Edward Joseph Nugent by making and producing fraudulent representations, and, secondly, for aiding and assisting Rowland to carry on practice as if he had been duly qualified.

Mr. Shekleton put in a very late appearance and narrowly escaped being condemned by default. Even when he did answer to his name he appeared to be in a very dazed condition and was unable to offer any adequate explanation of the charges alleged against him. He repeated incoherently that "he didn't know," that he had met Rowland in the street and had entered into conversation with him, learning among other things that his name was Nugent. He fixed the date of this occurrence at a time when the real Nugent was practising in the same street as the pseudo-Nugent, and he was flustered considerably when asked to explain how it was that the true and the false Nugent could have been practising for four years in the same street without the fraud being discovered. On the whole he cut a very sorry figure, and it did not take the Council long to decide to remove his name from the *Register*.

Some discussion took place as to the circumstances under which Nugent's name had recently been removed from the *Register*, and regret was expressed that it should have been removed under Section 14 instead of under the penal clause. It was explained that the name which had originally been removed under Clause 14 had been improperly restored on the strength of false representations, the restoration was thus invalid and the subsequent removal was merely reverting to the earlier state of things. On the motion of Dr. Church it was decided to call the attention of the proper authorities of New South Wales to the circumstances of the case *re* Nugent with a view to action out there.

The next case was that of

### Mr. James Jerome McKay

registered as of Bally Roberts, Co. Cork, but practising in the Wandsworth Road, S.W. Mr. McKay owes his little spell of notoriety to the fact that some months ago he was ordered by Mr. Braxton Hicks, the Coroner, to be prosecuted for perjury in connection with the evidence given by him at an inquest. In his evidence given before the Coroner the defendant stated formally that death was due to brain disease, and that he had carefully examined the heart, lungs, and other viscera, which were all healthy. He mentioned that the stomach contained milk, and that the bladder was partly full.

An examination made subsequently, on the Coroner's order, by the police surgeon (Dr. Kempster), assisted by other registered practitioners, proved that no real post-mortem examination had been made. At the adjourned inquest Mr. McKay, after being cautioned by the Coroner, and after listening to the evidence of Dr. Kempster, swore afresh that his original evidence was correct. For some inexplicable reason the charge of perjury was dismissed by Mr. Plowden, the magistrate before whom it came, but the Coroner considered the case of sufficient importance to warrant his bringing it before the Council.

Mr. McKay was, therefore, charged not only with having failed to make the examination which was required of him, and with having failed to ascertain the cause of death, but also with having subsequently deposed before the Coroner contrary to the facts. The documents in support of the charge comprised the complaint of the Coroner, and a certified copy of the depositions at the inquest. The case was taken up by the Medical Defence Union, on behalf of the Coroner, and Dr. Bateman, representing the Union, called attention to the responsible nature of the duty of properly carrying out a post-mortem examination, any remissness wherein might work grievous harm to the lives and liberties of Her Majesty's subjects. The evidence of Dr. Kempster, the police surgeon, was to the effect that, having been asked to examine the body on which the defendant was supposed to have already made a post-mortem examination he found that the skull cap had only been partly sawn through, and that the edges could only be separated for about half an inch, so that a proper examination of the brain was impossible. On completing the section the brain was found to be quite healthy. There was an incision 4½ inches long from the ribs downwards, but the peritoneum had not been opened and no examination had been made of the thorax, which was intact. On opening the thorax he found that one lung was the site of well-marked pneumonic consolidation, which indeed was the cause of death. The other organs were healthy.

After the case for the accusation had been concluded Mr. McKay was asked to come forward and make any statement he might wish concerning the facts that had been laid before the Council. He said he based his defence on the fact that he had been tried by Mr. Plowden and had been acquitted, and it was not right that a man should be twice punished (?) for the same offence. He urged that it was simply a difference of opinion between two medical men, but he did not question the accuracy of the description given by Dr. Kempster of the appearances of the body when asked to inspect it after he (the defendant) was supposed to have made his examination. He disclaimed any wish to say a harsh word against the Coroner, but complained that he had not been invited to be present at the second post-mortem examination. (This was ascertained to be the case.) He still adhered to his evidence, stating that he was convinced, from clinical observation, that death was due to the brain, so that a detailed inspection of the other organs was not really necessary. He said he could satisfy himself as to the condition of the brain without removing the skull cap, and as for the other viscera he had "felt" them. He said it was not true that the peritoneum had not been opened. Asked how he could describe the contents of the stomach without opening it, he said he felt something, and inferred that it was milk. He saw no reason to doubt that the bladder was as described though he had not opened it. He admitted that he had not opened the pericardium, or, indeed, the thorax, but he had felt the heart from the abdominal incision, and could assert that there was nothing wrong with it. In reply to the President he said he had no defence to make and placed himself in the hands of the Council.

Nothing more remained to be done but to deliberate on the case *in camera*, and in a very brief space of time the Council found him guilty of the charge, and ordered the removal of his name from the *Register*.

The next case was one of a very different kind, it was indeed the peculiar case to which the President called attention in his introductory remarks. It was one in which

### Dr. William Stewart,

of Denton, near Manchester, was charged at the instance of the Ashton-under-Lyne District Medical Society, in connection with the Denton and District Provident Dispensary, of which he is the medical officer, with having associated with an unqualified person named Burgess, who was alleged to be his assistant, in carrying on medical practice, and with being party to this person's administering medical aid and treatment as if he were a duly qualified medical man.

The case for the prosecution was brought forward by Mr. Hyde on behalf of the Medical Society, and Dr. Stewart appeared in person, accompanied by his legal adviser, Mr. Shawcross. Various statutory declarations were read setting forth that the assistant had visited and made up medicine for patients, and that he had given chloroform and assisted in operations. The report of the dispensary, which was put in, gave close upon 28,000 as the number of visits made during 1898, independently of consultations at the dispensary, operations, and confinements, and Mr. Hyde asked whether it was to be supposed that the defendant had done all this work himself, especially as the labours averaged 4·3 a week, and there had been 187 operations in the year. At the suggestion of the President Mr. Hyde abstained from going into the conduct of the dispensary in respect of the means adopted to obtain members. In answer to Mr. Brown, it was stated that the "trustees" of the dispensary were all labouring men.

Mr. Shawcross addressed the Council on behalf of the defendant, and produced statements in disproof of the allegations contained in the declarations put in by the prosecution. He denied that the visits, if any, made by Burgess were for medical purposes, or, if so, that they were made with the sanction or consent of the defendant. He pointed out that in so far as his relationship with the assistant might appear dubious, Dr. Stewart had expressed his readiness to be guided by the Council. He said he did not propose to tender Dr. Stewart as a witness, but, on reflection, he said that in order to avoid importing any prejudice by reason of his not doing so he was willing that Dr. Stewart should come forward.

Dr. Stewart then came forward, and, in reply to Mr. Shawcross, stated that he had been medical officer of the dispensary for ten years. Mr. Burgess was simply the dispenser, and was free to dispose of his time between 11 and 5 o'clock. He denied that Burgess had ever given chloroform for him, though he was present at the operations, and he had not even assisted him beyond washing the instruments afterwards. Burgess was there only from curiosity. In no case to his knowledge had Burgess ever visited patients. Burgess had been dispenser for about five years, and had gone through a medical curriculum at the Queen's University in Ireland, but he looked upon him not as a medical student but as a dispenser. He could not say whether Burgess had passed any examination. He said he himself could easily see from 80 to 90 patients daily at their homes, the district being of limited area. Questioned as to the numbers of visits to patients he said that it was an average, no record or book was kept either of the visits or consultations, or of the medicines dispensed. The whole of the work, except the dispensing, was done by himself. Questioned as to who gave the chloroform at one of the operations referred to by the prosecution (a case of strangulated umbilical hernia), he said he had given it himself while performing the operation, giving additional chloroform when necessary. He always did this, for he never called in any other medical man to assist him, though there were several in the neighbourhood. He often gave chloroform without any other person present. The other operation referred to was for cancer of the breast.

Cross-examined by Mr. Hyde as to how often he had to give chloroform in the 184 operations, he said in about one-half, and he had always given it himself. He could not say at how many of the operations Burgess had been present. Burgess merely attended at the branch dispensary for the purpose of making up his prescriptions. If he were absent at a confinement Burgess would not attend to the patients or give medicine. He attended all confinements himself.

Mr. Hyde pointed out that Dr. Stewart's salary increased according to the number of members, so that the medical officer was the primary gainer when members were touted for.

Dr. Stewart, in reply to the questions, said that the dispenser was advertised for and appointed by the trustees. He said he had no knowledge of members being recruited by canvassers or touts. He himself lived six minutes' walk from the principal dispensary. He had signed no agreement with the trustees. When his attention was called to the fact that in the annual report of the dispensary Burgess was described as medical assistant, he said he had not previously noticed this detail, though part of the contents was furnished by himself. It was no part of his duty to revise the report. He did not consider that he was doing wrong in giving chloroform and operating himself. The trustees paid the rent of the dispensary.

The case, having lasted long after the usual time for the Council to rise, the further consideration thereof was adjourned.

### FOURTH DAY.—Friday, June 2nd.

#### The Case of Dr. Stewart.

The first item on the programme was the adjourned consideration of the case of Dr. Stewart, of Denton, near Manchester, the evidence wherein is contained in yesterday's report. The Council retired into their lair to deliberate, and judging from the length of time they remained sequestered from the public gaze, the problem must have given rise to a good deal of discussion.

Dr. Stewart was recalled and was asked a number of questions. He adhered to the statement that the dispensary was managed by a committee who nominated the dispenser without consulting him. The only subscribers to the "Provident Dispensary" were the paying members.

Ultimately the Council arrived at the conclusion that Dr. Stewart was guilty of the charge brought against him, but in view of the fact that the circumstances were novel and somewhat peculiar, it was decided to defer sentence until the November session, when Dr. Stewart will have to put in an appearance again and submit to a further interrogatory.

#### The Case of Mr. Neville Holland.

Mr. Neville Holland, practising in Lambeth, registered as L.S.A., was charged with covering one Blumenthal, in connection with a dispensary in Tyers Street. He was also charged with being a party to attracting practice to the said surgery by public advertisements. It was also alleged against him that he had violated the undertaking given by him to the Council in November, 1895, that if his name were restored to the *Register* he intended to act as an assistant to a registered practitioner.

The complaint was laid by the coroner for South-west London, and was brought before the Council by the Medical Defence Union.

The evidence presented nothing of special interest. It was an ordinary case of "covering" under aggravating circumstances, because the most unblushing advertisements were shown to have been circulated among the public with the object of attracting patients.

In defiance of the evidence the defendant had the audacity to assert that Blumenthal never attended patients, at any rate to his knowledge. As to the advertising he pleaded ignorance of the fact that this was forbidden, and he urged that in starting a dispensary it was customary to anounce the fact in this way.

After the usual deliberation *in camera* the Council found him guilty and ordered his name to be removed from the *Register*.

#### The Case of William Henry Cossens,

of Derby Street, Prescot, was a peculiar one, but it will suffice to state that it having been proved to the satisfaction of the Council that Cossens had been convicted of a misdemeanor and sentenced to four months imprisonment, his name was ordered to be erased from the *Register*.

This completed the business for the day.

The Council on Saturday was occupied almost exclusively with dental business.

## France.

[FROM OUR OWN CORRESPONDENT.]

Paris, June 4th, 1899.

#### Nature and Treatment of Herpes Zoster.

Prof. Abadie considers that the nature of the eruption of herpes zoster had been until lately misunderstood. For a long time it was taught that this affection was a trophic trouble of the skin, due to a malady of cutaneous nervine branches commonly called neuritis. However, M. Brissaud endeavoured to destroy that theory by showing that the region where the vesicles were found did not always correspond to the topographical distribution of these nerves. On the other hand, he attributed the herpes to atrophic trouble of medullary origin. M. Abadie refuses to associate himself with either of those opinions; for him the lesion is exclusively provoked by a pathological condition of the terminal arteries and the vaso-motor nerves presiding over their dilatation in the region where the eruption is seated.

In ophthalmic herpes, for instance, the eruption which characterises it, is developed exclusively on the territory supplied by the first branch of the third pair, by the ophthalmic branch of Willis. The vesicles run a vertical course on the forehead near the median line, and in appearance along the tract of the frontal and the supra-orbital branches. Sometimes also the eruption is seen on the nose and on the eye of the same side. It is thus that it is frequent to observe these vesicles on the cornea, where they produce ulcerations difficult to cure. If the ophthalmic herpes was due, as it had been believed up to the present, to a simple inflammation of the third pair of nerves, how could it be admitted that the common trunk being inflamed, only one of its branches should be affected? With the theory that I maintain, continues M. Abadie, the eruption developes itself in the vascular region supplied by the supra-orbital, frontal and nasal arteries and which is really the fact. In the interior of the cranium, on the very trunk of the third pair of nerves are attached numerous nerve filaments of the great sympathetic coming from the carotid plexus, which itself takes its origin from the superior cervical ganglion. All these filaments are spread out in the walls of the arteries off shoots of the ophthalmic artery and in their terminal branches. If, then, we suppose that an inflammatory process attacks the trunk of the third pair or the ganglion of Gasser, it follows that it will influence at the same time the filaments of the sympathetic above mentioned which accompany the third pair, yet preserving their own individuality. The lesion of the sensitive elements of the third pair will determine sensitive troubles, hyperæsthesia, anæsthesia in the regions supplied by them, while that of the vaso-motor filaments will produce a continued and excessive dilatation of the terminal arteries that they embrace, dilatation sufficient to provoke a rupture even of the succeeding capillaries. It is thus that the seat of the eruption is not exactly that of the nerve filaments, but of the arteries which they accompany. If, in the great majority of cases of ophthalmic zona, no vesicles are seen in the regions of the superior or inferior maxillary, the reason is that the vaso-motor nerves of this territory have not the same origin as those accompanying the ophthalmic artery, they come from another source.

M. Abadie believes that the best remedy for zona and for the ophthalmic form in particular, is quinine in large doses, and that fact constituted an additional proof of the theory he advances, as quinine is a vaso-constrictor agent, acting on the sympathetic and producing contraction of the arterial vessels.

### The French Congress of Medicine.

This Congress is to open at Lille, Professor Grassier of Montpelier, being President. The promised communications deal with a variety of interesting subjects, and the list of speakers include some of the best-known physicians and surgeons in France.

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## Germany.

[from our own correspondent.]

Berlin, June 2nd, 1899.

At the Surgical Congress Hr. Kronlein, Zurich, read a paper on

### Cystic Kidney.

He said that surgeons had not taken much practical interest in the subject as the disease was generally bilateral and inoperable; they had therefore to limit themselves to those rare cases in which it was unilateral. Some surgeons said there were no such cases. There were such, however, probably acquired, and not of a congenital nature. He showed a preparation. The patient, a woman, æt. 38, came to him in August of last year, with a tumour in the abdomen. The diagnosis was tumour of the left kidney half filling the abdomen, reaching from the pelvis to the diaphragm, and extending beyond the middle line. The patient was three months pregnant. No exploratory puncture was made. At the operation a transverse incision was made from the left attachment to the umbilicus. There was no great difficulty, although large vessels ran over the capsule. The right kidney and liver were healthy. The tumour was a large cystic kidney. (*Adenoma cysticum.*)

Hr. Jordan, Heidelberg, read a paper on

### The Origin of Perirenal Suppuration from Metastatic Abscesses.

He said that in renal abscesses, besides the ordinary suppuration, both pneumococci and bacteria coli were found. Three cases of his own had originated in pyæmic metastases. The first was a man of 30 with a carbuncle in the inguinal region. After a week high fever came on with violent pain in the left hypochondrium, where a tumour was found which was diagnosed as renal. Then a tumour formed in the right side, the fever went higher, vomiting came on, and a pulse of 130. Both tumours had an elongated form. The right kidney was opened up, the capsule was intact, but the kidney was enlarged to about double the normal size. An abscess was opened on the posterior aspect, about the size of a walnut. The wound was packed and treated openly. The temperature fell at once. The left-sided tumour disappeared on the fifth day of the operation. The urine was normal throughout.

On June 20th, 1898, a woman came under treatment with panaricium of the right index finger. An incision was made. Fourteen days after she had pain in the right hypochondrium. By the end of July an elongated tender tumour was felt which appeared to be connected with the kidney. The urine was normal. On the kidney being exposed, the fatty capsule was found to be inflamed. An abscess the size of an apple was found in the kidney parenchyma. This was incised and packed, and treated openly. Complete recovery. Staphylococcus aureus was found in the pus.

The third case was that of a man who had suppuration from a cut finger. Pain came on in the left hypochondrium, and an abscess was diagnosed.

Besides the multiple pyæmic abscesses, solitary ones were met with in the kidney. When large they presented characteristic symptoms. By extension to the capsule they led to para-nephritic suppurations. This might be prevented by early operation.

Hr. Zondek, Berlin, showed some beautiful maceration preparations, illustrating the arterial system of the kidney and its importance in renal surgery.

Hr. Krause, Altona, read a paper on

### The Operative Treatment of Severe Occipital Neuralgia.

He said that very severe attacks were not limited to one branch of a nerve, but extended into others. In severe occipital neuralgia, all the branches of the occipital nerve were affected, and thus half of the back of head, the ear, jaw, and the upper part of the neck of the side affected. It could not be determined that one of the nerves was the cause of the affection. Each of the nerve trunks of the occipital could be so small that another acted for it, and on the other hand one usually small and unimportant might by its size become chief of interest. In order to get a good result from operation, therefore, one ought not to satisfy oneself by operating on one stem; he, therefore, advised the resection of the whole of the nerves. He began the skin incision 3 ctm. beneath the occipital protuberance, carried it outwards to the angle of the jaw, then along the jaw to the attachment of the lingual bone. The smaller nerve fibres were difficult to find, and were to be prepared from the periphery to the centre. The ganglion was reached without any operation on bone, as it lay outside the vertebral canal. By this the first and second stems were distinguished from the other vertebral nerves, the third passed into the vertebral canal and had its ganglion there.

Hr. Garré, Rostock, said that in simple resection of the trigeminus recurrences frequently took place, through regeneration of the nerve, and even when the whole nerve was twisted out recurrence sometimes took place, and even when the Gasserian ganglion was removed (contrary to opinion expressed by Krause and Horsley) recurrence had taken place through regeneration of the nerve. In case of trigeminus neuralgia in an old gentleman of 68, the third nerve was resected in 1890, and in 1872 recurrence having taken place a second resection was performed by Madelung. Recurrence again took place. In May, 1895, the Gasserian ganglion was removed. A year and a half later recurrence again took place. Then operation was again performed; no trace of the Gasserian ganglion was found, but a small branch running through the foramen ovale. This was removed. Recurrence, March, 1898. Although regeneration of the nerve appeared out of the question, the first was sought for and resected. The neuralgia, however, continued, and in November the third was looked for, when a strong, vigorous stem was found and removed for the third time. Under the microscope the nerve showed normal nerve fibres. Then recurrence took place in the second branch. This was cut down upon and again resected. The patient was now free from pain, but one could not say with certainty that it would not recur again.

Hr. Krause said that regeneration of the trigeminus had never been known after removal of the Gasserian ganglion. He had removed it eighteen times, and had never seen recurrence take place.

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## Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, June 2nd, 1899.

### Stenosis Pylori.

At the "Geselsschaft der Aerzte" Weinlechner presented a female patient to the Society on whom he had operated several times. In 1894 she came to him with stenosis of the pylorus and dilatation of the stomach, for which he performed pyloric resection with excellent results The microscopic examination of the resected portion gave no confirmation of malignancy, neither was any trace of cicatrices or ulceration to be discovered. The following year she was readmitted to hospital with perityphlitis in the region of the vermiform appendix. Another operation was performed and the appendix removed. At this time the stomach and pylorus were normal. In 1896 the stomach trouble returned, for which laparotomy was again undertaken, when a few adhesions between the stomach and omentum, with parietals of the abdomen were observed. A portion of the bowel was again resected along with a few glands of the mesentery that had become calcareous.

After this recovery the patient remained free from any trouble for some seven months, when the stomach troubles recommenced, with vomiting and a square gurgling area about 4 inches in extent immediately below the umbilicus, which persisted in spite of sedation and irrigation of the stomach.

At last gastro-enterostomy was performed, with favourable results. The patient has increased in weight since the operation to the extent of 9½ kilogrammes, while the dilatation of the stomach has diminished, so that it took 13 inches less sound to reach the lowest part now than before the operation. Weinlechner gave it as his opinion that the stenosis in this case was due purely to hypertrophy of the mucous membrane. Zinsmeister recorded a somewhat similar experience in a case recently under his care. The patient was suffering from cicatricial pyloric stenosis; he performed jejunostomy without relief. He finally performed gastro-entero-anastomosis with complete success.

### Rupture of Gall-Bladder.

Ullmann brought forward other cases in support of Hochenegg's views expressed at the last meeting. The first was a case that came to him with the diagnosis of lead colic. Laparotomy was performed, and the contracted gall-bladder was found with an opening leading into it and gallstone blocking in the orifice. In spite of the total extirpation of the gall-bladder, cleaning and draining of the peritoneum, the patient died from general peritonitis.

The second case was that of a female whose illness was early diagnosed as one of rupture of the gall-bladder. Laparotomy was at once performed, the cavity well washed and drained with the best results.

This accident is by no means a rare one in the history of the Vienna "Krankenhaus," the average being two each year. The correct diagnosis of such cases can only be obtained by the history of the case with colic, &c., and the symptoms of perforative peritonitis.

Hochenegg differed from Ullmann in the diagnosis, for he was convinced they could easily be diagnosed. He added that his cases differed from Ullmann's in that the bladder discharged into the cavity of the peritoneum. Again he differed from Ullmann as to the rarity of those cases. In infants he thought the case was very rare, there being only one case on record by Braun where the gall-bladder was found ruptured, after birth, with the contents in the peritoneum.

Ullmann rejoined that all his cases had discharged into the peritoneum.

Gussenbauer added that Hochenegg's did not all rupture into the peritoneum since, as he had admitted, there were extensive adhesions around the stomach he had to remove.

Paltauf thought a distinction must be drawn in the description of these cases according as the rupture is due to necrosis, due to high tension of the viscus, or simply to a rupture of the wall of the organ without any ulceration. The former is more likely to become sealed round the seat of the rupture and to prevent discharge of the contents into the peritoneal cavity. Where the rupture is sudden the contents will, of course, promptly find their way into this cavity.

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## Special Articles.

### THE INTERNATIONAL CONGRESS ON TUBERCULOSIS.

There could not well be a more worthy subject for discussion at an International Medical Congress than the prevention of tuberculosis, a disease which wreaks its ravages among all classes of society without regard to age, sex, or nationality. The interest which the subject has excited of late throughout the civilised world is significant of a tardy awakening from the lethargy into which the public had fallen, crushed by the very magnitude of the evil with which we are now called upon to cope. The English Government was represented by fifteen delegates of acknowledged eminence, and the names of the foreign participants is a sufficient evidence of their special competence.

In Professor Virchow's admirable address the situation is defined with masterly lucidity. While he recognises the existence of purely local tuberculous lesions which do not necessarily imply contamination of the carcass as a whole, the necessity for closer inspection of the meat supply is insisted upon, care being taken to secure that foreign imported meat shall not escape control, an excellent principle, though its application will be found to present serious and possibly insurmountable difficulties. Owing to the prevalence of tuberculous disease among milch cows the destruction of all infected animals is declared to be impossible, but unless this can be done the value of the tuberculin test as a means of detecting latent tuberculosis in animals is greatly impaired. If animals which give the characteristic reaction are not to be destroyed, what is to be done with them? Failing this wholesale destruction we are fain to fall back upon methodical sterilisation of milk, but this, in view of the habits of the poor, can never afford more than partial and incomplete protection. The Professor dwelt upon the importance and frequency of tuberculosis among swine, a point which has not hitherto received much attention in this country, possibly because it is less common here than in Germany, though we are hardly in a position to affirm that such is the case. In swine, we are told, the seat of infection is especially the glands in the neck. As the form of tuberculous disease which affects poultry is not identical with that from which human beings suffer the danger of infection from this source is assumed to be non-existent.

It is comforting to have from Professor Fränkel a confirmation of the view that the bacillus of tuberculosis only flourishes in the living tissues, and that it promptly loses its virulence when exposed to light and desiccation. It follows, speaking generally, that the risk of infection is confined to a zone around each focus of the disease. Unfortunately, the dense aggregations of underfed and unhealthy persons which are found in all large cities provide a peculiarly favourable soil for the propagation of the disease on these lines.

Professor Pfeiffer laid stress on the important *role* played by secondary infections, indeed, it would seem that it is not until these appear on the scene that the condition of the tuberculous patient becomes more or less hopeless.

Professor Löffler dismissed the onetime doctrine of heredity as unproved and scientifically improbable, but, though we agree that tuberculosis is, at any rate in the vast majority of instances, due to infection from without, we see nothing inherently impossible in the transmission of the disease as such. Syphilis is also a disease due to infection from without, yet it is certainly capable of parental transmission as we know but too well.

Professor Kirchner touched on the delicate subject of the marriage of tuberculous subjects, but, however desirable it may be in the abstract to prevent such marriages, we fear that the matter is one which must be left to the good sense of better educated communities. Still, as it is a matter in which medical men are *sometimes* called upon to advise, it is well that one's mind should be fully made up, if indeed it were not so before. More to the point were his remarks on the imperious necessity of having recourse in all cases of tuberculosis to the precautions which experience has shown to be necessary in respect of persons suffering from a communicable disease. Patients for the most part are perfectly willing to do what lies with them to prevent their becoming centres of infection, and when otherwise they probably sin more from ignorance than from any indisposition thereto.

Professor von Leyden brought forward the question of sanatoria for consumptives, a departure which is largely due to British initiative. The more we consider the figures the more obvious does it become that the task is one which will heavily task the resources of the richest states, unless ably seconded by private munificence and local effort. It will be necessary to secure the co-operation of friendly societies, sickness insurance associations, and public bodies generally if the movement is not to fall through. So general is the interest in the subject and so nearly does the problem touch all classes of society that we are sanguine of ultimate success. At the same time, as the Professor pointed out, sanatoria can only deal with the *fait accompli*, though by facilitating recovery we diminish *pro tanto* the tendency of the disease to spread beyond its actual foci.

The problem with which we have to grapple is hydra-headed, but science has enabled us to recognise these heads, and our attention must be devoted to their extinction by an attack all along the line. The problem comprises the better housing and the better alimentation of our labouring classes, their education in the means of combatting the foe, the partial segregation or violation of the sick, and the protection of the healthy. Science has already done much, but more, much more, remains to be done. Let us hope that the wave of public opinion which has traversed the old world, will not subside without leaving a permanent mark on the preventive medicine of this century.

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# The Operating Theatres.

## ST. THOMAS'S HOSPITAL.

**Myeloid of Upper and Lower Jaws treated by Enucleation.**—Mr. W. Anderson operated on a girl, æt. 24, for myeloid tumours of upper and lower jaws. The patient had noticed during the last four years an enlargement of the right side of the body of the lower jaw; this increased slowly and painlessly, and two years ago a small swelling appeared at the root of the nasal process of the superior maxilla; there was no glandular enlargement. On admission the right half of the body of the lower jaw was found to be increased to the size of an ordinary lemon by a growth within the bone; most of the teeth over the growth were lost, but the gums were entire; the swelling was uniform in surface and invested by a shell of bone. A similar but much smaller growth was found in the superior maxilla at the root of the nasal process. The patient was an uræmic undergrown girl, suffering from chronic menstrual disturbances. Mr. Anderson made an incision a little below the body of the lower jaw, dissected down to the surface of the tumour, chiselled away the whole of the shell of bone forming the anterior wall and exposed a soft endosteal growth; this was carefully enucleated with a scoop, the interior of the shell was wiped out with cyanide gauze, and the wound closed by subcuticular suture. The tumour of the upper jaw was treated in a similar way. Mr. Anderson remarked that the co-existence of two myeloid growths in the same patient was very rare; there could be no doubt of its nature, and it was this certainty that led to the treatment of the condition by enucleation rather than by complete excision. It is well known, he said, that the myeloid growths have little tendency to multiply by the infection conveyed through the blood or lymph streams, or to spread by infiltration of the adjacent tissues; hence if the cell growth can be completely removed the prospects of a permanent cure are very good. The complete excision of the tumours would have given rise to great deformity, while the plan adopted would leave only a linear scar.

Histological examination made a few days later confirmed the diagnosis.

### HOSPITAL FOR SICK CHILDREN.

**Operation for Old-Standing Empyæma.** — Mr. **Arbuthnot Lane** operated on a child æt. about 6 years, who presented a small obliquely placed sinus in the front of the right chest from which a quantity of pus exuded. On passing a probe into this sinus the instrument entered the general pleural cavity. Mr. Lane exposed three ribs in the lower and back part of the chest, and removed three inches of their length with the intervening intercostal muscles, &c. The pleural cavity was found to be open throughout the whole of its length except where the diaphragm had formed adhesions to the lower limit of the chest. It was not possible to recognise the lung on the inner wall since it appeared to have collapsed completely, but this was not surprising, as this condition of empyæma had existed for about six months. The pleural cavity was cleaned as thoroughly as possible, and then closely packed with iodoform gauze. This process was repeated on two subsequent occasions under an anæsthetic. On the last occasion the contents of two large bottlefuls of decalcified bone were inserted into the cavity, these just sufficed to fill it up to the level of the ribs. A quantity of iodoform was dusted over the wound and iodoform gauze applied over it. These dressings were not changed for three weeks. Mr. Lane said that the decalcified bone used was that suggested by Dr. T. W. Robinson, Honorary Surgeon to the Huddersfield Infirmary, and described by him in the *Lancet* of October 2nd, 1897; Dr. Robinson employed it with the idea that it would form a temporary scaffolding for the granulation tissue cells, which would by this means be kept alive and not discharged from the surface as pus. He obtained most excellent results by its use. Mr. Lane had employed the method for a long time with complete success; he had never before used it in such large quantities as in this particular case, although he had on one occasion filled the space which had been originally occupied by half the length of the shaft of the femur in an adult with it. He pointed out that it is exceedingly important that the decalcified cancellous tissue should be kept at rest after the insertion of the decalcified bone, and he hoped that the mobility of the chest wall and diaphragm was sufficiently limited for this purpose.

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**Dr. J. B. Bradbury**, Downing Professor of Medicine in the University of Cambridge, has been appointed Croonian Lecturer for 1899 at the Royal College of Physicians of London. "Sleeplessness and Hypnotics" has been chosen as the subject of his lectures which will be delivered at the College on June 20th and following days.

**Dr. Pye-Smith**, Physician to Guy's Hospital and a member of the Senate of the University of London, has been appointed to the seat on the General Medical Council, vacant by the death of Sir Wm. Roberts, as representative of the University.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 7, 1899

## DISPENSING BY DOCTORS.

A contemporary professing to represent the English general practitioner speaks of "the claim which has been advanced by chemists to a monopoly of dispensing" as "unwarrantable" and impossible, a statement which shows how far the spirit of trades unionism will carry those who have their eye fixed on their own pecuniary interests. We admit that the complete divorce of the medicine trade from medical practice in England has come to be almost impossible, as has also the purgation of the chemist's trade from counter prescribing, but we unfeignedly regret the fact and maintain that the desire that the doctors shall stick to their own legitimate business of diagnosing and prescribing is, in no respect, more "unwarrantable" than the contrary demand, which our contemporary is never weary of proclaiming, that chemists shall stick to their's and abstain from exercising the doctorial functions. In this matter we suggest that the just rights of doctor and chemist are on all fours. The chemist may abuse his position by advising and prescribing upon a dangerously insufficient knowledge of medicine and surgery, and by doing so without seeing the patient, but, on the other hand, we cannot claim for our profession any expert acquaintance with chemistry and pharmacy nor any facilities for making up medicines equivalent to those enjoyed by the chemist. The trades union bias of our contemporary is manifested by the text which it selects for its sermon, *i.e.*, the employment by medical practitioners of unqualified boys to make up the principals' medicines, the result of which practice in one recent case was the fatal poisoning of a patient, and it holds that it is quite legitimate for a general practitioner to employ such an assistant on his own responsibility, and it protests in anticipation against any public opinion to the contrary. But our contemporary forgets that, for years past, it has exhausted its energy and its logic in a screech against the analogous practice of employing unqualified assistants by general practitioners. It has represented that the assistant employed for diagnosis and visiting and prescribing should be put to the sword without mercy, unless he can produce a medical qualification, and yet it now represents that the analogous assistant may with perfect propriety be employed for measuring out medicines and interpreting prescriptions without producing a pharmaceutic qualification. An observer must be wilfully blind who fails to discern that the difference between the two cases, from our contemporary's point of view, is that the unqualified medical assistant was a serious competitor with the general practitioner and diverted many of the fees which the practitioner might receive, into the till of his employer the doctor, while the unqualified dispenser is the essential jackal of the general practitioner and enables him to earn large profits on medicine vending which he could not obtain without his help. The whole dispute is a question of shop and of money, and does not deserve to be raised to any higher level.

Apart, however, from these sordid interests there is an obvious reason why the function of the general practitioner in country districts cannot be, at least at present, divorced from dispensing. Suppose the practitioner derived no profit, direct or indirect, from the medicines which he supplies, he would, nevertheless, be compelled to continue the supply because there exists in most agricultural districts, no other means by which his patient could be supplied. Qualified chemists do not grow on the roadside, and it would be simply impossible for a practitioner to send his patient's messenger to the neighbouring town for all the medicines which he found it necessary to prescribe. He has no choice but to keep them in his own house and send them to the patient when made up, and he must, so far, usurp the function of the chemist, but we can see no just reason why, if he employs a dispensing assistant, he should be allowed to employ one without knowledge. In town practice we can discern no element save the money profit which should induce the practitioner to make up his own medicines, but, if he sees it to be his interest to do so, we do not discern how he can justly complain if his neighbour the chemist follows his example.

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## THE QUESTION OF "EXERCISE."

It is well for us to have clear ideas on what kinds of exercise and games we ought to encourage, and what we ought to object to. The spirit of competition is now entering so much into nearly all the games, which were formerly encouraged for the exercise they afforded, that instead of doing good, they may do harm. In such exercises as rowing, skating, swimming, and dancing, the chief pleasure enjoyed is not from competing with and defeating others; but from the curious effect of movement upon the nervous system, whether the individual is alone or in harmony with others. We see this in many animals, indeed, more than in our own species. What we have to consider now is whether instead of this being the object of the games of to-day, the desire to excel and attract attention does not prevail more than it ought, whereby the good effects of exercise upon the system are changed into the bad results of excess. It is well for us to consider carefully what are, or ought to be, the objects of exercise, and whether it is the mental, the moral, or the physical development that we seek for, when exercise is encouraged. We doubt much the value of "gymnastics" when we desire to improve the two first, the most important parts of education, and if any exercise has no object but that of developing the muscles, without considering its influence as a recreation, it is right that we should discourage it when we find it being forced upon those who are being educated for the work of life. When we have to consider the various games and recreations which enter into the school and college life of the rising generation, we are justified in preferring those that afford some occupation for the mental as well as the physical qualities of the individual. It is for this reason that we doubt the value of the gymnasium in comparison with such exercises as are afforded by cricket, rowing, tennis, golf and other kinds of recreation, which take the mind away from the subjects which have occupied it and give it rest by change of occupation. It is well for us to have some distinct principle to guide us in this matter, for there is no subject of greater importance to a nation than the education of its youth. It seems to-day as if the desire of exhibiting to spectators is influencing our games most prejudicially. The true enjoyment and benefit of games is greatly marred when vanity is excited by the attention of on-lookers. There is too much professionalism, and too much of the spirit of business in popular recreations at present to make them serve their best purposes, and justify us in encouraging them. And with this spirit of exhibition and competition there creeps in the degrading vice of gambling, and the chief interest of sports becomes one of speculative betting. Our universities have seriously opposed these tendencies, at least the last generation did so; and now that exercise of various kinds is forming a much more important part of school education than it used to do, it is proper that those who are controlling our games should understand the scientific and moral principles which are important in this part of their work. We have more to say on this subject later on.

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## THE INSPECTION OF "HIGHER" EXAMINATIONS.

The question raised last week by Mr. Victor Horsley in regard to the statutory duty of the General Medical Council to inspect the so-called "higher examinations" of the medical Corporations is one of far-reaching importance. It is not one to be decided either by precedent or by opinions, for the matter rests on the interpretation of certain clauses of the Medical Acts, and the construction to be placed thereon must be referred the Council's legal advisers, though their opinion on the subject would not necessarily be conclusive. The matter has not hitherto attracted much attention, probably because it is extremely rare for persons to claim registration on the strength of the diplomas to which such examinations are the passports. Guided by precedent, the President last session ruled out of order a motion by Mr. Victor Horsley calling attention to the alleged insufficiency of the examinations for the fellowship of a particular corporation. Though the ruling was technically correct, inasmuch as the motion embodied statements which were not strictly in accord with the facts, it was construed to mean, and the recent action of the Council confirms that construction, that these examinations are not within the purview of the duties of the Council. The President said that the Council, in abstaining from the inspection of these examinations, has been guided by Section 30 of the Medical Act (1858). This section provides for the registration of "higher or additional qualifications," but of course says nothing about the examinations themselves, so that this point is left open. The law, however, requires the Council to inspect qualifying examinations, that is to say, examinations which would confer upon the successful candidate the right to claim registration. The fellowships of the colleges are expressly mentioned in the official list of registrable diplomas, and there is nothing to prevent a fellow who has neglected to register his membership, or who has gone straight to the fellowship, claiming admission to the Register on the strength of his diploma of Fellow. Indeed, it is within our recollection that a gentleman who had obtained the higher diploma of the Royal College of Physicians of London, practically on the strength of his foreign degree, was admitted to registration, though this was subsequently the subject of discussion which resulted, if we are not mistaken, in the College undertaking not to grant such higher diploma in future to persons not otherwise entitled to be registered. This instance, however, establishes the right of the higher diploma to admission to the Register, and it follows that such examinations are for all practical purposes qualifying examinations. Under these circumstances it is difficult to see how the Council can continue to evade its statutory duty, and it is open to Mr. Horsley to raise the question afresh on more definite lines, and to place the Council on the horns of a dilemma. It is all very well for Sir Christopher Nixon to talk about this or that body refusing inspection. It will be time enough to think about how to enforce the law when the Council have made up its mind to apply it. One rough and ready means suggests itself—viz., to refuse registration of all diplomas of the stiff-necked body until it had bowed the knee.

# Notes on Current Topics.

## The General Medical Council and Dispensaries.

The trial of Dr. Stewart, of Denton, near Manchester, on a charge of covering one Burgess in connection with a certain provident dispensary, marks a further step in the evolution of the Council's views as to what constitutes "covering." The circumstances were peculiar in that the defendant claimed to be merely the paid officer of a dispensary nominally managed by a committee of labouring men who also engaged the dispenser whose conduct constituted the offence. According to the annnal report some 28 000 patients were visited at their homes annually in addition to close on 200 surgical operations and about the same number of confinements. Dr. Stewart said he did all this work unaided except in the matter of dispensing. and he formally denied that Burgess ever attended to patients, to his knowledge, or assisted at operations. It is worth noting that on his own showing it was Dr. Stewart's practice to give chloroform and operate himself, often without the presence of a third party, and this even for such an operation as the relief of strangulated umbilical hernia or the removal of a cancerous breast. If true, this statement conveys its own condemnation, but the evidence justifies us in regarding Dr. Stewart's statements with suspicion. Even the figures given above are open to criticism seeing that no books or records of any kind are kept. The question before the Council was whether Dr. Stewart could be held responsible for the conduct of the dispenser, who, with or without Dr. Stewart's knowledge, had certainly visited and treated patients and given chloroform. To find that he was not responsible would evidently open the door wide to the most barefaced violation of the Council's rules on the subject, but, fortunately for the Council and also for the profession, it was easy to arrive at the conclusion that Dr. Stewart could not possibly have been ignorant of his assistant's doings, and if cognisant thereof, he could plainly be justly held responsible therefor. This was the view taken by the Council who found Dr. Stewart guilty of the offence charged against him, but in view of the novelty of the circumstances merely bound him over to come up for judgment in November. It is impossible to exaggerate the importance of this verdict which vindicates professional honesty of purpose, without making Dr. Stewart the scapegoat of a vicious and intolerable state of things. By this decision the Council have made it plain that they are not to be hoodwinked by the manipulation of a few puppets dubbed trustees or managers, and by inference it is laid down that a registered practitioner who associates himself with an institution which is run on unprofessional lines is himself guilty of unprofessional conduct. Although the point was not formally raised in this case it may reasonably be inferred that the Council would consider touting for members to be unprofessional, and this is another step in advance. The decision will clear the atmosphere. It will no longer be open to practitioners to plead ignorance of the views of the Council in the matter, and those who sin in future will do so with full consciousness of the penalties they are incurring.

## Prison Vaccination.

A vaccination incident that occurred a few weeks since in connection with the Glasgow Prison is worthy of a passing note. It appears that in the course of his duty the Medical Officer of the institution named vaccinated one of the prisoners. The result was an impetiginous arm, and on leaving prison the patient brought an action for £500 damages against the operator. The claim was dismissed both at the original trial and on appeal, chiefly on the ground that the plaintiff had been fully apprised beforehand of the nature of the operation to which he was to be subjected. The pursuer, on the other hand, contended that he was led to suppose that the vaccination formed part of the prison discipline, to which he was forced to submit. Under such circumstances it would certainly be wise for the prison surgeon to lay both sides of the case before a prisoner so that there could be no shadow of a doubt as to the legal and voluntary position of both parties to the proposed transaction. As to the unfortunate pus inoculation the accident is not after all said and done a very serious one. It is less and less likely to occur under modern methods, but may occur now and then in the practice of even the most careful surgeon. Certainly where it can be shown that ordinary precaution as to sterilisation of hands and skin surfaces had been observed, there could be no ground of action for malpraxis.

## Joint Stock Consultants.

Most of our readers are aware that the system under which third parties farm out the services of practitioners to whom they pay a salary, making a considerable balance of profit, is being now extended to the employment of so-called consultants. This is the "Medical Aid" system, and in Birmingham it is being exploited by no less a personage than Mr. Arthur Chamberlain, but the original inventor of it is a Mr. Bracey, a medical practioner, and connected with the Balsall Heath Dispensary. Four years ago he succeeded in persuading the managers of that institution to appoint seven consultants; these gentlemen agreed to accept half a guinea for a consultation, but do not appear to have devoted their whole time to the work of the dispensary; it seems, however, that Mr. Chamberlain expects that the consultants' whole time will be required by the institution which he proposes, and he offers £500 a year, beside the half guinea fee, to anyone willing to accept the position.

Nothing can be gained, we think, by treating the acceptance of the consultative position as a matter of medical etiquette. Of course, most self-respecting members of the profession will shrink from the proposal that they shall farm out their services for Mr. Arthur Chamberlain or anyone else to make a profit out of them, still £500 a year, with the prospect of considerable addition from consultation fees, must be too tempting to be resisted by many men, and, in any case, the position cannot be said to be anything less than respectable from a pecuniary point of view. The question settles itself when we consider that a consultant (as the profession understands the term) at half a guinea a visit is an impossibility. The great majority of English patients adhere with confidence to the ministration of their "family doctor" or general practitioner as long as they possibly can, and do not feel the need for a consultant until they are seriously alarmed. When they are seriously alarmed a ten-and-sixpennny consultant is not what they want. He is cheap but decidedly nasty, and one in fact little better for them than the "family doctor," for whose opinion corroboration or reversal is sought. In such circumstances the patient wants a specialist of long experience and well recognised skill, and the patient will speedily come to learn that he can get nothing but a sort of Jack-of-all-trades by contract for ten and sixpence. Such a "consultant" will do well enough to correct the diagnosis of a general practitioner for the nonce, but, as a judge of final appeal we are certain that the public will have none of him, but, when it must, it will resort to a well-known specialist and pay him the fee which such an adviser is entitled to expect.

## The Bogus Post-Mortem Case.

Our readers will doubtless remember the curious case which occurred last year, in which a medical man named McKay was charged before Mr. Plowden, the Metropolitan Police Magistrate, with wilful and corrupt perjury at the instance of Mr. Braxton Hicks, the Coroner, in connection with certain evidence which had been given before him at an inquest. Briefly recapitulated it was alleged that McKay had sworn to having made a careful examination of the brain and viscera whereas according to the evidence of the police surgeon, who, on the Coroner's order, made a subsequent examination of the body, no real post-mortem examination had ever been made. Recalled before the coroner, and confronted with this evidence McKay blindly adhered to his previous statements, whereupon the Coroner ordered him to be charged with perjury. Mr. Plowden, whose behaviour throughout the hearing of the case was characterised by extreme discourtesy and flippancy, laughed the case out of court on the ground that it was merely a question of a difference of opinion between two doctors. We commented on the case at the time, and the result of the trial, which took place before the General Medical Council on Thursday last, amply justifies the views we then put forward. Mr. McKay was charged before his peers with having failed to make the examination required of him and with having falsely sworn contrary to the facts. The evidence was overwhelming indeed the defendant had absolutely no defence to offer, and the conduct which Mr. Plowden thought so lightly of has been adjudged by a full Council to be "infamous," and to merit the erasure of his name from the *Register*. There is no more responsibie duty thrown upon the medical practitioner than the making of post-mortem examinations, and it is difficult to qualify, as it deserves, the conduct of a practitioner who deliberately swears to statements which he has not taken the trouble to verify, with the result that the evidence which he gave was positively misleading.

### Sir George Pilkington, M.P.

THE new member for Southport is a member of our profession, and has seen something of hospital and private practice when he was a surgeon to the Southport Infirmary. His original name was Coombe, and he is the son of Dr. Coombe who practised at Upwell in Cambridgeshire, but he assumed the name of Pilkington and the estates held by Mr. James Pilkington who, for nineteen years, represented Blackburn in the Liberal interest. Sir George holds the diplomas of the London "College and Hall" of the year 1870, and he has served as Mayor of Southport, and in many other public capacities.

### Smoking in Theatres.

IT is reported that the Theatrical Managers' Association are desirous of introducing the privilege of smoking into theatres, and obtaining the sanction of the Lord Chamberlain to this innovation. This public official has power to make regulations for the safety and comfort of the audience, and in the exercise of his discretion he has generally prohibited smoking. We trust that this prohibition will be continued, the Theatrical Managers Association notwithstanding. A member of the latter body has said: "I am certain of this that the first West End theatre which gives a light entertainment and permits smoking in the auditorium will make a big fortune." Quite possibly this might prove to be the case, but "a light entertainment" which could only be made attractive by permitting the audience to smoke, is scarcely likely, we think, to become a popular feature among the theatre-going public who know the difference between a theatre and a music-hall. It may be quite true that the habit of smoking in their presence is not much resented in the present day by ladies, but it does not follow that because such tolerance has been acquired by custom, that the health of our wives and daughters is improved by allowing them to expose themselves to a atmosphere reeking of tobacco smoke when in search of amusement. The ventilation of most theatres, especially in hot weather, is bad enough as it is, but if, to the already bad hygienic conditions, smoking be added, then the theatre, as a source of amusement, will become a place to avoid. We submit that in the interests of the health of the public who patronise theatres the proposed innovation would be distinctly harmful. A good play does not require the stimulus of a pipe, a cigar, or a cigarette to make it interesting; on the other hand, a music-hall entertainment can seldom be tolerated without one or the other. To endeavour, therefore, to convert a theatre into a music-hall, and to lower the standard of the entertainment of the former so as to bring it to the same level as the latter, appears to us to be a questionable policy for the Theatrical Managers' Association to pursue, apart from the other considerations which we have named.

### More Bones in Southwark.

METROPOLITAN Southwark appears to be fated to intermittent public commotions in the matter of its ancient burial grounds. It is not many months ago that St. George's, Southwark, was made a nine days' wonder by reason of an order issued from the Home Office to remove and bury elsewhere the remains of some two thousand parishioners whose bodies had been interred in the crypt of the parish church. By the way, it is interesting to learn that the work of removal has not yet been commenced, although ten months have sped by since the issue of the departmental order. Now, the neighbouring parish of St. Olave's, Southwark, has got up another little scandal of its own. The Bishop of Southwark, wishing to clear the bones out of a certain church, secured the co-operation of Dr. Bond, medical officer of health, and proceeded without further parley to effect the clearance. Whether or not his lordship had previously secured the sanction of the Ecclesiastical Commissioners we cannot say. The matter got wind, however, and unsparing public comment, both official and journalistic, thereupon became the order of the day. The Vestry have suspended the medical officer of health, an extreme step that will necessitate an inquiry by the Local Government Board. Whatever the rights of the case may be, it seems hardly wise for a public official to commit himself to private action in a matter so technical and hedged in by legal safeguards and difficulties as the clearance of a burial place. History has abundantly demonstrated, moreover, that the episcopal ardour is apt to lead to legal complication. The Bishop of Rochester, to whom His Lordship acts as suffragan, has since closed the Church, so that what with the indignation of the public and the apparent neglect of legal forms, there is every prospect of a rapid thickening of a somewhat sensational plot.

### Specialism in Excelsis!

AT the meeting of the American Medical Association which takes place on the 6th inst. at Columbus, there is to be a section devoted to proctology, an euphonious term to designate practitioners (or shall we say proctitioners?) who make the rectum their special study. We will make bold to say that the proceedings in this section will be much more seemly than in the Ethical Section of the British Medical Association, in spite of the uninviting nature of the subject.

### The Prohibition of Indiscriminate Kissing.

It has been found necessary in certain parts of the United States to direct the attention of the legislatures to the desirability of prohibiting indiscriminate kissing, not, it would appear, in the interests of public morality or in deference to the susceptibilities of the American Mrs. Grundy, but with the view of checking the spread of tuberculosis. Either the tubercle bacillus must possess unaccustomed virulence in the Western hemisphere or else the kissing that goes on there must be unduly, indeed, unnecessarily, prolonged. Kissing, even indiscriminate, has not been included by Sir Richard Thorne-Thorne among recognised factors in the spread of tuberculosis. Assuming the accuracy of the allegation, we may point out that it is one thing to prohibit indiscriminate kissing, and another to enforce the veto. It would have to be a conditional veto, that is to say, no young person would be allowed to indulge in promiscuous kissing until he or she failed to react to the tuberculin test for the disease, and even then the written consent of the parents might be insisted upon, duly authenticated by the nearest parson or magistrate. With singular lack of good taste, the memorialists have coupled with this representation the expression of a desire to restrict spitting in public places, as though the two nuisances (?) had anything in common.

### Nicholas Senn, M.D., LL.D.

Dr. Nicholas Senn, of Chicago, has been accorded the honorary degree of Doctor of Laws by the Trustees of Jefferson Medical College. Is it not about time this farce of conferring honorary degrees was abandoned by all self-respecting universities? We speak with bated breath, seeing that our own universities are still absurdly generous with such titular distinctions, and even appear to take pleasure in exaggerating the absurdity of the practice That a physician or surgeon should be made an honorary Fellow of his College is reasonable enough when his professional status seems to call for official recognition, but to make a medical man who is obviously a stranger to law, a doctor of that ilk is about as absurd as to make a princess a Doctor of Music. A degree either means something or nothing, and if the latter it is surely unwise to call attention to the fact, thereby sapping the esteem which University degrees still attract among the unlearned.

### The New Vaccination Act.

The anti-vaccinationists who imagined that Mr. Balfour's surrender of compulsory vaccination had placed the game in their own hands have had a sharp reminder that unrevoked law holds good in this country. Last week in the House of Commons a member moved the reduction of the Local Government Board supply because vaccination inspection generally had been directed to enforce prosecutions without regard to the particular views of local boards of guardians. In reply, Mr. Chaplin proclaimed himself a firm advocate of vaccination and declined to withdraw the circular of which complaint had been made. The gist of the document is that defaulters should be prosecuted by the inspectors without waiting for directions from their boards. That is to say, the officials mentioned are to proceed as they have always done under untouched provisions of former Acts. The position of anti-vaccinationist members is not clear. They have gained the enormous concession of conscientious objection, and now they seem to think that the new principle involved should free persons who are too careless to avail themselves of that method of evading the obligation to vaccinate. Reduced to a plain statement, Mr. Pickersgill and his brother anti-vaccinationists are making a deliberate attempt to override the law of the realm, and to convert their inch of privilege into an ell of illegality. It is a way of the sect to pose as injured martyrs, and we hope to deal at length with some of their arguments in an early issue.

### The New Medical Staff of the Seamen's Hospital Society.

The Seamen's Hospital Society have, it is true, succeeded in filling the vacancies on the medical staff of their hospital created by the resignation of the well-known physicians and surgeons which took place some weeks ago, but that is practically all that can be said upon the matter. As a protest to the treatment which the late staff received the appointments have clearly been left severely alone by physicians and surgeons of acknowledged position, for otherwise the names of well-known consultants would have figured upon the list of the new staff. We are glad that in this respect the committee of the Seamen's Hospital have been taught a lesson. The members of their late staff were all well-known members of the profession, for the most part attached to important hospitals in London—the same cannot be said of those whose services have just been secured to fill the vacancies. There has, therefore, been a distinct loss of prestige in the transaction, which might never have occurred had the committee in question acted with that politeness and consideration to their late staff such as the latter were at least entitled to expect.

### The Typhoid Epidemic in Philadelphia.

"After an epidemic of typhoid fever of shameful proportions and duration," says the *New York Medical Record*, "in the course of which some thousand lives have been sacrificed, the authorities of Philadelphia have ordered an investigation of the water supply of that city." There are evidently some things which they do not do better in the States, or at any rate in Philadelphia, In this country any undue prevalence of typhoid fever promptly attracts official attention, and the district is pounced upon by a Local Government Board Inspector, who gives wiggings where wiggings are due—and then, as often as not, things go on *ut ante*. We note that this is the moment the citizens of Philadelphia have chosen to petition the Mayor for "a quiet Sunday." If this epidemic be allowed to proceed unchecked we shall soon have the silence of the grave, and the city will cease to have any but an etymological claim to its name.

### The Royal Orthopædic Hospital.

THE dispute at the above hospital raises in a pointed form the whole question of the management of the medical charities. It is, of course, known to everyone that the interest of the average subscriber to the hospitals ends with the payment of his donation. The result is that the management is apt to drift entirely into the hands of a few persons, who may or may not be models of probity and good judgment. While as a general rule we condemn utterly the manufacture of "faggot" votes it must not be forgotten that under such circumstances it may be the only weapon wherewith to fight an obviously corrupt or faulty governing board. In advancing this view we do not for a moment reflect on the good faith of the committee that has hitherto administered this particular hospital, which is obviously above and beyond suspicion. At the same time the right of the governors of a hospital to manage affairs in their own way is indisputable, and no system that fails to provide for a free election of management can claim to be on a satisfactory basis. The party until lately in power at the Orthopædic Hospital are bringing forward a new rule to exclude members of the honorary staff from the executive committee. To attempt to exclude members of the staff because they hold differing views is, in our opinion, the most damning method of argument that could be brought forward by Sir Walter Gilbey. So far from that course being desirable, we would make the whole staff *ex officio* members of executive, and add to their number outside general practitioners. It is only by such a leaven that any hospital can hope to be in touch with the wants, the wishes, and the aspirations of the medical profession at large, interests that are now too often ridden over roughshod.

### Typhus Fever in London.

WE learn from the *New York Medical Record* that typhus fever has been mildly epidemic in London during the past winter, the diagnosis having apparently only recently been made, most of the cases having been returned as typhoid, pneumonia, or influenza. There is some excuse for the non recognition of the disease by the British medical practitioner, because not one in a thousand, even if in large practice, have ever been privileged to see a case of typhus, either in hospital or outside. This is just one of the diseases that might advantageously be made the subject of post-graduate lectures, illustrated by artificially coloured wax models to show the eruption. Post-graduate institutions, please note!

### Unvaccinated Camp Followers.

THE War Office has intimated that the health of troops cannot be allowed to be imperilled by the introduction into their barracks of the unvaccinated wives and children of soldiers. Such persons will, therefore, have to live outside until they have been vaccinated, and they will not, in future, be carried to foreign stations at public expense.

### The Elections at the Irish College of Surgeons.

THE annual election of the President, Vice-President, and Council of the College came off on Monday last, as fixed by the Charter. For the first-named offices there was no contest, as it is the custom of the College that the President and Vice-President shall serve for two years, and Mr. Robert L. Swan and Mr. T. Myles were accordingly re-elected *nem. dis.* The secretary of the College, Sir Charles Cameron, was also re-elected, this office being practically permanent. As regards the Vice-Presidency of next year (June, 1900), which will be vacated by Mr. Myles on his promotion to the presidential chair, the interest is centred upon the contest for the honour between Mr. Lambert Hepenstal Ormsby, Surgeon to the Meath Hospital, and Mr. Francis T. Heuston, Surgeon to the Adelaide, whose respective claims, as far as can be judged at present, seem to be pretty equally supported by the Fellows. Already the canvass for votes is in active progress. For election to the 19 seats on the Council of the College, 24 Fellows offered themselves. All the outgoing Council were candidates, but Mr. Henry Gray Croly and Mr. Arthur Benson had left a hiatus by the recent election of the former as an Examiner in Surgery, and the retirement of the latter. Of the retiring Council all were re-elected except Mr. Arthur Chance, of the Mater Misericordia Hospital. Mr. William Stoker, professor of surgery in the college, and Mr. John B. Story, of St Mark's Ophthalmic Hospital, and Mr. Richard Bolton MacCausland, of Stevens's Hospital, secured the three open seats. The total poll (which is taken by ballot papers) was 225 out of a possible 290 Fellows.

### The Irish Medical Association.

THE Committee of Council met in the Royal College of Surgeons of Ireland last week and completed arrangements for the annual meeting, to be held in Cork on June 20th. Efforts are being made to obtain the consent of the railway companies to grant to members attending the meeting return tickets at single fares. The resolutions to be proposed at the meeting were considered and approved. The commentary on the Local Government Board rules for the government of dispensary districts was under consideration, and will be issued to members during the present week.

### The Birthday Honours.

THE 80th birthday of the Queen has been marked, contrary to the general anticipation, by a scant array of honours. The medical profession, however, enjoys a good share in the published list. First and foremost comes a baronetcy for Dr. Burdon Sanderson, who has been a distinguished member of the profession for over fifty years. He is Regius Professor of Medicine at Oxford, and before taking that post held the Waynflete Professorship of Physiology in that University. His name is known throughout the scientific world, and no man is more deserving of honour. In the sister University of Cambridge physiology is further recognised by the conferring of the title of K.C.B. on

**Professor Michael Foster, who is also Secretary of the Royal Society. His contributions to embryology and other branches of physiological research are many and famous. In Liverpool Dr. Mitchell Banks, the genial and accomplished surgeon, and in Edinburgh Dr. John Sibbald, the lunacy expert and commissioner, have each received a well-earned K.C.B. Surgeon-General Albert A. Gore, late Principal Medical Officer in India, is made a C.B. (military division), and Major Baptie, R.A.M.C., a C.M.G.**

### Pharmaceutic Judges.

**In a recent suit in the Scotch Courts an interesting legal point arose which brought the case to a dead lock. The Scotch law forbids a judge to adjudicate in the case of a company in which he holds shares. This particular suit had to do with the system of dispensing by unqualified persons under cover of a qualified pharmaceutist. There are thirteen judges of the Court of Session, and, of these every man was a shareholder in the company, and, therefore, there was no court to try the case until, by compromise, it was agreed between the litigants that the verdict of one of these judges be taken as sufficient.**

### PERSONAL.

**It affords us pleasure to announce that the health of Sir Francis Laking, M.D., has greatly improved during the last few days, and that the serious symptoms have subsided.**

Mr. John Shaw, of Wakefield, who died last week, has bequeathed £2,000 to the Wakefield-Clayton Hospital and the residue of his estate which is expected to amount to at least £50,000.

We understand that Major Arthur W. P. Inman, of the Army Medical Corps, has been appointed to succeed Dr. William Carte, as Surgeon to the Royal Hospital at Kilmainham (Dublin).

Dr. G. Granville Bantock, of London, has been elected by the "Société d' Obstetrique de Gynæcologie et de Pediatrie de Paris," "Membre Associe Etranger, Section de Gynecologie."

We regret to learn that Dr. Sinclair Coghill, who only returned from the Berlin Congress on Tuberculosis on Friday last, at which he read a paper, was seized with suden illness at his home, Ventnor, and died on Monday.

Dr. Apostoli, of Paris, is, we understand, engaged in writing a chapter on the uses of electricity in gynæcology for the third edition of Dr. Althaus's work on "The Value of Electrical Treatment," which will embody his most recent experience in the electrical treatment of uterine disease.

Capt. Neumann, the Indian Plague expert engaged by the Natal Government, has, says our South African correspondent, given an opinion that there is little danger of an actual epidemic of plague in South Africa. He has urged the Government to obtain an ample supply of Haffkine's serum, which he regards as most valuable.

## Scotland.

[FROM OUR OWN CORRESPONDENT.]

University Medico-Chirurgical Society.—An extraordinary meeting of this Society was held on the 24th ult. to hear a lecture by Dr. Lawrence, of Montrose, on "Some Reminiscences of the Glasgow Medical Schools in the Thirties." There was a large attendance of students, including a considerable number of ladies from Queen Margaret College. The lecturer described in an interesting manner the condition of things as regards medical tuition existing in the thirties in the two extra-mural schools, viz., Anderson's University (now Anderson's College) and Portland Street Medical School; at that time these two schools possessed as teachers many men of eminence. He referred to the controversy on blood-letting, which began in 1847 and continued for many years, this practice during his time of study was the recognised and unchallenged treatment of all inflammatory diseases. The only infirmary in Glasgow at that time was the Glasgow Royal Infirmary which was attended by all the students, the classes being open to all interested without an entrance examination, the "amateur" medicals mixing with the regular students, and among the latter many appeared ill-prepared for such a course of study, in which connection Dr. Lawrence (the lecturer) bore testimony to the benefit of the Medical Act of 1858, which necessitated a preliminary examination before entering on a course of medical study.

Glasgow University.—The final examinations are now in full swing; the students are, however, complaining of the length of time over which the clinicals extend, owing to the fact that these have to take place entirely in the Western Infirmary; this cause for grumbling seems, however, likely to be soon overcome, as it is intended to send a part of the students for clinical examination to the Royal Infirmary, a part to the Victoria Infirmary, and the remaining part to the Western Infirmary. As Professor Sir William T. Gairdner is at present in London attending the General Medical Council, Professor Stockman is conducting the examination in Clinical Medicine. During the winter session it is said that much hard work was done not only by the students but by the professors, consequently at the close both parties were very much fagged

Health Department, Glasgow.—A salary of £350 per annum is to be paid to the Bacteriologist to the Health Department, who must devote the whole of his time to the duties of his office, and be able to undertake chemical, microscopical, bacteriological examination, and analysis of water, air, soil, milk, tuberculous meat, diseased tissues, and pathological substances. For this appointment an advertisement is to be inserted in certain Scottish, English, and German newspapers. It would have been more complete to have said "several Continental newspapers."

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## Correspondence,

We do not hold ourselves responsible for the opinions of our correspondents.

### ENGLISH v. FOREIGN OPHTHALMIC SURGERY.

*To the Editor of* The Medical Press and Circular.

Sir,—It is probable that some correction will be made of the statement in the *Sunday Sun* that Dr. Pagenstacher is the *son* of the celebrated oculist, who died from an accident some years ago. It seems that there is more interest taken now in matters medical by the Press than was the case at one time, but that interest is not always such as one can admire. The chief purpose, however, of this letter is to ask whether there is any good reason for the opinion that this great metropolis is not so well supplied with knowledge of the science and skill in the practice of ophthalmics as some other countries are. Is it because the profession generally does not recognise the necessity of something more than a knowledge of common surgery by those who take up as a specialty the treatment of diseases of the eye? When we consider to what extent the science of optics should be studied by those who follow this branch of practice, and when we see little evidence of this being done, perhaps because we are most of us so ignorant of the science ourselves, we ought not to be surprised that the public, among whom there is some intelligence and appreciation of excellence, should go where they can find what they imagine is unobtainable at home. If such a specialty as ophthalmic surgery is followed for the sole purpose of what is generally termed "making money," there are some of us who may not regret that this should be corrected.

I am, sir, yours truly,
PRESBYOPIA.

June 5th, 1899.

## THE SPECTACLE MAKERS' DIPLOMA.

*To the Editor of* THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your editorial on the subject of "certificated opticians" rather seems to throw cold water where warm and solid support is needed. *The granting of certificates to these persons amounted to the opening up of another branch of unqualified practice*, nothing more and nothing less. What does a man like Professor Silvanus Thompson, urbane and accomplished though he be, know or care about the wants and wishes of the medical profession, of which body he is not a member. He has, on the other hand, beyond a doubt solid reasons for becoming an examiner of the Spectacle-makers' Court. But what of those within our own gate? Dr. Lindsay Johnson is also an examiner.

It is possible the medical profession can do little by way of showing their disapproval of his action; it seems likely, also, that the General Medical Council can and will do nothing; but how about the Ophthalmological Society, of which Dr. Johnson is a more or less prominent member. What steps have that learned body taken to justify or to condemn Dr. Johnson's position? It seems to me, as a humble general practitioner, that the profession has a right to demand a full and immediate answer from the Ophthalmological Society.

I am, Sir, yours truly,
A QUALIFIED ONLOOKER.

Croydon, June 2nd, 1899.

## THE MEDICAL APPOINTMENTS TO THE BRADFORD WORKHOUSE.

*To the Editor of* THE MEDICAL PRESS AND CIRCULAR.

SIR,—The whole profession owes a debt of gratitude to THE MEDICAL PRESS AND CIRCULAR for its defence of our rights and privileges, and for its advocacy of proper principles in the election of Poor-law Medical Officers. And not for the first time have you adopted this impartial and independent attitude.

In reference to the recent appointments to our workhouse, in which both the Guardians and two gentlemen representing themselves as consultants, have played a *role* as novel as it is wrong in every sense, I ask to be allowed to reply to the defence of the two medical offenders. Dr. Crowley and Mr. B. Hall have attempted to excuse themselves, and minimise the gravity of the position they have adopted in hostility to the whole profession here, by an amusing artifice—so simple, however, in its nature, that probably most of the readers of your able criticism of it hardly need to have it pointed out. Dr. Crowley and Mr. Hall would have it believed that I constitute the opposition to their unprofessional conduct; that I have forcibly dragged together a number of gentlemen who have unwillingly condemned their conduct, and that other professional men and societies in Bradford, by not publicly disapproving, have approved of what they have done! This device is really too amusing! Had I the vast power they attribute to me, then do they not see that my opposition to their proceedings would be a very serious matter? Yet, though crediting me with the ability to drag the profession at my heels, they immediately proceed to argue that I am an altogether insignificant person! As a fact, they do not offer one argument in their own defence. They cannot. All they do is to indulge in personalities directed against myself, and to try to minimise the importance of the indignation meeting which condemned their action. To me this is most gratifying. It is the strongest proof of the excellence of our cause, and of the indefensible action of Dr. Crowley and Mr. Hall. It amounts to this: "We cannot defend our taking these appointments, so let us not attempt to do it, but let us abuse Dr. Hime, and belittle the indignation meeting!" What have I, or that meeting, to say to the propriety of Dr. Crowley and Mr. Hall supporting the guardians in a line of action which is insulting to every general practitioner in Bradford, which is exceptional in character, and is utterly opposed to the fair and honest principles which have so far made all public appointments open to general competition, instead of being allocated by private favour and secret treaty, as in the case of Dr. Crowley and Mr. Hall? If no meeting had been held, if I did not exist, their action would be no less reprehensible.

But what are the trivial assertions they do make when attacking me, and endeavouring to undervalue the medical meeting?

1. "The meeting was not representative." Representative of what? only medical men were there. All our hospitals were represented, all our medical societies were represented, private practitioners, Poor-law medical officers, residents in the city and district, all were there. The only parties not represented were Dr. Crowley and Mr. Hall, who, for reasons best known to themselves, were conspicuous by their absence. There and then was the occasion for them to meet their professional brethren. They preferred not to do so. And yet they are courageous enough to make unwarranted statements about what took place at the meeting.

2. "Invitations were in several cases omitted." There were 148 circulars issued, and I believe some 120 medical men live in Bradford. If anyone was passed over it was owing to accident or to his name not being in the Directory.

3. "The majority of practitioners of any position took no part in the proceedings." As chairman of the meeting, I can say this is quite contrary to the fact. The discussion was as general as could be desired, or is usual, and not one person opposed the resolution condemning the action of Dr. Crowley and Mr. Hall.

4. As to the influence and importance of the Bradford and West Riding Medical Union I need say nothing. It is not in any way concerned in the unprofessional actions of Dr. Crowley and Mr. Hall. The indignation meeting was not a gathering of any society, but was a large meeting summoned by invitation issued to every medical man in the district. As no private individual could assume the right to summon such a meeting, and there was not time to get a requisition signed, the secretaries of the Bradford and West Riding Medical Union were instructed to issue the invitations. I was elected to the chair by the meeting itself.

5. "The committee of the Medico-Ethical Society (an older society than the Union) after discussion of the action of Dr. Crowley and Mr. Hall, decided to take no action." In assuming that this decision implies approval, or that the members one and all do not condemn their action, Dr. Crowley and Mr. Hall are deceiving themselves, and attempting to deceive your readers. The fact, as I am informed on the best authority, is that as it was known the Union had decided to take action, the committee of the other society thought it unnecessary to move. But there is no justification for the assumption that their inaction implies any approval, or even neutrality on the question at issue.

I have never known equal unanimity on any question among medical men in this town, and I imagine that though Dr Crowley and Mr. Hall try to whistle cheerfully, their conviction is they have made a serious blunder.

I am, Sir, yours truly,
JOHN WHITESIDE HIME.

[On account of great pressure on our space owing to the session of the General Medical Council, and other matters of current moment, we have been reluctantly compelled to omit a large portion of Dr. Hime's letter, but the foregoing contains all the chief points.—Ed.]

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# Obituary.

## NORMAN KERR, M.D., C.M.Glasg., F.L.S.

It is with much regret that we have to record the death of Dr. Norman Kerr, which took place at his residence in Hastings on the 30th ult. The temperance cause, of which he was the most staunch, consistent, and enlightened advocate, will be a great loser by his death, for the reputation which he enjoyed in this regard was world-wide. Again, the good influence which he wielded in advancing the principles of teetotalism was by no means confined to this country; throughout Europe, in America, and our colonies his name was a household word among those who sought to follow his teaching and example. Dr. Kerr was a native of Scotland, and received his medical education at the University of Glasgow, where he took the degrees of M.D. and C.M. in the year 1861. From an early period in his career he began to devote himself to the study of inebriety, and having thus started upon his life work his enthusiasm for it never failed even to the end. As late as April last, feeling somewhat stronger, he journeyed from Hastings in order to take the chair at the quarterly meeting of the Society for the Study of Inebriety in London. This, we believe, was the last time that he was able to undertake any public duty. In the course of last year his failing health compelled him to relinquish his practice in St. John's Wood, where he had resided for many years, and move to Hastings. The illness from which for some months previously he had been suffering was albuminuria, and the quiet, rest, and change of air which he obtained at Hastings proved for a time so beneficial that his health greatly improved. However, an attack of influenza, followed by bronchitis, proved too much for his failing strength, and he gradually sank and died, as stated, on the 30th ult.

At the time of his death he was consulting physician to the Dalrymple Home for Inebriates, President of the Society for the study of Inebriety, Chairman of the Inebriates' Legislation Committee of the British Medical Association, and a member of the Council of the Metropolitan Counties branch, a Fellow of the Linnean Society, and a corresponding member of other societies in New York. Dr. Kerr was a voluminous writer upon his special subject, as may be gathered from the perusal of the long list of his published works. Perhaps his best known work is his treatise on "Inebriety; its Etiology, Pathology, Treatment, and Jurisprudence," the third edition of which appeared in 1894. He was also a frequent contributor to the medical journals, in which he published many thoughtful papers.

But in paying this small tribute to one who, a quarter of a century ago, was a subscriber and staunch friend to The Medical Press and Circular, we cannot conclude without expressing our admiration for the earnestness and singleness of purpose with which Dr. Norman Kerr's advocacy of teetotalism was always distinguished. He could not fail to impress those with whom he was intimately associated that his great desire was to leave the world better than he found it by warning his fellow mortals against the evils and pitfalls of alcohol. He laboured and strove, not for his own ends, but with the sole aim of disseminating the principles in which he firmly believed, in order that others might benefit from their practice. That such advocacy as his was productive of good and that he attained by its means his object in life, cannot admit of dispute. Dr. Norman Kerr was in his sixty-sixth year at the time of his death.

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### The Medico-Psychological Association.

The next examination for the certificate of this Association will be held on July 13th at the various centres in England, Ireland, and Scotland. The examination for the Gaskell Prize will be held in London on July 14th. Particulars of these examinations will be found in our advertisement columns.

# Medical News.

### The Royal British Nurses' Association.

H.R.H. The Princess Christian has announced her intention of presiding at the annual meeting of the Royal British Nurses' Association and of presenting badges to members on that occasion. The meeting will be held at the Westminster Town Hall, on Saturday, June 10th, at 3 p m., and will be followed by a *reunion* of members and their friends in the grounds of the Earl's Court Exhibition. Full particulars and tickets may be obtained from the Secretary, 17, Old Cavendish Street, Oxford Street, W.

### Society for Relief of Widows and Orphans of Medical Men.

The annual general meeting of the Society was held on May 31st, Mr. Christopher Heath, V.P., in the chair. From the report read by the secretary, it appeared that a sum of £3,023 had been given during 1898 to the fifty widows and twelve orphans in receipt of grants and the six recipients from the Copeland Fund. A present of £551 had been made at Christmas—viz., £10 to each widow, £3 to each orphan, and £5 to those on the Copeland Fund. One widow had died and one was taken on, three orphans had become ineligible and one had been elected. The number of members remained the same—287, nine having died, and nine been elected. The expenses of the year had been £244 10s., the total disbursements £3,267 10s., and the receipts available for payments £3,326 2s. 8d., leaving a balance of £58 12s. 8d. A grant under bye-law 78 of £26 was made to a widow. A vote of thanks to the Editors of the Medical Journals, proposed by Mr. Lynch and seconded by Sir Samuel Wilks, was carried unanimously. Sir Thomas Smith was elected a Vice-President in the place of Mr. Henry Lee, deceased, and Messrs. Morey, King, Grimson and Leigh, Dr. West and Dr. Whipham directors, in the place of the six seniors who retired. The funded property had been increased by purchase of £500 Birmingham 2½ per Cent. Corporation Stock. The funded property of the Society on May 1st, 1899, was £97,687 15s. 11d. The proceedings terminated by a vote of thanks to the Chairman, proposed by Mr. Lovett and seconded by Dr. Pollock.

### St. Thomas's Hospital.

The following gentlemen have been selected as House Officers from Tuesday, June 6th, 1899:—

House Physicians: E. H. Ross, L.R.C.P., M.R.C.S.; E. A. Gates, L.R.C.P., M.R.CS. (extension); A. E. Stevens, M.B.Durh , L.R.C.P., M.R.C.S. (extension); and H C. Thorp, M.A., M.B., B.C.Camb.

Assistant House Physicians: J. Gaff, L.R.C.P., M.R.C.S., and A. Bevan, L.R.C.P., M.R.C.S.

House Surgeons (extension): S. O. Bingham, L.R.C.P., M.R.C S.; E. M. Corner, M.A., M.B., B.C.Camb., B.Sc. Lond., L.R.C.P, M.R.C.S.; J. A. Barnes, L.R.C.P., M.R.C,S., and J. E. Kilvert, L.R.C.P., M.R.C.S.

Assistant House Surgeons (extension): H. J. Phillips, L.R.C P., M.R.C.S ; P. W. G. Sargent, M.A, M.B., B.C.Camb., L.R.C.P., M.R.C.S.; S. A. Lucas, L.R.C.P., M.R.C.S. and H. T. D. Acland, L.R.C.P., M.R.C.S.

Obstetric House Physicians (senior): S. H. Belfrage, M.B.Lond., L R.C.P., M.R.C.S., and (junior) H. M. Scaping, B.A.Camb., L.R.C.P., M.R.C.S.

Clinical Assistants in the Special Department for Diseases of the Throat: E C. Bourdas, L.R.C.P., M R.C S. (extension), and L. H. Lindley, M.B., B Ch. Oxon. Skin: H. R. Beale, L.R.C.P., M.R.C.S., and N. Unsworth, L.R.C.P, M.R C.S. Ear: A. W. Jones, L.R.C.P., M.R.C.S. (extension), and A. C. Bird, L.R.C.P., M.R.C.S.

### Society of Apothecaries of London.

The following candidates passed in the subjects indicated during May:—

Surgery.—G. H. Bedford, P. Cator, T. A. E Fawcett, A. Killick, D. V. Lowndes. A. Orme, V. S. Partridge, W. Sisam, J. M. Twentyman R. Le G. Worsley.

Medicine.—E. L. D. Dewdney, R. F. Ellery, T. A. E. Fawcett, A. Orme, O. C. Sibley, W. Sisam, H. E. Weston.

Forsenic Medicine.—E L. D. Dewdney, S. H. Longhurst, A. Orme, O. C Sibley, H. E. Weston.

Midwifery.—T. Burdekin, A. F. Carlyon, W. J. H. Hepworth, T. E. Holman, H. N. Horton, A. Killick, W. Sisam, F. J. Waldmeier.

# Notices to Correspondents, Short Letters, &c.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

### JUNCKER AND STAHL'S THEORIES.

*To the Editor of the* Medical Press and Circular.

Sir,—The book your correspondent refers to is that of John Juncker, which was published first in 1718, consisting of 752 4to pages. The author was a pupil of George Ernest Stahl and a voluminous writer. Stahl became a disciple of Descartes, and, dissatisfied with the iatro-mathematical theory of Giovanni Borelli, he introduced the doctrine of the influence of immaterial principles on inert substances.

Stahl taught that a principle resident in the living body (*anima*) governed all the functions of life and resisted putrefaction. He supposes the *anima* to have knowledge of the necessary composition of every part of the body and of the materials to be given to each, and to have power to guide aright all the acts necessary to the desired end. The vital principle and the *nature* of medical writers differs but in name from the *anima* of Stahl.

For the relief of plethora he bled, and his principal remedy was a mild aperient.

Juncker's work, 4to, 1718, is entitled "Conspectus medicinæ theoretico-practicæ, tabulis cxvi omnes primarios morbus, methodo Stahliani tractandos, exhibens; cum indice satis locuplete et piefatione……Stahlu."

In all he published ten volumes, all intended to explain and support Stahl's views.

His works were, however, discounted by Baron Haller's brief account of Stahl's doctrines, and the summary of them that appears in Sprengel's "Histoire de la Medicine," tom. v.

As late as 1708, Stahl published his "Theoria Medica vera Physiologiam et Pathologiam tanquam Doctrinæ Medicæ partes contemplativos et Naturæ et Artis veris Fundam entis intaminata Ratione et in concurrra experentia, distens."

His theory of phlogiston is told in his "Zymotechnia Fundamentalis," in 1637.

Juncker's works are now little read; indeed, they never seem to have got beyond the first edition, and your correspondent would not get more than 5s. for the volume. One penny a volume is the usual bookstall price of old medical works.

I am, Sir, yours truly,

Dublin. George M. Foy, F.R.C.S.I.

**N. B. T.**—No information has reached us so far which bears out our correspondent's complaint.

**Omega.**—If our correspondent will forward the newspaper cuttings relating to his statements we shall be glad to deal with the matter.

**Young M.D.**—There is nothing to take exception to, from an ethical point of view, in the course pursued.

### A CASE FOR TREATMENT.

A correspondent writes: "I should be glad of some hints for the treatment of a patient, a girl, aged 18, who is troubled with nocturnal incontinence of urine. Extract of belladonna for a time proved useful, and tonics, but now she is as bad as before. Could any of your readers kindly help me?"

## Meetings of the Societies and Lectures.

### Wednesday, June 7th.

**Obstetrical Society of London.**—8 p.m. Specimens will be shown by Mr. Stott, Mr. Malcolm, Dr. Stevens, and others. Papers:—Dr. Lewers: A Case of Persistent Mento-posterior Position of the Face in which the Child was delivered Alive by the Axis-traction Forceps. Dr. Wilson: Hydramnion in Cases of Uniovial or Homologous Twins.

### Thursday, June 8th.

**Ophthalmological Society of the United Kingdom.**—8 p.m. Cases and Specimens. 8.30 p.m. Papers:—Dr. Rockliffe and Mr. Hainworth: Penetrating Wound of Orbit with Traumatic Meningitis, Recovery.—Dr. Beevor and Mr. M. Gunn: Case of Obliteration of a Branch of the Retinal Artery, following frequent attacks of Temporary Amblyopia.—Mr. J. B. Story: Recovery of Sight after Partial Occlusion of the Central Artery.

**British Gynæcological Society** (20 Hanover Square, W.)—8 p.m. Lantern Demonstration: Dr. F. W. N. Haultain (Edinburgh): On a Case of Deciduoma Malignum. Papers:—Dr. Mendes de Leon (Amsterdam): On General Disorders originating in disease of the Female Pelvic Organs.

**Central London Throat, Nose, and Ear Hospital** (Gray's Inn Road).—5 p.m. Dr. Dundas Grant on the Diagnosis and Treatment of Painful Ear Affections.

### Friday, June 9th.

**Ophthalmological Society of the United Kingdom.**—8.30 p.m. Special Meeting for a Discussion on the Operative Treatment of Myopia, to be opened by Mr. F. R. Cross.

### Monday, June 12th.

**Central London Throat, Nose, and Ear Hospital.**—5 p.m. Mr. W Wingrave: The Pathology of Nasal Obstruction.

## Vacancies.

Bradford Union Workhouse.—Resident Assistant Medical Officer, unmarried. Salary, £100, with prescribed rations and apartments. Applications to the Clerk to the Guardians, Bradford

Cardiff Union. Assistant Medical Officer for the Workhouse. Salary £100 per annum, with rations, apartments, attendance and washing. Applications to the Clerk, Cardiff.

County Asylum, Rainhill, near Liverpool.—Senior Assistant Medical Officer, unmarried. Salary commencing at £225 per annum, with furnished apartments, board, attendance, and washing.

King's Norton Union.—Resident Deputy Medical Officer at the infirmary and the workhouse. Salary commencing at £170, with furnished residence. Rations or attendance not provided. Applications to the Clerk, 10 Newhall Street, Birmingham.

Knighton Union.—District Medical Officer and Public Vaccinator for the Llanbister. Salary £100 per annum, with certain medical fees. Applications to the Clerk, Knighton, Radnorshire.

Norfolk County Asylum, Thorpe, near Norwich.—Junior Assistant Medical Officer, unmarried. Salary commencing at £110 per annum and board (no liquors), lodging, and washing.

Rathdown Union.—Medical Officer for the Dundrum Dispensary District. Salary, £110 per annum, with £20 additional as Sanitary Officer. (See advt.)

West Norfolk and Lynn Hospital, King's Lynn.—House Surgeon. Salary commencing at £80 per annum, with board, residence, and washing.

Wolverhampton and Staffordshire General Hospital, Wolverhampton.—House Surgeon. Salary £100 a year, with board, lodging, and washing.

Wonford House Hospital for the Insane, Exeter.—Assistant Medical Officer, unmarried. Salary £150 per annum, with board, apartments, &c.

## Appointments.

**Abraham, Phineas S.**, M.A., M.D., B.Sc., F.R.C.S., Surgeon to the Hospital for Diseases of the Skin, Blackfriars, London.

**Brewridge, R. Harding**, B.A.Oxon., B.Sc.Lond., M.R.C.S., L.R.C.P., House Surgeon and Registrar to the Royal Orthopædic Hospital, Oxford Street, London.

**Bruce, L. C.**, M.D., C.M.Edin., M.R.C.P.Edin., Medical Superintendent for the Perth District Asylum, Murthly, Perth.

**Cantlie, James**, M.B., C.M.Aberd., F.R.C.S.Eng., D.P.H.Lond., a Surgeon to the Seamen's Hospital, Greenwich.

**Cargill, L. V.**, F.R.C.S.Eng., L.R.C.P.Lond., Ophthalmic Surgeon to the Seamen's Hospital Society, Greenwich.

**Christopherson, J. B.**, M.D.Camb., F.R.C.S.Eng., L.R.C.P.Lond., a Surgeon to the Seamen's Hospital Society, Greenwich.

**Foley, T. McC.**, L.R.C.P., L.R.C.S.Irel., Medical Officer to the Scarborough Workhouse.

**Grey-Edwards, Charles**, B.A., M.B., B.Ch.Trin. Coll., Dub., Medical Officer for the No. 1 Anglesey District, Bangor.

**Hewlett, R. T.**, M.D.Lond., M.R.C.P., M.R.C.S., D.P.H.Lond., a Physician to the Seamen's Hospital Society, Greenwich.

**Kenny, C. A.**, L.R.C.S. and P.I.L.M.Rotunda, Medical Officer to Ballymahon Workhouse.

**Marshall, C. F.**, M.D., B.Ch., B.Sc.Vict., F.R.C.S., Assistant Surgeon to the Hospital for Diseases of the Skin, Blackfriars.

**Payne, J. F.**, M.D., F.R.C.P., Consulting Physician to the Hospital for Diseases of the Skin, Blackfriars.

**Rankin, G.**, M.D.Glas., F.R.C.P.Edin., M.R.C.P.Lond., a Physician to the Seamen's Hospital Society, Greenwich.

**Rees, D. C.**, L.R.C.P.Lond., M.R.C.S., Superintendent and Medical Tutor to the Seamen's Hospital Society, Greenwich.

**Walker, Henry Secker**, F.R.C.S.Eng., one of the Hon. Ophthalmic and Aural Surgeons to the General Infirmary at Leeds.

## Births.

**Francis.**—On June 1st, at 84 Wright Street, Hull, the wife of A. G. Francis, B.A., M.B., B.S., F.R.C.S., of a daughter.

## Marriages.

**Buncombe—Bousfield.**—On June 1st, at All Saints', Forest Gate, Essex, William Dewey Buncombe, Medical Superintendent of City of London Infirmary, Bow, elder son of the late Charles Hope Buncombe, F.R.C.S., to Henrietta Mary, elder daughter of William Jeune Bousfield, of Forest Gate, Essex.

**Lethbridge—Bellett.**—On June 1st, at St. Mary's Church, Radipole, Weymouth, Sir Alfred Swaine Lethbridge, K.C.S.I., M.D., late Indian Political Service, to Edith Seymour, widow of the late George Bellett, M.A., Bengal Service,

**Pollard—Euan-Smith.**—On June 1st, at St. Philip's, Kensington, George Wilfred Pollard, M.D., eldest son of George H. Pollard, Esq., of Grassendale, Taunton, to Ella Maclaurin, second daughter of E. Maclaurin Euan-Smith, Esq., of 105 Earl's Court Road, London.

**Rendall—Watson.**—On June 1st, at St. Mary Abbot's, Kensington, Percy Rendall, M.D., of Oxenwood, Cheam, Surrey, son of John Rendall, M.A., to Edith, daughter of Edward Watson, of South Woodford, Essex.

**Robinson—Ridley.**—On May 27th, at All Saints'. Margaret Street, London, Norman B. Robinson, M.R.C.S., L.R.C.P.Lond., son of the late Major-General D. G. Robinson, R.E., to Janet Fair Hurst, daughter of Samuel E. Ridley, of St. Helens, Isle of Wight.

## Deaths.

**Kerr.**—On May 30th, at Hastings, Norman Kerr, M.D., F.R.S., President of the Society for the Study of Inebriety, aged 65.

**Ollard.**—On June 3rd, at 4 Henrietta Street, Bath, John Farmery Ollard, M.R.C.S., L.S.A., aged 74.

**Oxley.**—On May 28th, at Basford, Nottingham, Alexander Wemyss Oxley, of Rotherham, M.R.C.S., L.R.C.P.Lond., aged 25 years.

**Roocroft.**—On May 28th, at Brondesbury Villas, Kilburn, London, N.W., Wm. Roocroft, J.P., Surgeon, late of Wigan, in his 70th year.

# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXVIII. WEDNESDAY, JUNE 14, 1899. No. 24.

## Original Communications.

### TWO CASES OF METATARSALGIA.

By J. JACKSON CLARKE, M.B.LOND., F.R.C.S.,
Surgeon to Out-Patients at the North-West London and City Orthopædic Hospitals.

**METATARSALGIA** was first described by Morton, of Philadelphia, in 1876, has of late been made familiar by various writers (a). The affection is rather a symptom than a substantive condition and results as a rule from the sinking of the heads of one or more of the metatarsal bones—*i.e.*, a certain degree of transverse flat-foot. The sunken bone presses upon the superficial nerves and often a corn (b) forms over the head of the bone and increases the pressure upon the nerve. The degree of the resulting neuralgia and the determining cause of the condition vary. It may be a badly-fashioned boot first occasions the pain. Sometimes an injury closely precedes the onset of neuralgia. Rheumatoid arthritis in my experience appears to be a common predisposing cause. The two cases that I will now briefly narrate will serve to illustrate the fact that in equally severe cases sometimes the simplest measures suffice, sometimes only operative treatment serves to cure the condition.

**CASE I.**—A gentleman, æt. 34. General health good; no history of gout or rheumatism. He has attacks of severe pain which radiates from the head of the third metatarsal bone up the outer side of the leg to the thigh. The pain is more severe in some of the attacks than in others. It often persists when the boot has been removed. It prevents the patient from hunting as it is brought on by bearing the weight of the foot upon the stirrup. The pain has remained practically unchanged for six years, and it has greatly interfered with the patient's business. The condition dated from the patient getting his boots wet. After the boots had been dried the patient noticed a "rise" in them at the region of the ball of the toes. A corn developed at the seat of the pain; the latter is not relieved by removal of the corn. I found that the corn had formed over the head of the third metatarsal bone, and that pressure upon it started the pain.

This was one of the more severe type of cases, and I explained to the patient that an operation might be required, but before having recourse to it, milder measures should first be tried. I ordered a pair of stout walking boots, made upon Meyer's principle and furnished with rather thick soles, provided externally with a bar of leather three-eighths of an inch in depth and placed behind the heads of the metatarsal bones. After giving the boots a good trial the patient wrote to me to say: "I have had *no discomfort* since you had the piece put on the sole."

**CASE II.**—A gentleman, æt. 35. General health good, but has had "rheumatism," father gouty. Two years ago when fishing in "waders" the patient felt some gravel inside the sock of the left foot and felt a pain which started inside the base of the little toe (*i.e.* opposite the head of the fourth metatarsal bone) and radiated up the outer side of the leg and thigh. From that time the pain has continued to come on periodically, and in the leg it has latterly been constant. In bicycling the pain not only radiates up the leg and thigh, but is felt in the arm. After standing long the patient described the pain as excruciating, and it was often with extreme difficulty that he was able to perform his duties as a clergyman.

On examination I found the second, third, and fourth toes were slightly hyper-extended at the metatarso-phalangeal joints, and the pain was started by pressing behind the head of the fourth metatarsal bone. The same measures that were successful in Case I. gave no relief in this instance, so I decided to remove the head of the fourth metatarsal bone. This I did through a dorsal incision, removing part of the extensor tendons of the toe, the head of the bone, and dividing the flexor tendons of the toe in turn. Four weeks after the operation the patient's medical man wrote to me to say, "Mr. X's toe is easy, but there is no movement in it. The patient gets about very well." I last saw the patient five months after the operation. The fourth toe was straight, and both flexion and extension movements were normal. There had been no return of the pain after the operation, and the tenderness was completely removed.

In my experience these cases are equally common in hospital and in private practice. The operation of removing the head of a metatarsal bone is, of course, not a severe one. Care must, however, be taken to prepare the foot for a day or two before operation; and after cutting off the head of the bone the lower angle of the proximal end must be well rounded off.

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### HEY'S INTERNAL DERANGEMENT OF THE KNEE-JOINT. (a)

By JOHN KNOTT, M.D., Ch.B. (Univ. Dub.)

(*Concluded from page* 582.)

**WITH** regard to the other form of displacement, in which the semilunar cartilage alone is said to alter its position without the application of extreme violence, or the co-existence of extensive laceration of the other fibrous structures which enter into the formation of the joint, I look upon its occurrence in the normal anatomical state of the parts as a physical impossibility. Any anatomist who has taken the trouble to test the strength of the cornua which fix the cartilages to the head of the tibia, not to mention the accessory fastenings afforded by the coronary, jugal, and tertiary crucial bands, and the adhesions to the capsular (and internal lateral) ligament, will have, I think, but small faith in the evidence of a displacement engaging a semilunar cartilage only, and produced by a comparatively slight amount of external violence.

In many of these cases the history corresponds pretty closely to the following type:—A slight amount of violence is applied to the foot on its inner side, when the knee-joint is flexed: the ligaments and muscles about the knee—in the relaxed condition tion which corresponds to this posture are, as it were, thrown more or less completely off their guard. A sudden acute pain is at once felt in the joint at the inner side, and the patient is unable to move the leg, which remains in a slightly flexed position, with a certain amount of abduction and external rotation. Sir Astley Cooper, whose description of the ætiology of this lesion corresponds more closely with my experience than that of any writer whom I have had an opportunity of consulting on the subject, has observed it to occur most frequently when a person in walking strikes his toe, the foot being at the same time everted, against any projecting body, such as the fold of a carpet. He also met with a case of the accident in a person who had suddenly turned in bed, when, the bed-clothes not allowing the foot to turn with the body, the condyles of the the thigh bone were believed to slip from the articular cavities formed by the semilunar fibro-cartilages.

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(a) One of the most valuable recent contributions is that by Mr. Robert Jones, Liverpool "Medico-Chirurgical Journal," 1897.

(b) The patient often seeks advice for the treatment of this obstinate and painful corn.

(a) Read in the Surgical Section of the Royal Academy of Medicine in Ireland, April 7th, 1899.

Very few autopsies have, so far as I have been able to ascertain, demonstrated the actual displacement of the semilunar fibro-cartilages of the knee-joint. A specimen was described by Professor Thane in which the external cartilage was found displaced in a dissecting-room specimen. Beid noted a case in which he had discovered (accidentally) in a dead body that the anterior segment of the external cartilage was detached from the tibia, and displaced backwards and inwards. This portion appeared flattened and widened, as if the displacement were of old standing. No history could, however, be obtained.

Verneuil has seen most of the cases of supposed luxation of the fibro-cartilages occur in rheumatic subjects, and would explain the symptoms present by the changes within the joint produced by this disease. He mentions a case in which he took the opportunity of carefully examining the movements of the joint in a highly emaciated patient whom he was treating for some other disease. In this individual, extreme flexion of the knee caused a prominence to form on the outer side corresponding in position and form to the outer margin of the external semilunar fibro-cartilage. Palpation gave, at the same time, a sensation of crepitation, and the patient felt some pain in the corresponding part of the joint. He observes, in conclusion:—"I believe that in my case no luxation of the fibro-cartilage took place, for the mobility of this cartilage is a normal condition. Accordingly, a new element must be added, which I believe to be synovitis."

It is observed by Panas (*Dict. de Méd. et de Chir. Prat.*) that all the cases of luxation of the semilunar cartilages belong to a period when the occurrence of loose cartilages in the interior of joints, and also the existence of arthritis deformans, had still remained unknown pathological facts, and he professes to believe that all the recorded examples of internal derangement of the knee-joint were but misunderstood cases of one or other of these conditions. In this hypothesis he merely corroborates the views that had already been enunciated by Velpeau and by Malgaigne. The latter eminent authority also points out that in the cases in which (as in those recorded by Bassius and Dequevauviller) an abnormal projection was present, and supposed to correspond to the margin of the displaced cartilage, it was found on more careful inquiry that this projection had existed before the occurrence of the injury. In a case observed by himself, the projection had existed in a healthy limb, although to a somewhat less degree.

The fact that "internal derangement" may be confounded with a floating body within the joint was demonstrated in a case reported by Gimelle. This surgeon detailed to the Académie de Médocine (*apropos* of an observation of luxation of the cartilages communicated by Londe) an account of a similar case which he had himself met with, and in which a corresponding diagnosis had been made. The supposed luxation recurred frequently, and the repeated trouble led at length to a more careful examination, disclosing the existence of a foreign body, which was afterwards extracted by Larrey.

The most probable cases of luxation of the semilunar fibro-cartilages that have been recorded are, perhaps, those of Lannelongue and Le Fort (communicated to the Societe de Chirurgie in 1879). The former was that of a girl, æt. 11, who had previously enjoyed good health, and did not appear to suffer from any form of arthritic diathesis. Ten months before entering hospital she had suddenly, while walking with her mother, and without any appreciable cause, experienced a sensation of crackling in the knee-joint. It was not accompanied by any sensation of pain, nor was progression at all impeded. The articular crepitus continued, and accompanied every movement of the joint. Two months later, walking became impeded; but it was not till eight months had elapsed after the original injury that pain was complained of, when it became so acute on any movement of the limb as to render walking nearly impossible. Examination of the joint when at rest gave merely negative results; nothing abnormal could be discovered by sight or touch; there was no displacement and no pain on pressure. When the extended limb was gradually flexed, a crackling sound was perceived as soon as the flexion had attained an angle of about 20 degrees; and, at the same time, a projection formed on the outer aspect of the joint which could be seen and felt.

When the limb was brought gradually back to the state of extension from the position of right-angled flexion, as soon as it had passed through an angle of 20 degrees in this direction, another *bruit* was heard louder than the first, with increased prominence of the tumour, after which complete extension (with subsidence of the swelling) followed without further opposition. The evidence of the hand and ear demonstrated that the bruit and the prominence corresponded to the interval between the outer condyle of the femur and the glenoid cavity of the tibia; while the displacement obvious to the eye on the outer side of the joint apparently implicated the external semilunar cartilage. This prominence formed a transverse ridge, occupying the line of the articulation in the depression on the outer side of the ligamentum patellæ; it was best marked in front, and gradually lost when traced backwards. When the finger was placed on the skin just before the formation of the swelling, it was found to be suddenly elevated with a peculiar vibratory sensation, which conveyed the idea of an elastic band. It was compared by Lannelongue to the elevation of the skin produced by the pulsation of a large artery. After the formation of the swelling it remained till the second joint indicated the reduction of the displacement. On the inner side of the joint all was normal. The reduction only was accompanied by marked pain. In this case Lannelongue considers that the only explanation of the phenomena which can be offered is that afforded by admitting the existence of a subluxation of the external semilunar fibro-cartilage. There was no evidence whatever of arthritis deformans; and he believes that the idea of a foreign body is out of the question, as the latter could not always persist in reproducing an identical deformity.

The case of Le Fort possesses a special interest, as it occurred in his own person. The original cause of the accident, as the sufferer himself observes, presents but few poetic details. This eminent surgeon happened to be in occupation of a position similar to that which the author of "Gulliver's Travels" leads his readers to infer was assumed by his hero after modestly retiring between two leaves of Brobdignagian sorrel. On this occasion the professor, while resting on his feet, with both hip and knee-joints strongly flexed, suddenly experienced a distinct sensation of displacement in the outer part of the right knee-joint. When he raised himself from this posture the knee remained flexed, but a powerful effort restored it to the extended position. This effort was accompanied by acute pain, and a loud crackling sensation, as if some displaced object had suddenly returned to its place. All pain instantly disappeared, and freedom of movement was completely restored. The lesion subsequently reappeared on almost every occasion on which the knee was forcibly flexed, so that this movement had to be studiously avoided.

The above cases afford perhaps the strongest circumstantial evidence which I have been able to find of subluxation of a semilunar fibro-cartilage from slight or indirect violence.

An interesting case of injury to the knee-joint was communicated to the Pathological Society of Dublin by the late Professor R. W. Smith (Feb. 4th, 1865), in which the fibro-cartilage appeared to have been displaced by a very unusual form of direct violence. It occurred in a boy of sixteen, who had been wounded in the knee by a hackle-pin, the sharp, curved point of which penetrated the joint on the inner side, and close to the line of the long saphena vein. The boy fell backwards, and the hook tore its way out. Escape of synovial fluid was followed by very severe inflammation, which yielded completely to treatment. On recovery, a certain amount of stiffness of the joint remained, the limb tended to remain somewhat flexed, and a distinct projection was found in the position of the wound, which presented a curved outline, was somewhat elastic to the feel, and, manifestly, was not of an osseous nature. The diagnosis in this case was that the hook which penetrated the joint had fixed itself in the internal semilunar fibro-cartilage, and in tearing its way out had displaced this structure from its normal position. The possibility of a certain amount of displacement accompanied by laceration in such a case, cannot, I think, be questioned. The evidence afforded by the other cases quoted, as well indeed, that derived from the less important examples which we have found recorded by various surgical authorities, is not so conclusive.

Sir Astley Cooper observes that "under extreme degrees of relaxation, or in cases where there has been increased secretion into the joint, the ligaments become so much lengthened as to allow the cartilage to glide upon the surface of the tibia, and particularly when pressure is made by the thigh bone upon the edge of the cartilage. The cartilages which receive the condyles of the os femoris are united to the tibia by ligaments, and when these ligaments become extremely relaxed and elongated, the cartilages are easily pushed from their situations by the condyles of the os femoris, which are then brought into contact with the head of the tibia; and when the limb is attempted to be extended the semilunar cartilages prevent it." There can be, I think, no reasonable ground for refusing assent to these views—as in the case of extreme relaxation of the ligaments, the existence of which was pre-supposed by this distinguished authority, the parts of the semilunar cartilages between their cornua must of necessity be very freely mobile, and comparatively easily displaced. But the case of a previously healthy joint is a widely different one; and, as I understand the phrase, "internal derangement of the knee-joint" deals with the latter only.

Before summarising my conclusions as to the state of things existing in the more typical forms of Hey's internal derangement of the knee-joint, I will relate the causes, symptoms, and treatment of the lesion as it has repeatedly occurred in my own person. It has always been the result of *indirect*, and, in every instance, *very slight* violence. The force has always been applied in such a direction as to produce rotation at the knee-joint—when already more or less flexed, and with the parts about the joint as relaxed as possible—when, indeed, if the expression be allowable, the muscles were almost or wholly off their guard. It has never occurred to me when the limb was in a decided state of active movement. My first experience of the lesion occurred when a boy of about twelve, as I was slowly sauntering along a country pasture-field, I lightly struck the inner side of the point of my shoe against some elevation in the ground, and was instantly brought to a standstill by pain of an agonising character developed in the interior of the right knee-joint, and on the inner side. Besides the pain, I experienced the mingled sensations of fright and helplessness (as I was alone) to a degree which I have never forgotten. I soon reached the ground by what, I think, may be best described as a mixed movement of sitting and falling. The joint was slightly flexed, the leg slightly rotated outwards, and all will to attempt, and power to carry out, voluntary movement of the limb at the knee were absolutely lost. As this accident occurred many years before my initiation into the mysteries of anatomy, I need hardly say that I made no observations on the position of the bony prominences about the affected joint. But I very quickly applied my hands to either side of the knee, and instinctively made as strong pressure as I was able, with the vague hope of diminishing the pain. The continuance of the pressure had the effect of diminishing the flexion of the joint a little; when, suddenly, I felt an exacerbation of the pain, followed by a loud clucking sensation, which was conveyed both to hand and ear. This sound was followed by instantaneous and complete relief. No sequelæ followed. But the lesion frequently reappeared, from similar causes, and always yielded to the same treatment. It has also occurred when, in moving the right foot under a table, the inner side of the great toe has struck lightly against one of the legs. As at other times, this has occurred only when the knee was flexed, and the muscles which act upon that joint entirely relaxed. The total number of my personal experiences of this lesion would amount, I believe, to at least a couple of score. By exercising the greater caution which those painful experiences have taught me, I have for some years escaped its recurrence; but have from time to time been made to feel that the symptoms had narrowly escaped development

When I became a medical student, I naturally felt a good deal of curiosity about the slighter lesions of the knee-joint, but it was some time before I heard enough to send me to Hey's original paper. I there at once recognised a description of what I had myself experienced. The hearsay descriptions with which I had been previously acquainted had not given me the same impression. I embraced the first of my opportunities after this enlightenment to inform myself of the probable nature of the "internal derangement of the knee-joint," and have since been often able to make a hasty examination of the outlines of my own joint while still *deranged*. The evidence afforded by manipulation has added all its weight to the negative opinion which I soon formed from other considerations—that the semilunar cartilage has never in my case, nor in any corresponding case, been displaced from its tibial attachments. Two prominences could on such occasions, be detected on the inner aspect of the joint, one directly internal, evidently formed by the inner border of the internal condyle of the femur, and another, lower down and somewhat to the front, found on the inner side of the ligamentum patellæ, and presenting a better defined margin. This border, I have no doubt whatever, was formed by the superior margin of the semilunar fibro-cartilage, still attached to the upper end of the tibia.

Accordingly, my explanation of the nature of this lesion, which I look upon as a typical example of Hey's internal derangement of the knee-joint, is that by the combined slight rotation and external flexion—if I may be allowed to coin a new term—given to the leg, the tibia, with its adhering internal cartilage undergoes a process of subluxation. The articular end of the condyle being *jerked over* the upper edge of the latter structure, and there becoming hitched, the tibia has its upper extremity locked in a position of slight displacement forwards and outwards.

A similar rotation of the leg in the opposite direction, and an analogous displacement of the outer condyle constitute, I believe, the actual lesion in the comparatively rarer form of "derangement" which affects the outer section of the knee-joint. This relative infrequency is, to my mind, quite satisfactorily explained by the greater mobility of the external cartilage, and the existence of strong femoral attachments, which secure its adaptation to the varying positions of the outer condyle.

Such I believe to be the only form of displacement which can occur in the previously normal knee-joint as the result of slight or indirect violence.

The lesions which occur in pathological conditions I have designedly excluded, as I do not think that they should be examined under this head.

In concluding this rather lengthy communication I feel it to be my duty to apologise to my hearers for taxing their patience so heavily in a somewhat egotistical attempt to throw a critical light on an item of surgical mythology; and to reiterate with renewed emphasis the statement that an *immediately reducible* displacement of a fibro-cartilage of the normal knee-joint, such as most people seem to understand by "*Hay's internal derangement*," has never yet occurred.

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## Paris Clinical Lectures.

# CONVULSIVE TWITCHING.

### By Dr. GILLES DE LA TOURETTE.

[Reported by our French Correspondent].

The patient to whose condition I call your attention is twenty-two years of age. A few days ago she came to the hospital accompanied by her child and her sister, suffering, according to her statement, from St. Vitus's dance, which, from the spasmodic movements of the muscles of the face and of one half of the body, appeared at first sight, not improbable. Let me give you, however, the description which she herself gives of her condition:—Delicate in her childhood she was seized when she was eight years old with involuntary movements of the muscles of the face and soon afterwards her arms were similarly affected, so that she could only feed herself with some difficulty. Her parents brought her to the Trousseau Hospital, where chorea was diagnosed, and she was submitted accordingly to the arsenical treatment. At the end of two months her condition had so much improved that she was able to return to school. Two years later the same symptoms reappeared but did not last long, and a year subsequently she was attacked for the third time. She was treated then by antipyrin, and with some success, but the affection continued to return with more or less frequency, and according to her story, the present is her sixth attack. During these fourteen years the physicians whom she consulted, and they were many, all agreed as to the nature of the affection—chorea—and treated her by arsenic and antipyrin.

Such is *grosso modo*, the clinical history related by the patient, and as you have observed, her remarks were accompanied by involuntary movements of the face and of the left side of the body. I must confess, however, with all respect due to the clinicians who pronounced the case to be one of chorea, whose prescriptions she showed me, my first impression was that the diagnosis required revision, and this for the following reasons:—

In the summary statement made by the patient there was no question of nervous seizures; moreover, on close inspection of the muscular twitching one sees no rhythmical movement, we may consequently eliminate the affection known as hysterical chorea. Now, chorea, when it presents itself in a patient twenty-two years of age, is always of hysterical origin, the true chorea, that first described by Sydenham, never makes its appearance after the age of fourteen or fifteen. On the other hand, we must bear in mind that chronic chorea sometimes, though rarely, commences before that age, and the patient affirms that she had her first attack at eight years of age.

Such were the reflections which came into my mind, and my suspicions were confirmed by further information supplied by the sister of the patient.

This woman declared that the twitching in the face had never totally disappeared since the age of eight, that her sister was in the habit, when worried by her child, of using bad language instead of making use of the ordinary expressions of vexation and reproof quite regardless of the presence of strangers. She had been frequently remonstrated with for using this bad language, but seemed to be unable to check herself. From that moment my mind was made up, and in lieu of the diagnosis of chorea, at once came to the conclusion that the case was one of convulsive twitching. It was in 1885, at the instigation of my regretted master, Professor Charcot, that I undertook the description of this affection. I sought to prove in my essay that the class of affections grouped under the name of chorea was far too comprehensive, and that it was necessary to withdraw from that group an affection not previously identified, which is in many respects similar to the chorea of Sydenham, with which indeed it had always been confounded. This affection begins in childhood and develops in the same way as true chorea, at least in appearance, under the form of attacks of incoordinate movements of a certain duration, In contrast with what obtains in true chorea, patients suffering from the affection under consideration, are able to some extent to control and even, for a short time, to inhibit the twitchings of the muscles by an effort of the will. Further, once declared, this affection dogs the footsteps of the sufferer throughout life.

A year later, M. Guenon completed the description of the symptomatology. He remarked that the "twitchers" almost always presented a certain degree of mental disturbance bordering on degeneration. Down to 1885 our knowledge of the malady was of the most summary, but during the lest few years it has been the subject of numerous investigations.

We will now inquire into the distinguishing features of this affection, which, as I have already mentioned, is so frequently confounded with the chorea of Sydenham. Towards the age of seven or eight, a child, boy or girl—for the two sexes seem to be equally attacked—whose nervous heredity is almost always well marked, presents involuntary muscular twitchings which sooner or later attract the attention of the parents. These twitchings are usually localised at first; they affect in preference the muscles of the face, twitching the eyelids, twisting the mouth with rapid and sudden movements of the lips. Sometimes these symptoms are accompanied by expiratory laryngeal sounds which later on assume a peculiar character. These phenomena may remain for a long time localised to the muscles of the face, but under the influence of causes difficult to define, the movements extend to the muscles of the shoulders and of the upper extremities. In the majority of cases the twitches do not present the systematic character of true chorea, and that fact is an important point in the differential diagnosis. Again, under the influence of the will, the convulsive movements can be arrested for a time, brief though it be, but they then recommence with greater intensity. I have alluded to an expiratory sound emitted by the larynx, a fact which shows that the muscles of that organ are also affected by the malady. This sound often consists of syllables like "hem," "oh," "ah," but as the patients advance in years words are pronounced, generally without meaning, but sometimes they are coarse and even licentious. A lady of Rouen brought me her son, æt. 10, to consult me for convulsive twitching, and told me that the boy had the habit of using words of the coarsest description in spite of all she could do to break him of the habit, so that she could no longer take him out for walks in frequented places. One of my colleagues related to me the case of a girl of 12, belonging to an excellent family in the south of France, who was constantly making use of a filthy expression. This, of course, very much upset her parents, who engaged a governess for the express purpose of breaking her of the habit, but it was of no use, the child continued to use the expression, and even seemed to take pleasure in so doing. Unless the word is of a filthy nature it would appear to have no value in respect of the diagnosis. It is true that the morbid stigmata does not show itself generally until the patient has arrived at the age of puberty, the case above mentioned being exceptional in this respect. The prognosis of convulsive twitching can never be favourable, as a complete cure is not to be hoped for; the intensity and the frequency of the paroxysms can be reduced by appropriate treatment, but it is impossible permanently to arrest this morbid condition which has become, in a sense, inherent to the individual. Treatment should be exclusively of a moral order.

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# Clinical Records.

## A CASE OF HÆMORRHAGIC INFILTRATION OF THE MYOCARDIUM WITH INTERSTITIAL MYOCARDITIS. (a)

Under the care of Dr. John H. Larkin.

The patient was a man, æt. 37, who was admitted to Bellevue Hospital, January 16th, 1897, with the following history:—He had always been in good health till three weeks ago. He never had rheumatism; did not use beer or whisky. Four weeks ago, on December 18th, 1896, he caught cold, but kept on working. For a week he was troubled with severe pain about the heart; the pain was not made worse by inspiration; it was of a lancing character, not constant. The pain still continued, but was not so severe as at first. On December 25th, three weeks ago, he had to stop work on account of shortness of breath and feeling sick generally. Dyspnœa, which was at first noticed a month ago, had gradually increased. He had had orthopnœa for three weeks. He had cough, with profuse expectoration. On January 14th he raised about one-half an ounce of blood. His feet were swollen. His temperature was 100 degs. F.; pulse, 116; respiration, 28. On examination the heart sounds were feeble and rapid. There was no murmur. The heart was enlarged; the impulse was in the axillary line, sixth interspace; the sounds were more distinct at this point. There were pleuritic râles over the cardiac region and the right base posteriorly. The pulse was small, weak, and rapid. When lying down there was pulsation of the vessels of the neck up to the lobe of the ear; when he stood erect, only half-way up, a harsh, short, diastolic murmur, most marked over the sternum, developed. On January 29th the patient was out of bed three times during the night. On the following morning, while sitting up in bed, he became unconscious, with twitchings of the entire half of the body, including the neck muscles but excluding the facial ones. There were yawning and lateral nystagmus, with diminution of the pupil of left eye. He had Cheyne-Stokes breathing. He died shortly afterward. At the autopsy nothing abnormal was noticed in the brain. The lungs were normal. The heart was slightly increased in size. There was no valvular lesion. In the wall of the left ventricle was a dark area, which contrasted sharply with the surrounding pale heart muscle, extending from the endocardial surface to about 3 mm. from the pericardial surface. The cardiac muscle in this area was dark and quite soft and depressed below surrounding muscle. A cross section showed the darkened area to be about 2 cm. long. The spleen was large and congested. The liver was in a state of chronic venous congestion. The kidneys showed a large congested surface; granular markings were not evident. Microscopical examination of the heart showed that the muscle in the infarcted area had been replaced by hæmorrhagic extravasation. Scattered through this blood-clot were remnants of dead heart-muscle cells, without nuclei, many containing larger and smaller vacuoles. At the periphery of the area was a narrow band of newly-formed fibrous tissue, with thin-walled blood-vessels and œdematous stroma. In places this tissue had proliferated between the muscle fibres so that it made a solid mass; and aside from the lesion proper it looked not unlike spindle-cell sarcoma. Changes in the coronary artery from the same case showed extensive obliterating endarteritis. There was great thickening of intima, with secondary degeneration and calcification.

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# Transactions of Societies.

## OBSTETRICAL SOCIETY.

Meeting Held Wednesday, June 7th, 1899.

Mr. Alban Doran, F.R.C.S., President, in the Chair.

### SARCOMA OF UTERUS.

Dr. W. S. A. Griffith read brief notes of two cases of sarcoma of the uterus, both of which he had had under consideration for a considerable time. *Case* 1.—The patient, a woman æt. 52, was first seen in March, 1897. She had had several children the last nine years previously. There had been no menstrual irregularity until two years previously, but she then began to lose rather profusely, and this increased in amount. Twelve months before there was a flooding. A month before her seeing him she had a second flooding. Pain was never a prominent symptom. The hæmorrhage was always followed by relief of what she called pelvic discomfort. Quite recently she had complained of sharp pain in her womb, accompanied by a little offensive viscid mucous discharge. The cervix felt hard and irregular, but this was not borne out on actual inspection. He thought it a case of fibroid, and on March 13th he dilated the cervix, and found an interstitial fibroid of the posterior wall. She left well in May, but in September she still had irregular loss slight in amount, and had lost slightly in weight. He saw her again in July, 1898, when she looked well though losing weight. She had a clear blood-stained discharge. He did not see her again until this year when she had still further lost weight, the hæmorrhage being profuse and the uterus distinctly more bulky. He dilated and removed fragments of what proved to be sarcomatous tissue, and on March 23rd he performed hysterectomy. She recovered from the operation, but since then the right kidney had been removed for cyst, but this appeared to be independent of the original trouble, there being no sign of sarcoma in that organ. *Case* 2.—First seen December, 1897; single, æt. 40. Menstruation had been regular since the age of 28. Had lost profusely for the preceding twelve months. For three months there had been much pain, but she appeared otherwise in good health. She became anæmic and emaciated, and the uterus reached three inches above the symphysis. A fibroid was diagnosed, and in June, 1898, he dilated and found a friable sessile mass on the posterior wall sections whereof pointed to a degenerating fibroid. She married against advice six months later. When seen some time subsequently, the uterus reached 7½ inches above the brim, and there was a sloughing fibroid projecting through the vulva and a large mass was removed. The uterus then returned almost to its normal size, but it subsequently re-enlarged, and a polypoid mass was removed which proved to be sarcomatous. She died from septic trouble. The author insisted on the fact that profuse hæmorrhages at the climacteric period were almost always attributable to organic mischief, and ought always to be carefully inquired into.

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(a) Case brought before the New York Pathological Society, April, 1899.

### HYDRAMNION IN CASES OF UNIOVIAL OR HOMOLOGOUS TWINS.

Dr. **Thomas Wilson**, in a paper on this subject, pointed out that although twins derived from separate ova are seven times more common than those derived from a single ovum, hydramnion appears to occur nearly as frequently in the latter variety as in the former. His paper was founded on two cases of uniovial or homologous twins which occurred in the writer's practice, and on twenty other cases collected from various sources. The usual history of a case of this kind is that the patient usually a multipara, for the first few months of a pregnancy goes on normally. Then, usually at the fourth or fifth month and without any assignable cause, rapid elargement of the abdomen begins acutely, and leads in the course of a few days or weeks to extreme distress by reason of the severe pressure symptoms that are set up. The affection ends in nearly every case in premature delivery before the end of the seventh month; in the majority of the cases labour comes on spontaneously; in about 20 per cent. it has to be induced. The contents of the uterus are found to be twin fœtuses of the same sex, one of which is decidedly larger than the other and is enclosed in an amnion containing an enormous excess of fluid; the smaller fœtus is provided, as a rule, with a normal or deficient quantity of liquor amnii. There are a single placenta common to the two fœtuses, a single chorion, and two amnia. The heart and kidneys of the larger fœtus are hypertrophied, often, enormously. Neither fœtus shows any malformation, and the mother is healthy The cause of the hydramnion is found in the relation of the vessels of the two fœtuses to the common placenta. The twin whose vessels run a shorter or more direct course obtains an undue share of blood from the placenta, in which anastomoses take place between the vessels belonging to the two fœtuses. In this way one fœtus grows faster than the other, and its heart becomes not only absolutely but also relatively larger than that of the other; that is to say, its heart becomes really hypertrophied. This leads in some way to increased uptake of fluid in the placenta, and so to increased exudation by this twin This increased exudation takes the form of excessive secretion, certainly from the kidneys. probably from the skin, and possibly also from the portion of placenta belonging to the affected fœtus; and the accumulation of these discharges leads rapidly to enormous hydramnion of the same fœtus. The diagnosis can often be completely made by observing that the signs of a fœtus are limited to a small portion of the circumference of a hydramniotic cyst. The approariate treatment consists in the induction of premature labour by puncture of the membranes. *Case* 1.—Seventh pregnancy; symptoms beginning at the fourth month; labour induced by puncture of the membranes at five and a half months. Larger fœtus, contained in nineteen pints of amniotic fluid, with large heart and kidneys, thick umbilical cord with dilated vessels; smaller twin in separate amnion with normal amount of fluid, umbilical cord long, thin, velamentous; common placenta. *Case* 2.—Third pregnancy; symptoms beginning at three and a half months; labour spontaneous at five months; enormous gush of fluid followed by birth of twins contained in their membranes; larger twin hydramniotic; smaller showing marked atrophy of the wall of the left ventricle; common placenta and chorion. Dr. Wilson demonstrated the second specimen. The patient had been sent in as an urgent case, and while being put to bed there was a gush of fluid and the entire ovum was found in the bed. Both fœtuses were males, one being much larger than the other. In the larger twin the heart was markedly hypertrophied, the hypertrophy specially involving the left ventricle. In the other fœtus the left ventricle was thin (2 mm.) as compared with the 7 mm. of the left ventricle of the other fœtus. The right ventricle of the smaller fœtus was 4 mm. thick, being thus double the thickness of the left. The chorion and placenta were single. There were two cords. That attached to the larger fœtus was thicker, shorter, and attached to the centre of the placenta, while the other was attached to the margin. The placenta was roughly divided into two unequal portions, the larger section belonging to the larger fœtus. Injections showed that there was a good sized vein running from one portion to the other.

Dr. **Spencer** insisted that the diagnosis was often extremely difficult, ballottement being often difficult to obtain. In one extreme case of his own he had obtained it only with the patient in the knee-elbow position. He suggested that before operating in such a case a sound should be passed into the uterus to ascertain its size. With regard to the alleged hypertrophy of the heart he pointed out that the organs of the fœtus varied greatly in size so that it was difficult to affirm that there was actual hypertrophy. He pointed out, moreover that the fœtus contained in the hydramniotic sac was not always the larger, and he had two observations in which the contrary was the case. The author's hypothesis would have to account for hydramnios when there was only one fœtus. In any event, the author's theory did not account for all the cases, and he urged that when there was an acardiac fœtus one would expect the other fœtus to be in a hydramniotic sac. In a well marked case of his own there was twisting of the cord, which he thought might explain some cases of hydramnios. The author's own experiments showed that the fluid might reach the sac *via* the maternal tissues and also *via* the fœtal tissues, so that on the whole the author's theory was rather hazardous.

Dr. **Duncan** said he had only seen two cases of hydramnios, but they were well marked. Both were cases of single pregnancy, and both were males. The last case had been diagnosed by three physicians as ovarian tumour. In this case, as indeed in both cases, it had taken several weeks to make the distinction, but in both instances it was possible to feel the fœtus by placing the woman on her side and palpating both sides of the abdomen. Careful examination in both failed to make out uterine contraction, and that was a point of importance, because in text-books great stress was usually laid thereon. He presumed that the author would not suggest treating any of these cases in the absence of urgent symptoms. In both his cases labour supervened spontaneously at about the seventh month, and recovery in both was uneventful.

Dr. **Griffith** praised the author for having gone into the question of the source of the liquor amnii instead of taking it for granted. In reference to the urinary source of the liquor amnii, he pointed out the objection based on the difficulty of the fœtus overcoming the pressure in the amniotic sac, even supposing that urine was secreted. As to the presence of varying quantities of urea, he pointed out that there were no trustworthy means of ascertaining the composition of the small quantities of kidney secretion available.

Dr. A. Routh asked whether it was not a fact that many cases of acardiac monstrosities were described in which the hydramnios was in the sac of the acardiac fœtus. The author's theory, moreover, did not explain hydramnios with a single fœtus. He asked how it was that in these cases the fœtus was generally puny, generally female, and why often malformed. He himself had been able to detect uterine contraction in two cases at the Charing Cross Hospital, and ballottement was easily obtainable.

Dr. Spencer, in respect of the origin of the amniotic fluid from the fœtal kidneys, added that in a number of cases of new-born infants he had found the ureters greatly distended when there had been obstruction below. If the fœtus did not pass its urine into the liquor amnii it was difficult to explain this distension in the presence of obstruction. Without affirming that this was the source of the liquor amnii, the question was one that required to be answered.

Dr. Griffith pointed out that similar distension had been observed without any obstruction.

Dr. Spencer replied that he did not mean necessarily organic obstruction, which might be absent even in cases of hydronephrosis.

Dr. Griffith urged that the obstruction might be the tension within the sac.

Dr. Spencer rejoined that this would not explain all cases.

Dr. Wilson, in reply, said that on the whole the evidence was in favour of the liquor amnii being at any rate in part derived from the kidneys of the fœtus. His paper only dealt with hydramnion in cases of uniovial or homologous twins, and he did not intend to discuss the subject as a whole. There were many varieties of hydramnios, of which this was only one group, and they required to be studied separately. With regard to the intermittent uterine contraction he said that he had failed to feel it in one instance, but the next day he had seen a wave of contraction.

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## ROYAL ACADEMY OF MEDICINE IN IRELAND.

### Section of Pathology.

Meeting held Friday, May 5th, 1899.

The President, Dr. J. M. Purser, in the Chair.

Dr. Knott exhibited a large series of pathological clavicles.

### ANOTHER CASE OF INFECTIVE ENDOCARDITIS, DUE TO PNEUMOCOCCUS.

The Secretary (Professor E. J. McWeeney, M.D.), described a case of this disease. Into the left auricle projected a greyish friable mass of fibrinous material as big as a large hazel nut, and springing from the aortic cusp of the mitral. The chordæ tendineæ were involved in a mass of similar character, and were much softened and ulcerated. Microscopically and culturally the diplococcus of Fraenkel was the only organism found. The edges of the fibrinous mass contained it in prodigious numbers, aggregated in small circular colonies. Both kidneys were found extensively infarcted, but not the spleen. Two months previously patient had developed a slight consolidation of both bases, consequent on a laparatomy successfully performed for the relief of pyloric obstruction by Mr. Chance. The temperature had been elevated at that time for two days only, and the case was regarded as one of so-called "ether pneumonia." She was discharged cured of her gastric troubles, and re-admitted a month afterwards with the symptoms of ulcerative endocarditis.

### DISLOCATIONS OF THE METATARSUS ON THE TARSUS.

Professor Bennett read accounts of two cases of dislocation of the metatarsus on the tarsus, one of the complete dislocation of the bases of the metatarsals upwards and outwards; the second an example of dislocation of the first, second, and third metatarsals downwards beneath the tarsus.

### CENTRAL SARCOMA OF BONE.

Dr. E. J. McWeeney, commenting on a paper by Mr. W. J. De Courcy Wheeler on this subject, said that the two microscopical sections showed an enormous number of giant cells or myeloplaxes. The tissue resembled normal bone marrow, with an extreme multiplication of the myeloplaxes. The cells were of positively gigantic proportions, and some possessed about a hundred nuclei. The nuclei of many of the smaller round cells showed the mitotic figures, but there was no evidence of the mitosis in the nuclei of the myeloplaxes. As for the proposition of removing such tumours out of the sarcomata, he thought it impossible, for the simple reason that there was an unbroken chain of intermediate links between a round or spindle-celled sarcoma, with a very few giant cells, on the one hand, and a sarcoma crowded with such cells on the other hand. In Mr. Wheeler's specimen there was no tendency whatever to the formation of spicula of bone often characteristically formed in myeloid sarcomata.

The President pointed out that in the marrow of normal bones the cells resembling the myeloplaxes were most commonly met with in young bones, and are very rare in the marrow of adult animals. He thought that the pathological myeloplaxes were something different from the normal giant cells of the marrow, which he looked on as osteoclasts.

Mr. Wheeler, in reply, said there were no bony growths thrown out in the tumour. He raised the ques- whether material like that occurring in the tumour shown by him was taken out of a similar case, could it be possible, seeing that there was so much spindle-celled element, to say positively that it was not a spindle-celled sarcoma, but a myeloid sarcoma.

### TWO VASCULAR TUMOURS OF ABDOMINAL WALL.

Mr. R. Charles B. Maunsell showed two specimens which had been successfully removed by operation. The first was removed from the left lumbar region of a young lady, æt. 22, and had been gradually growing from early childhood. It was large as an adult hand, and on examination proved to be formed of dilated lymphatic spaces, and of the same character as the congenital cystic hygromata of the neck. The second was removed from a baby, 11 months old, and proved to be a venous nævus. It had been noticed shortly after birth when it was not bigger than the head of a pin, and had rapidly grown until at operation it measured 16½ by 11½ cms., and covered fully a third of the baby's abdomen. It was ulcerated and constantly oozing blood. Mr. Maunsell removed it *en masse*, a very little blood being lost during the operation, the patient making an uninterrupted recovery, notwithstanding its tender age.

### PATHOLOGICAL CONDITIONS OF THE TUNICA VAGINALIS TESTIS.

Mr. Fagan, F.R.C.S., showed the following specimens:—

1. A large hydrocele opened longitudinally showing the relation of the tunica vaginalis to the testis, and demonstrating the several coverings of the tunica vaginalis, all of which were clearly shown by dissection. The external spermatic and transversalis fasciæ were thin, the cremasteric fascia thick and strong, and the tunica vaginalis thick. 2. A hydrocele associated with syphilitic disease of the testis. The tumour was removed for pain from a man aged 50 who had syphilis seventeen years previously. The testis felt stony hard, the tunica vaginalis moderately distended; pain was constant and unbearable. 3. A large hydrocele, due to malignant papillary neoplasm of the tunica vaginalis. Growth began first in summer 1898. Hydrocele was tapped twice; filled very rapidly after last tapping, and lost its translucency. Scrotum became purplish and covered with distended veins. No history of injury, syphilis, or gonorrhœa; patient in 66th year and healthy, not even suffering pain from tumour. When tumour was opened a large quantity of yellowish black fluid poured out and the papillary growth became apparent. Castration was

performed April 12th, 1899. Patient left hospital April 22nd.

Professsor **McWEENEY** pointed to the existence of a typical papillomatous carcinoma, originating from an endothelial membrane like the tunica vaginalis. The shape and appearance of the cells was almost identical with those composing a villous papilloma of the urinary bladder.

The **PRESIDENT** said that the specimen referred to by Dr. McWeeney was interesting, because the epithelium covering the sexual glands is, in the early stage, columnar in shape and several layers thick, and grows down to form the tubes of the ovary and the tubes of the testicle, so that the specimen might be a recurrence to the primitive type.

The Section then adjourned.

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## EDINBURGH MEDICO-CHIRURGICAL SOCIETY

### MEETING HELD JUNE 7TH, 1899.

Dr. **WM. CRAIG**, Vice-President, in the Chair.

**MR. SHAW MACLAREN** showed a patient after disarticulation at the hip for injury.

Mr. C. W. **CATHCART** showed a patient after operation for perforated vermiform appendix with general peritonitis.

Mr. F. M. **CAIRD** showed a case of secondary syphilis occurring in a young man who presented undoubted signs of old congenital syphilis.

Dr. **SHERMAN** showed the following specimens:—(1) Malignant pustule; (2) sarcoma of the anterior part of the tempero-sphenoidal lobe, which had produced sudden hemiplegia; (3) calcareous deposit on the epididymis. probably of tuberculous origin; (4) extensive infarcts of the kidney; (5) a tuberculous nodule in the wall of the heart. This was a somewhat rare lesion; only eight cases were to be found in the pathological records of the Sick Children's Hospital for the last ten years. (6) Lungs showing diabetic phthisis.

Dr. **JAMES** read a paper on a case of

### CONGENITAL SYPHILITIC OSTEITIS.

The patient had been under observation for about, eleven years. A step-brother by a former marriage was healthy. By the second marriage there were eleven children, of whom patient was the third. The first and second was syphilitic, and died soon after birth; the fourth, fifth, sixth and seventh were premature, and either died soon after birth or were stillborn. The last four children were healthy. The patient had shown no signs of syphilis—such as shuffles or rash—at birth, but suffered from intestitial keratitis in his second year. When he was nine years old he began to suffer from pains in his arms and legs, and a node developed on the left tibia. Thereafter (in 1892) thickening of the lower ends of both humeri was detected, as well as nodes on the opposite tibia and on the spine of the scapula. Some years later he began to complain of headache, chiefly left-sided, and, simultaneously, twitchings of the right side of the body appeared, associated with transient attacks of unconsciousness. When admitted to hospital the lad was emaciated and apathetic. The right tibia was thickened and narrow, and about ¾ in. longer than the left. The vision was blurred. there were signs of old keratitis, and the optic discs showed fairly well marked papillitis. There was right hemiplegia with occasional clonic spasm. The vessels generally were thickened, and the glands and spleen enlarged. The diagnosis arrived at was hereditary syphilis with nodes which had disappeared and been followed by osteitis (local granlism of tibia), and a gumma in the rolandic area. At the post mortem the tibia was found to consist entirely of cancellous tissue, the medullary canal being absent.

The discussion of the case, both by the speaker and by Drs. John Thomson, Alexis Thomson, and Sherman, centred round the question whether there was anything characteristically syphilitic ("para syphilitic") in such a case of osteitis, or whether (and to this view most of the speakers inclined) the osteitis was merely such as might follow any chronic infection of bone.

# THE GENERAL MEDICAL COUNCIL OF EDUCATION AND REGISTRATION.

## SUMMER SESSION, 1899.

Sir **WILLIAM TURNER**, President, in the Chair.

### FIFTH DAY—SATURDAY, JUNE 3RD.

AFTER the completion of a dental penal case, a report by the President to the Council on

### PROPOSED INCREASED DISCIPLINARY POWERS

was read. It was to the effect that no great progress had been effected in inducing the dissenting licensing bodies to fall into line, and a resolution was agreed to by the Executive Committee approving of the amended clauses drafted by Mr. Muir Mackenzie and requesting the President to forward them to the medical authorities before submitting them to the Council.

Communications were received from the Privy Council enclosing copy of a proposed bill drafted by the Incorporated Association of Medical Practitioners for preventing persons who have been removed from the *Register* from continuing to act as medical practitioners.

Mr. Muir Mackenzie's opinion on the above draft bill was read. It was to the effect that if passed into law it would make it a criminal offence for such persons to continue to practice, which would be introducing an altogether new principle to existing legislation, a departure which would certainly excite strenuous opposition, and for this reason Mr. Mackenzie "could not advise the Council to support such a measure without very careful consideration." He called attention to the absence in the draft of any reference to midwifery, and he concluded by stating his opinion that the clause dealing with the payment to the Council of penalties inflicted under the Medical Acts was not framed in terms which would displace the contention of the metropolitan authorities. On the whole he did not think the bill was one which deserved the Council's support.

### THE EXAMINATION OF THE APOTHECARIES' HALL, DUBLIN.

Then came up the reports from the Examination Committee on the inspection of these examinations. With respect to the examinations in October, 1898, attention is directed to the fact that the Board still manifested caprice in the allotment of marks, and appeared at times to adjudicate the work of candidates too highly. It is added, however, that the Board appears to have made considerable efforts to meet the suggestions of the Council. With regard to the examination in January, 1899, the Examination Committee note that they attracted as a rule men of inferior attainments "who were striving to pass into the profession by reiterated efforts in piecemeal fashion." The examination of April, 1899, consisted in the re-examination of two rejected candidates in a solitary subject of the second examination, and it is noted that these candidates were in process of securing a diploma by piecemeal examinations before different boards in different parts of the kingdom, a system "which could not be too strongly deprecated," and which has, moreover, already been condemned by the Council. With regard to the examination in surgery it is reported that the examination was well and fairly conducted.

### SIXTH DAY.—MONDAY, JUNE 5TH.

The foregoing reports came up for discussion when Mr. **TICHBORNE** objected to the tone in which some matters of fact were stated in the reports, and he criticised the remarks of the two assistant examiners who "rightly or wrongly" appeared to have acted as inspectors.

Sir **DYCE DUCKWORTH** pointed out that they acted as inspectors under the Act.

Mr. **TICHBORNE** moved the omission of the prefixes "one only" and "solitary" as superfluous, and he objected to the retention of certain other words and clauses.

Sir Dyce Duckworth pointed out that the use of the terms objected to was necessary to emphasise the fact that all this machinery had been brought into play for a single candidate. He added that the inspections had cost the Council £307 10s. 8d., which was a considerable amount in view of the paucity of the results.

Mr. Victor Horsley hoped the Council would support the committee, and commented on the expense which the inspections entailed. He suggested that the authorities of the Hall did not realise that they were carrying on the examinations at a loss.

Mr. Tichborne's amendments having been lost by large majorities, the motion that the reports be received and entered on the minutes was agreed to.

Sir Christopher Nixon raised the question whether the Council was to continue to incur the enormous expense of inspection, which he thought was out of all proportion to the results of the examinations.

The President pointed out that the matter referred to was not before the Council, though a motion to that effect could be handed in.

Sir Christopher Nixon did not wish to take up a position which might appear offensive to the representative of the Hall.

### The Standard of Preliminary Examinations.

Sir John Tuke brought up the recommendations contained in the interim report for adoption. He explained the steps that had been taken to give effect to the Council's reference to the Committee, and stated that the replies received showed that the question was more complex than it at first appeared. While, on the other hand, it was stated that the proposed raising of the standard to the level of the senior local examination could be brought into force in 1905, the opinion was expressed on the other hand that, if not absolutely impracticable, it would not be practicable for many years to come. The Board of Delegates of Local Examinations of Oxford for instance, thought the proposal unwise unless it is intended to discourage candidates from beginning their medical studies until the age of eighteen. Notes of warning had reached them especially from Owens College and from Ireland. Another point raised was that the relative value of certain of the preliminary examinations accepted by the Council was not well defined. It was suggested that three men should be appointed, one for each division of the kingdom, who would take cognisance of the plans and regulations of the various bodies in order that they might see whether they are in accordance with the regulations of the Council. The experts and advisers might hold a conference with the Education Committee and draw up a report which he thought might enable the committee in November to suggest a course by which a system for gradually raising the junior examinations could be established.

The President then moved the adoption of the recommendations extending the period of reference and providing funds (£100) for obtaining expert assistance. This was carried.

### Report of the Midwives' Bill Committee.

Sir Richard Thorne read the report, which embodied a number of criticisms on the draft Bill. It is urged that the term "natural labour" should be retained, as otherwise women would be licensed to attend for gain cases of abnormality or disease connected with parturition. It is suggested also that it should be made penal for a registered midwife to employ an unlicensed substitute, and prohibiting such registered midwife giving certificates of death or still-birth. It is urged that it ought to be made clear that the rules passed by the Central Midwives' Board should not be valid until approved by the Council, and the use of the term "qualifications" is deprecated as likely to lead to misapprehension. It is suggested that the local sanitary authority should take part in the local administration of any such Act, and attention is called to the "imperative necessity" of making provision for qualified medical assistance in all abnormal cases. Speaking on the Bill generally the committee advise that the term "license" should throughout be restricted to the permission granted by the local supervising authority to practise in a given area and that the document granted by the Central Board should be termed a "certificate." Further suggestions are made in respect of the expenses which Council or a committee might incur in connection with such bill. The committee accordingly recommend that the Privy Council be informed that the Council are unable to approve the Bill unless it is recast in accordance with the suggestions made in the report.

Sir Richard Thorne said there was one important clause in the report in which he had been in the minority so that he could not propose the adoption of the report as it stood. After some discussion an amendment deleting the paragraphs concerning the sanction by the Council of the rules formulated by the Central Board was agreed to. The report was accordingly amended and in its altered form was directed to be forwarded to the Privy Council.

### Medical Aid Associations.

A report by the committee appointed to consider this subject was received. It embodies a narrative of the various steps that have been taken to investigate the practices complained of, and the committee suggest to the Council that, as the result of their protracted inquiry, "the evil is great enough to justify the expression of strong disapproval" by the Council of touting and advertising for the purpose of procuring patients in the medical aid department, and of any sanction to such methods by registered medical practitioners. A resolution to this effect was suggested for adoption by the Council.

In moving the adoption of the report Dr. Glover explained the action of the committee in respect of the proposed Board of Conciliation which he thought was the only practical course, and one which, it was to be hoped, would do much to remove the misunderstanding that had hitherto existed.

Mr. Horsley asked the Council to vote against the report, urging that they ought not to arrive at any conclusion without ampler information. He thought the report went too far, and he warned them against doing anything that might imperil the dignity of the Council or curtail its proper functions.

Mr. G. Brown, on the other hand, thought the recommendation was worthy of a trial.

In reply to a question by Mr. Horsley, the President mentioned that in May, 1898, the Friendly Societies had a membership of 213,917, employing 75 medical officers, with an average of 2,849 members for each medical officer.

Mr. Carter thought the proposal could do no harm, and might do good.

Mr. Bryant, Dr. Leech, and Mr. Teale supported the recommendation, but Sir Richard Thorne hoped that the representatives of the Council would take no part in the formation of any such Conciliation Board, if constituted. Though possibly very desirable he thought it would be a dangerous step for the Council to take.

Dr. MacAlister approved of the recommendation, but Dr. McVail wanted to know more about the subject. He urged that its adoption might lead to disputes with persons who would probably have to come before the Council to defend themselves.

After a long discussion on a rider to the resolution deprecating any participation by members of Council in the formation of such a Conciliation Board, a resolution was ultimately carried *nem. con.*, declaring that the Council approved of the proposal to form a Conciliation Board consisting of representatives of Friendly Societies and medical men, on the understanding that the Council should not take part officially in the formation of the Board.

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## SEVENTH DAY—Tuesday, June 6th.

### Medical Aid Associations.

Resuming the discussion on Medical Aid Associations the President pointed out to Dr. Glover, chairman of the committee, that no means had been suggested whereby the Council could take action in the matter, and he asked him whether he would not supplement his motion by suggesting a course of action.

After some discussion, Dr. **Glover** proposed that a copy of the resolution of the Council passed on the previous day should be forwarded to the chairman of the committee, to the representatives of the friendly societies, and to the various professional bodies and members of the profession who had memorialised the Council on the subject.

This matter was ultimately postponed.

On the recommendation inviting the Council to declare that it "strongly disapproved of medical practitioners associating themselves with medical aid associations in which touting and advertising for the purpose of procuring patients is practised," Mr. **Brown** asked Dr. Glover to substitute the terms of a motion standing in his own name to the effect that the Council "regarded as unprofessional" such conduct.

Dr. **McVail** pointed out that if they were prepared to take action against the persons referred to, then they should pass the motion, but he objected to the Council's merely endorsing a pious opinion.

Dr. **Glover**, after some further discussion, said he wished the resolution to contain words sufficient to give notice that if persons lent themselves to such systems the Council would be prepared to use its disciplinary powers for the correction and removal of such persons. Ultimately the resolution was carried unanimously in the following terms:—"That the Council strongly disapprove of medical practitioners associating themselves with Medical Aid Associations, by which systematic canvassing and advertising for the purpose of procuring patients are practised.

### The Allocation of Fines under the Medical Acts.

Dr. **Glover** brought up the report of the Penal Cases Committee on this subject, advising a test action. This was discussed *in camera*.

### Additional Qualifications on the Colonial List.

The Council next proceed to discuss a communication from the Privy Council bearing on the claim of Miss Rachel Cohen, M.B., Calcutta, registered in the *Colonial List*, to have added thereto the F.R.C.S I. which had been refused by the Executive Committee on the ground that the applicant could not register her higher qualification on the *Colonial List*, the committee's action being based on an opinion by Mr. Muir Mackenzie.

Mr. **Horsley** moved that Miss Cohen's request be acceded to.

Mr. **Muir Mackenzie** admitted that his first opinion had been arrived at without a full knowledge of the facts, and ultimately it was decided to accede to the request and to direct the Registrar in future to register additional or higher qualifications on the *Colonial List*.

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## EIGHTH DAY.—Wednesday, June 7th.

Mr. **Carter** made some caustic remarks on "the unbounded eloquence of certain members of the Council," two of whom, he said, had in five or six days made 133 speeches, thus unnecessarily prolonging the duration of the session. He ironically suggested that no member should speak more than three times on each motion.

The **President** announced that *in camera* the Council had decided to restore the name and qualification of Mr. Alfred Freeman to the *Register*.

### The Hunter Case.

Mr. **Horsley** raised the question as to the presence of the Council's legal advisers on this occasion saying that it was not right for anyone to question the procedure of their legal advisers without it being arranged for them to be present.

The **President** said that both legal advisers preferred not to be present.

After prolonged discussion, during which Mr. **Horsley** moved the adjournment of the debate in order to put himself in order, it was decided that the legal Assessor and Solicitor of the Council be asked to attend a meeting of the Council oh Thursday when the proceedings, *re* Mr. Hunter, would be discussed.

### Inspection of Higher Examinations.

Mr. **Horsley** moved that the Council should record its opinion that under Sections xviii. and xx. of the Medical Act, 1858, the duty is imposed on the Council of inquiry into, and securing, as far as possible, the efficiency of any examination which confers a registrable qualification mentioned in Schedule A of the said Act. He denied that Section iii. of the Medical Act, 1886, had any bearing on the point at issue.

The **President** asked Mr. Horsley whether he held that the Council would be entitled to refuse to put on the *Register* as an additional qualification a fellowship conferred without any examination?

Mr. **Horsley** said this had no bearing on the point, though it was one well worthy of discussion. He was not aware that the Council, in expressing its recognition of any fellowship had ever laid it down that it was to be secured by examination.

Dr. **MacAlister** thought that Section 20 of the 1858 Act limited the qualifications to those obtained after a course of study and examination.

Mr. **Carter** pointed out that the examination out of which this question arose had ceased to be a registrable qualification since 1896.

The motion was put to the vote and declared to be lost, 9 voting against, 7 for, 12 did not vote, and 2 were absent.

### The Appointment of the Legal Advisers.

In response to the request of Mr. **Horsley**, the Registrar read the minutes of appointment by the Council of the Legal Assessor and Solicitor to the Council, and in spite of some opposition the answer was entered in the Minutes.

### The First Year's Course.

Sir **John Batty Tuke** moved that the report of the Education Committee on the regulations of the English and Scottish Conjoint Boards in regard to the first year's course of professional study be received and entered on the Minutes. The questions before the Committee were (1) whether a year of scientific study before registration should *in exceptional cases* be recognised as constituting one of the five years of the medical curriculum; (2) whether a year of scientific study taken *after registration* in an institution of the status and character of an ordinary secondary or grammar school should be regularly recognised as constituting one of the five years required. In regard to the first question the Committee state that experience has justified the protest against the practice, but it is pointed out that in all the Glasgow cases an examination had been passed which would have entitled to registration. With regard to the second question the Committee "regard the system with considerable distrust," and they report that the recognition of teaching institutions where physics, chemistry, and elementary biology are taught, without due inspection, is not in accordance with Resolution II. agreed to by the Council in December, 1894. The Committee suggest that the Council should require that before registration is effected a student should have commenced medical study at an university or school of medicine or at a scientific institution recognised by one of the licensing bodies and approved by the Council. In this way attention would be drawn to any institution to which objection might be taken and approval withheld if thought desirable.

Dr. **MacAlister** thought that registration should only take place in regard to institutions which had been formally brought before the Council and had been approved, in the sense that no objection had been raised.

Mr. **Bryant** said the report contained a principle which, as representing the College of Surgeons of England, he could not for a moment recognise. Most of the institutions had been recognised by the College only after inspection, and if the Council insisted that none should be recognised without inspection, it might be found possible to do so.

Dr. **Church** urged that the demands for registration ought not to be made too severe, and he moved as an amendment that the old form of registration certificate be retained.

Sir **William Thomson**, quoting from the letter of the Secretary of the R.C.S.I., pointed out that according to the recently issued rules and regulations of the Conjoint Board in England it was possible to obtain a medical course of four years in spite of the Council's requirements in favour of five years' course. He urged that it was the duty of the Council to see that their orders were carried out, and he commented on the attitude of a body which, when challenged, declared that it would act as it pleased. He insisted on the importance of the issues before them, and explained that with regard to the schools alluded to the contention was not that these schools were necessarily bad or inefficient for the teaching of science. He appealed to the Council to declare whether a first year at a grammar school was a *bona fide* year of medical study. He asserted that the Council had not intended that the additional year should be a sham, and if they approved of this departure from their rules the only alternative was that they must go back to the four years' system. It was idle to talk of a five years' course when it was not a five years' course. He asked the Council to accept the report, which was put forward as a recommendation and which, he hoped, would protect medical education.

Sir **Christopher Nixon**, speaking as the representative of the Royal University of Ireland, said that body had always rigidly carried out the Council's recommendations, and he asserted that, so far as the Dublin school of medicine was concerned, no school or secondary school professing to teach medical students the subjects of the first year's medical studies would ever be recognised. He expressed surprise at the attitude of the two great corporations, which plainly set the Council at defiance, and he urged that if this were allowed to pass it would possibly have a disastrous effect on other bodies that so far had tried to conform to the Council's directions. He claimed that the different corporations after inspecting these bodies should submit the results of such inspections to the Council for its approval. This appeared to him to be a test case with regard to the power of the Council, and if the Council felt it had not the power it might throw out the recommendations of the Education Committee. If they did so he feared they would undo all the good that had been done in years gone by in elevating the tone of medical education.

Mr. **Brown** cordially supported the committee's recommendations and urged the Council to adopt the fearless of consequences.

Dr. **MacAlister** pointed out that it was not alleged that the conjoint colleges had broken the rules laid down by the Council, indeed they had kept strictly to the letter of the law though they had interpreted the resolutions possibly in a sense not anticipated by the Council.

Dr. **Atthill** said there was a systematic process at work for whittling away at least one of the five years.

The **President** pointed out the corporations had actually submitted a list of institutions, but, as he understood it, they declined to limit their functions to a question of approval by the Council.

Sir W. T. **Gairdner** observed that science had been introduced into the programme of grammar schools to a much greater extent than ever before.

Dr. **Church** asked that his amendment might be put. He pointed out that it was not the desire of the Conjoint Board to run counter to the wishes of the Council, but objected only to the Council's going beyond what they held were its powers. It was not the business of the Council to regulate the curriculum of the Conjoint Board.

The amendment was put to the vote, and lost by 17 to 9.

Mr. **Bryant** complained that his college had not been properly treated, and he moved as an amendment that instead of the committee's recommendation the Council adopt a resolution in the following terms: "That the list of recognised teaching institutions forwarded to the Registrar at the beginning of each year be reported to the next following meeting of the Executive Committee and printed in the Minutes of that committee for the information of the Council."

The amendment was lost by 18 to 8, and the original motion was then carried. There were 18 for, 6 against, 5 did not vote.

The Registrar was directed to call the attention of the licensing bodies to the foregoing resolution.

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## NINTH DAY—Thursday, June 8th.

An official notification was received from the University of Oxford appointing Dr. J. F. Payne its representative, *vice* Dr. Church, who had resigned. Dr. Payne was introduced by Sir Dyce Duckworth.

After a little spell *in camera*, a letter, with documents, from the Secretary of the College of Preceptors was entered upon the Minutes together with the President's reply thereto.

### Report of Pharmacopœia Committee.

The report of the Pharmacopœia Committee showed that 25,255 out of 26,500 copies had actually been sold, so that a re-issue was imminent. Note was taken of the fact that the Legislatures of Queensland and Victoria have sanctioned Acts which provide for the adoption of the British Pharmacopœia therein. It was announced that the Pharmaceutical Societies of Great Britain and Ireland had been invited to appoint representatives to confer with members of the Pharmacopœia Committee, and representatives had been appointed accordingly, and a conference had been held. The Committee suggest that they be authorised to allow the publication of reports received from experts in pharmacy and pharmaceutical chemistry upon matters deemed worthy of investigation. It was mentioned that the India Office and the Colonial Office had agreed to the request of the President of Council that a report upon the Indian and Colonial Addendum should be forwarded to the Indian and Colonial medical and pharmaceutical authorities. It was added that copies of the report had been sent to some 900 authorities and experts, and valuable observations and criticisms had been received in consequence. A committee has been formed in Canada to consider what additions it might be desirable to make in the addendum to adapt the Pharmacopœia to the requirements of the Dominion, and a preliminary report has already been agreed upon.

The report was adopted.

### The British Pharmacopœia Account.

On Mr. **Bryant**'s motion it was decided not to charge the disbursements in connection with the preparation of the Pharmacopœia as part of the annual expenditure, but that a separate Pharmacopœia account should be kept.

### The Finances of the Irish Branch Council.

It was agreed to refer the consideration of the financial condition of the Irish Branch Council to the finance committee with power to take legal opinion.

### Reciprocity of Medical Practice.

The Council then proceeded to take cognisance of the opinion drawn up by Mr. Muir Mackenzie on the question whether the privileges to foreign practitioners could be restricted to the recognition of practice by them among their fellow countrymen only in this country.

Mr. Muir Mackenzie points out that Her Majesty may, by Order in Council, declare that Part 2 of the Medical Act (1886) applies to any foreign country. The effect of such order in Council would be to admit practitioners duly qualified in that country to registration here, and such registration would confer the right to practice medicine in the same way as English medical practitioners. Mr. Mackenzie, consequently, is of opinion that the privileges to foreign practitioners cannot be restricted in the manner indicated in the question.

The opinion as received was entered in the Minutes.

### The Case of the Late Mr. H. K. Hunter.

After an ineffectual attempt on the part of Dr. **McVail** to postpone the discussion, Mr. **Horsley** asked and obtained leave to make a statement with reference to the proceedings taken in the name of the Council against the late Mr. H. K. Hunter, L.S.A. Alluding to the general impression outside that the Council had unjustifiably undertaken proceedings against a duly registered practitioner, he repudiated on behalf of the Council any responsibility of the kind, seeing that the Council as a whole had never ordered that Mr. Hunter should be prosecuted for calling himself a physician, in fact, in ordering the prosecution, the Council was under the impression that the person to be prosecuted was an unregistered practitioner using a bogus American degree. He complained that the Council as a whole had not been placed in possession of the facts of the case by the Penal Cases Committee.

Mr. **George Brown** reiterated the complaint that the Council had not been placed in possession of the facts of the case, and he believed that if the Council had known that the prosecution was against a registered practitioner, they would have hesitated before giving their sanction.

Dr. **Glover** defended the action of the Penal Cases Committee, and stated that the prosecution had not been taken in an unfriendly spirit, and was certainly entered upon without any personal animus. The object was simply to settle a question of law. He concurred in the regret which they must all have felt at the death of Mr. Hunter, but urged that the fact that he had died before the appeal came on was proof that the appeal was not resisted out of animus against Mr. Hunter.

Mr. **Carter** said the committee advised the prosecution simply as a legal test case on the right to make use of the Philadelphia degree. Mr. Hunter had expressed a desire to have the matter settled, and had intimated his willingness to defend any proceedings on the point. The imputation brought against the Council of having improperly resisted access to documents in this case had, he said, no foundation in fact.

The matter was then allowed to drop.

### TENTH DAY.—Friday, June 9th.

### Reciprocity of Medical Practice.

The question of reciprocity of medical practice in regard to Italian medical practitioners, arising secondarily out of Mr. Mackenzie's opinion (see yesterday's proceedings), came up for discussion on a motion by Dr. **McVail** to the effect that the Executive Committee be instructed to communicate to the Privy Council the tenour of Mr. Mackenzie's opinion on the impossibility of limiting the practice of foreign practitioners to their fellow countrymen, the Committee to add a covering letter indicating the difficulties that surround the recognition of medical graduates in foreign countries over whose curriculum of study and professional examination the Council can exercise no supervision.

This was carried, whereupon Dr. **Glover** moved that a committee be appointed to consider necessary amendments in the Medical Acts.

Dr. **MacAlister** and others opposed the resolution on the ground that the Council should leave the initiative in this matter to persons outside the Council. Ultimately the motion was rejected by a narrow majority.

### Appointment of Examiners.

Mr. Stoneham was appointed assistant examiner to the Society of Apothecaries for five years *vice* Mr. Bernard Pitts.

It was also agreed to reappoint the present assistant examiners in surgery at the Apothecaries' Hall, Dublin, for one year.

### The Issue of Unauthorised Diplomas.

The Council then proceeded to take into consideration the various memorials addressed to it in reference to the issue to persons not medically registered of certificates or diplomas testifying or implying proficiency in particular departments of medicine, surgery or midwifery.

Mr. **Bryant** brought up for adoption the recommendation of the Executive Committee absolving the Council from any present action in respect of certificates in midwifery in view of pending legislation, and stating that the Council, though it exercised no jurisdiction over spectacle-makers, would be prepared to consider any properly substantiated charge of improper conduct made against a registered practitioner with reference to the subject.

Mr. G. **Brown** moved an amendment to the effect that the matter be referred to a special committee to report to the Council in November next. He emphasised the importance, as matter of investigation, of the view that the assistance of medical men gave a quasi-medical character to diplomas conferred by outside bodies.

Mr. **Horsley** seconded the amendment, and insisted upon the importance of the complaints embodied in the memorials.

Mr. **Carter** urged that the Spectacle Makers' Company was only endeavouring to assist spectacle makers in acquiring a knowledge of the mechanical part of their business. He thought that the Council would be going outside its province if it took any action in the matter.

The amendment was rejected by a large majority, and the original motion was then passed.

### Midwives Committee.

The Midwives Committee was reappointed, with instructions to watch any further legislative action that might be brought forward.

The Committee on Medical Aid Associations was also reappointed.

### Dental Report.

A report of the Executive Committee (Dental) was approved embodying the following supplementary notice:—"Any registered medical practitioner who knowingly and wilfully assists a person who is not registered as a dentist in performing any operation in dental surgery, either by administering anæsthetics or otherwise, will be liable to be dealt with by the Council as having been guilty of infamous conduct in a professional respect."

On the motion of Sir J. **Batty Tuke**, the senior examination of the Welsh Intermediate Board was added to the list of preliminary examinations qualifying for entrance to medical study.

After the transaction of the usual formal business incidental to the *fin de session*, the Council deliberately broke up.

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## France.

[FROM OUR OWN CORRESPONDENT.]

Paris, June 10th, 1899.

### Cacodylate of Soda.

At the Académie de Médecine M. Gautier spoke at length on the properties of cacodylate of soda, which he employed as a substitute for mineral arsenic in anæmia, intermittent fever, and in consumption, with considerable success. Cacodylic acid, he said, was rich in arsenical principles, since it contained 54 per cent. of metallic arsenic; but the arsenic is in this product in an essentially latent organic form, which deprived it of all the physical, chemical, and physiological properties of the ordinary arsenical preparations. It was evident indeed, that cacodylate of soda was not an ordinary arsenical composition, inasmuch as this salt reduces gradually but regularly the fever of phthisis, as he has observed in three cases, at the same time, stimulating assimilation, and rapidly increasing the weight of the body. Further, the stomach supported indefinitely from two to four grains daily, whereas they all knew that many patients could not take even the smallest dose of mineral arsenic. However, in cases of pulmonary consumption he thought that the best method of administration of cacodylate of soda consisted in hypodermic injections; the dose should be from half a grain to one grain in the twenty-four hours during eight days, after which there should be a rest of a week, and then continued for another week. The attendant would be guided by the state of the appetite and the temperature; if the former declined and the thermometer went up, the injections should be recommenced.

### Tuberculosis of the Testicle.

M. Delbet treated the subject of the treatment of tuberculosis of the testicle at the Société de Chirurgie. He considered from examinations he had made that the

Highmore bodies were frequently the seat of the disease and that these could be easily removed without touching the gland, which was much more rarely attacked. Consequently, castration should be proscribed in most cases.

### Formula for Varicose Ulcers.

℞ Phenic acid, ʒss;
Boric acid, ʒij;
Powdered camphor, ʒij;
Ichthyol, ʒiv;
Olive oil, ʒiij;
Zinc ointment, ℥iv.

### The Tongue in Influenza.

M. d'Hotel draws attention to a character of the tongue constituting a pathognomonic sign of that mysterious affection known as influenza. If the malady is observed during the first few hours of its invasion, the tongue may not present any abnormal feature, but the following day it is invariably covered with a white coating more or less thick towards the centre. Later on, according as the affection is of a benign type, or becomes complicated or prolonged, the lingual coating is seen to diminish from the point or on the contrary to remain. This *label* of influenza is in general the last sign to disappear, and it is not rare to observe three weeks after the *début*, a remainder of a whitish triangle at the base of the tongue, indicating that the patient not only has been through the malady, but also that he is not yet absolutely free from the morbid condition, although the general state of his functions may appear regular; an imprudence on his part, a cold, might provoke broncho-pneumonia, gastro-enteritis or some other complication. Another characteristic of this lingual deposit is to redden litmus paper when rubbed on it, and not only during the first days of the malady, but as long as there remains a trace of it on the tongue.

This acidity persists as long as there remains any trace of the fur, and is a natural indication of the treatment which is that of frequently rinsing the mouth with an alkaline solution such as Vichy water, followed by the internal administration of the same. It is evident that influenza cannot be cured more than typhoid fever, but M. d'Hôtel affirms that complications were much rarer where the alkaline treatment was used.

## Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, June 10th, 1899.

Hr. Heidenham, Worms, recited two cases at the Surgical Congress of

### Renal Abscess.

Hr. Kuster, Marburg, could not agree to any distinction between congenital and acquired renal cysts; in his experience all the cases were congenital. He would not decide as to Kronlein's case; but if acquired it was unique. In any case he would warn them against drawing a conclusion from it that nephrectomy was justifiable in cystic kidney. He considered the operation as forbidden under all circumstances. Some successful cures had been reported, but according to his conviction the cure was only apparent, and in all probability the patients died later on. In most of the cases that had been diagnosed as unilateral careful examination showed that the other kidney was not sound, that the disease was progressing, so that removal of the first discovered tumour would be exceedingly dangerous to life. The question was, what was to be done in bad cases of cystic kidney? If on exposing a kidney a cyst was found, the other kidney should be exposed, and nephrectomy should only be performed after ascertaining that the other kidney was sound. The observation had been made that the worst symptoms had often been ameliorated, when the urine became suddenly loaded with foreign substances, a sign that the cyst had ruptured. Nature should be imitated, and the cyst opened, or if several were present, incision should be made in sections, and then sutured up.

Hr. Steiner, Berlin, treated a sixteen year old boy with a right-sided kidney cyst, whilst the left was healthy and not enlarged. A sister had died of bilateral kidney disease. He, like Kuster, was opposed to nephrectomy in cystic kidney, as the kidneys became diseased one after the other, and therefore if the second kidney was normal at the time disease would in all probability follow. Incision improved the general condition very much.

Hr. Muller, Hamburg, related the case of a man who had symptoms of renal calculus. Röntgen illumination revealed the presence of a stone, which on removal proved to be composed of carbonate of lime.

Hr. Samson-Hunelstjerna, Pless, had treated a woman who had suffered from cystic kidney for fifteen years. Large calculi were passed. After a time the pain on that side (the left) ceased, but then pain began on the right. An operation was performed. The kidney was not large, some calculi were seated on the calyx, not in the pelvis of the kidney. Three weeks later an ovarian cystoma was removed, upon which complete recovery took place.

Hr. Küster had a year ago performed double-sided nephrotomy for nephrolithiasis. The patient had suffered earlier from cystinuria; but not latterly, but instead of this pyuria from renal calculus. While in one kidney the calculus was a cystic stone, that in the other was a large phosphatic calculus.

Hr. V. Modlinski, Moscow, reported

### Two Cases of Total Extirpation of the Bladder.

In one case death took place nine days after the operation. The second case recovered. He was of opinion that the operation was indicated:—1. When the walls of the bladder were thickly strewn with tumours. 2. In malignant tumours of the bladder, although the prognosis naturally was bad. The substitute for the bladder he manufactured from the vagina of the woman. With a man the rectum was cut across transversely 5 cm. above the sphincter, the ureters were let in to the lower end. The bowel thus cut across was closed up as to the upper end, and an artificial anus formed in the groin or loin.

Hr. Fritz Cahen, Köln, related the case of a woman who had

### Swallowed a Set of False Teeth.

She was five months pregnant. She was only able to swallow a little water. On passing the sound, 15 ctm. from the mouth opening, it came on to a complete obstruction, The woman also suffered badly from struma, at the lower end of which was a hard resistance with a sharp-edged feel. Attempts to remove the obstruction made by a colleague had been without avail. The question arose whether the hard body felt in the struma was the foreign body or only an ossification of the struma. Against the latter alternative was the fact that on swallowing the raw body moved upwards. But the struma also made a movement, and perhaps communicated it to the foreign body. Œsophagotomy showed that the foreign body was not in the struma, but that the hard resistance was due to calcification. Unilateral strumectomy was then performed and the teeth found at the annular cartilage, they had caused a slight amount of perforation of the œsophagus. A stomach tube was left in after removal and the wound closed by granulation.

Hr. Woermer recorded three cases of

### UNUSUALLY LARGE OVARIAN TUMOURS.

1. On being tapped yielded 30 litres of thick viscid fluid. Later on perforation took place with subsequent peritonitis and death. Operation had been declined two years before death took place. 2. The weight not stated in this case. But the patient had for long been compelled to sit in a chair from the enormous size, and had suffered from great difficulty of breathing. Recovery after operation. 3. In this case the operation was successful. The tumours varied in weight between 60 and 112 lbs. In the last case the sudden removal of pressure led to hæmorrhage, diarrhœa, and bronchitis.

Hr. Levy-Dorn, Berlin, spoke on

### RADIOGRAPHY.

He said that the technique had so far advanced that by a reinforcing screen images could be now taken on ordinary plates during one breathing interval. It was best to use the interval after inspiration for ordinary purposes. He showed two plates of the same individual, taken one in the inspiratory pause, and one in the expiratory one. He also showed a number of illustrations, echinococcus in the lungs with adhesion to the diaphragm, one-half of the diaphragm being raised up, a splenic tumour and bismuth capsules were found in the fundus of the stomach. The disturbing effects of respiration on these was well shown, as the man was photographed on both deep and shallow inspiration at the same exposure. In the picture, therefore, the capsules were seen lying one over the other.

Hr. Höllander, Berlin, spoke on his "Treatment of Lupus by Over-heated Air," and showed some cases.

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## Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, June 10th, 1899.

### INFLUENZA.

**PALTAUF** showed a hardened preparation taken from the lung of a patient who had died of influenza. He thought that preparation demonstrated Kundrat's theory of lobular pneumonia as a result of influenza followed by purulent formation, necrosis, gangrene, induration, or subsequent purulent pleuritis. In his examination of the sputum of 100 cases, 56 on the post-mortem table and 44 who recovered, Pfeiffer's bacilli were found present both by Voye's test of agar cultures and animal experiments. These bacilli were found in spleen, kidneys, and meninges.

The preparation was from a young man, æt. 30. The appearance was that of progressive purulent interstitial pneumonia, pneumonia dessicans, otherwise termed phlegmon or lymphangitis of the lung. One of the lungs had multiple broncho-pneumonic centres with diphtheritic bronchitis in the large bronchi. The microscopic examination of the deposit on the surface revealed mixed streptococci among which were to be found the influenza bacilli.

### MURPHY'S BUTTON.

Frank gave a record of his operation with the Murphy button, which was more favourable than Czerny's report of the apparatus. Among the cases submitted was one, a male, æt. 57, whom he exhibited for inspection. This was a case of carcinoma of the sigmoid flexure where adhesions existed with the abdomen. In spite of the dangers that Czerny dreads, this case improved from the hour of operating without any gangrene or subsequent trouble. After eleven days the button came away, and the patient felt perfectly well. Frank thinks that apposition of the several parts is a principle that should not be forgotten. If the mucous membrane get in between the peritoneal surfaces union is imperfect; solid food should be longer delayed than after an operation by sutures.

### ACUTE LYMPHÆMIA.

At the Medical Club, Pineles showed a preparation taken from a patient, æt. 73, who came to him three months ago with giddiness, from which he recovered and felt fairly well till 14 days before his death, when the vertigo returned accompanied with weakness and general malaise. Four days before death there was hæmorrhage from the extremities and enlargement of the spleen, next day he became unconscious with tetanic convulsions, and died on the 19th day after the commencement of the second attack.

Examinations of the blood gave 3,000,000 red blood corpuscles and 500,000 white; of the latter 96 per cent. were mononuclear, or lymphocytic; the rest were polynuclear. There was no poikilocytosis or nucleated red blood corpuscles present.

From the post-mortem it was discovered that all the lymphatics were greatly enlarged, the kidney and liver were strewn over with white patches, the spleen greatly increased in size, while the marrow of the bones was very red, though the proximal ends had no fat on them whatever.

The strongest point of the diagnosis was the changes present in the medullary elements of the bones when examined by the microscope, as the lymph tissue was quite absent.

Pineles said that Frankel had endeavoured to distinguish leucæmia into acute and chronic, but this distinction he considers is too unscientific to be accepted.

On the other hand he thought some distinction should be made between leucæmia and myelæmia, the latter having nuclear red blood corpuscles, large fat cells, while little change in the elements of the blood are observed.

Pineles thought the specimen a good example of changes that take place in medulla of bone, at the same time demonstrating the alteration of function which is an important phenomenon in the animal economy.

The first of these changes is made manifest by the rapid disappearance of the polynuclear leucocytes from the blood, which proves the marrow to be an important centre of the hæmopoitic changes. He considers acute lymphæmia to be an infectious disease, and capable of being transmitted.

Elschigg confirmed similar hæmorrhagic effusions in the retina.

Pineles said that the fundus of the eye was perfectly healthy in his case, which is in accord with all the other cases recorded in the literature of acute leucæmia.

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## Continental Health Resorts.

[FROM OUR SPECIAL CORRESPONDENT.]

### MONT-DORE (PUY-DE-DOME, FRANCE).

THE season is approaching for the French summer resorts, and among these are prominently the Auvergne Springs of Central France. In the Puy-de Dôme Department alone are clustered within a limited and readily accessible district quite a host of renowned mineral-water establishments; notably those of Mont-Dore, La Bourboule, St. Nectaire, Royat, Châtel-Guyon, and Châteauneuf. Of these Mont-Dore claims the precedence, for its antiquity. celebrity of its springs, excellence of its establishment, superior altitude, and picturesqueness of its surroundings. Mont-Dore is over 3,400 feet above the sea-level, and the highest thermal station in Central France. The loftiest peaks in Auvergne (including the *Pic de Sancy* of about 6,200 feet altitude) arise around the small basin in which lie the town and fountains of Mont-Dore.

From the earliest days of the Gauls in France the Mont-Dore Springs have had their renown. And when the Roman rule succeeded that of the Gaulish chieftains Mont-Dore gained in celebrity. In these Gallo-Roman centuries Mont-Dore was at the acme of its prosperity. The statues, columns, votive tablets, vestiges of baths, and other remains preserved in and about the present elegant establishment testify that there were not only most elaborate bath buildings but also a Pantheon, where the Romans and Gauls came to demand health from their different Deities, and to demonstrate by sculptured mementoes and laudatory inscriptions their gratitude to their gods for health restored. At Mont-Dore the very stones bear witness largely to the efficacy of its springs. This Pantheon and its adjacent baths were robbed and dismantled by the Vandal hordes of the fifth century, and the buildings finally destroyed during the raids by the Aquitaine kings in the seventh century. For many ages afterwards the historians do not mention Mont-Dore, and it is not until the fifteenth century that we hear much more about Mont-Dore. For a long time the lands on which are the springs had been attached to the feudal domain then known as "La Tour d'Auvergne." Guillaume de la Tour, Bishop of Rodez, in the year 1543, legally disputed their ownership with Antoinette de La Tour, wife of Jacques de Bourbon. The records, testamentary and of weddings, show the springs remained the property of the "La Tour" family until the eighteenth century.

We find the Mont-Dore Baths became again much frequented early in the thirteenth century. There is, however, little medically recorded about them until the writings of Jean Banc in 1605. In 1787 the value of the springs attracted the attention of Monsieur de Chazerat, the Intendant of the Province of Auvergne, who made a new road to them, and much improved the bath buildings. An entirely new and larger establishment was erected during the years 1817-1823. Since then repeated enlargements and improvements have been made from time to time; until to-day Mont- Dore possesses one of the finest, artistically and scientifically, thermal establishments on the European Continent.

As to the waters themselves, there are thirteen mineral springs (only one of them cold), with an average total daily flow exceeding 200,000 gallons. The principal spring, "Madeleine," was only refound in the year 1823, when, in digging for some new foundations near the Pantheon, the ancient Roman aqueduct leading to this source was discovered. The water of the Madeleine Spring is of 113 degs. Fah, and used for drinking. It flows into a large handsome vase near the entrance to the hall set apart for ladies' foot-baths; yielding over 32,000 gallons every twenty-four hours, discharges itself noisily and with gaseous bubbles. Clear and uncoloured originally, after contact with the air it whitens as a sulphurous water, giving out an odour of carbonic acid.

The second in notoriety is the "Cesar Spring" (sometimes called also "Caroline") coming from Roman wells; bubbling loudly as it runs into the "Grand Salle" reservoirs: and setting free much caloric, which augments as the barometric pressure diminishes. It comes forth from the middle of a basin, cut out of a single stone, placed in a vaulted grotto of Gallo-Roman construction. The temperature is also 113 degs. Fah., and the yield nearly 27,000 gallons daily. The peculiar "buzzing" of this spring attracted attention in olden times; Sidonus Apollinarius commenting curiously thereon.

The waters from the springs, named "*Saint Jean*" and "*Grand Bain*" run steadily into the great lava bath of the Pavilion (where invalids are plunged) and various bathing-rooms. Their yield is over 12,000 gallons each twenty-hour hours, and their temperature (according to location of the different baths) varies from 104 degs. to 109 degs. Fah.

A comparatively new spring (found in 1891) called "The Singers" bubble out in the *Pasteur* gallery. It has a temperature of 116·6 degs. Fah., and yields daily between 33,000 and 34,000 gallons.

Taken as a whole the mineral waters of Mont-Dore are (at their origins) sparkling, clear, and without smell. They turn litmus paper red; have at first a slightly acid taste which soon becomes salty and astringent. To the touch they feel softer than oils or distilled water. Their main constituents are :—Carbonic acid, chloride of sodium, bicarbonate of soda, arseniate of soda, iron, and silica; with traces of lithium, manganese, borax, iodides, and phosphates. The vapours of the bath-rooms contain very much carbonic acid, a little iron and arsenic.

Besides the springs specially named above, are the *Rigny, Ramon, Boyer, Pigeon, Chazerat, Boyer-Bertrand* and "*Pavillon*" ; from their constituents, temperatures and other leading characteristics, they apparently proceed from one great source; only varying because of the different strata through which they have respectively reached the surface.

The remaining "*Sainte Marguerite*" Fountain varies from 50 degs. to 55 degs. Fah. The country people call it *l'eau piquante*. It is not perfectly clear; evolves much gas; has an acid taste, changing rather to bitter, but is quite pleasant to drink with or without wines. It is used freely on the hotel tables; and is also employed to temper, when desirable, the baths given with the waters of the other springs.

# The Operating Theatres.

## KING'S COLLEGE HOSPITAL.

GASTROSTOMY FOR MALIGNANT DISEASE OF THE ŒSOPHAGUS.—Mr. CARLESS operated on a man, æt. 56, who had experienced difficulty in swallowing for the last six months. The patient had been seen three weeks previously and urged to come in, but refused to do so. At the time of admission he was utterly unable to swallow, and was much thinner than when seen previously. Rectal alimentation was used for a few days and the patient's condition slightly improved. Chloroform having been administered the abdomen was opened through a linear incision extending down for 3 inches from the tip of the eighth costal cartilage, the fibres of the rectus muscle being separated. The stomach was found, and a conical portion pulled up into the wound the base of which was stitched all round to the parietal peritoneum. Mr. Carless said he had intended performing a Frank's operation, but the stomach was too small to admit of it, and therefore the apex of the cone was opened, a rubber drainage tube without lateral holes was introduced for about 2 cm. and stitched to the gastric wall, and the aperture in the stomach stitched to the skin at the upper horn of the incision. The fibres of the rectus muscle were freed from the posterior layer of the sheath, and drawn over the conical protrusion of the stomach and stitched together; the skin incision was then closed. Mr. Carless remarked that in several cases of gastrostomy for malignant disease of the œsophagus, he had found the stomach too small to permit of a Frank's operation being performed, and he had been utilising a variety of modifications. He thought it quite probable that the plan utilised in this case would prove as successful as any of the others, and it was certainly much simpler. In the typical Frank the apex of the cone was passed under a bridge of skin, and stitched to the margin of this second wound, with the idea of producing more or less of a valve. In cases that had lasted six months or more it was always found, however, that the passage into the stomach was direct and not angular. He thought that the sphincter-like action of the rectus in this particular case would prevent regurgitation. Another modification which he had utilised in a number of cases consisted in the immediate introduction of a rubber tube into the stomach; this remained fixed for about eight days, and prevented escape of gastric juice during that period, an occurrence not uncommon after the typical Frank.

As the patient was somewhat collapsed and in a bad state of nutrition an injection of food was made at once; though as a general rule Mr. Carless prefers not to feed the patient for twenty-four hours.

It is interesting to note that the patient has done very well; the tube was set free on the eighth day, and at the present time, two and a-half weeks after the operation, there has been no escape of gastric juice.

## GUY'S HOSPITAL.

OPERATIONS FOR DISLOCATED SEMILUNAR CARTILAGE. —Mr. ARBUTHNOT LANE operated on a man, who, during the last two years had suffered from sudden attacks of pain followed by considerable swelling of the knee-joint, which had incapicitated him on each occasion for about a fortnight. These symptoms were somewhat different from those commonly seen in cases of damage to the internal semilunar cartilage, in that there was no pain, tenderness, or swelling along its attachment to the capsule, but that there was instead a painful tender fulness below and beneath the inner margin of the patella. On opening the joint in this situation the internal semilunar cartilage was seen to be doubled up in the interval between the two condyles, and to be attached solely by its anterior and posterior extremities to the tibia, having lost all connection whatever to the capsule. It was excised and the joint closed. Mr. Lane said that although he had operated on a very considerable number of displaced and damaged semilunar cartilages, he had never seen such a condition as that presented in this particular case.

The same surgeon operated upon another case of pain, effusion, and limitation of movement following damage to the knee-joint. The patient had made a sudden effort while supporting himself on one knee, when he experienced a sudden sickening pain in the part, and this was followed by a considerable amount of effusion into, and acute inflammation of, the knee-joint; this subsided slightly under rest, &c. The joint was tensely distended with fluid and very painful, a firm mass as big as the end of the thumb projected forward between the inner margin of the patella and the condyle of the femur. An incision was made over it into the knee-joint, where this lump escaped suddenly through the opening made; it resembled, in appearance, a lump of gangrenous omentum, and on section appeared to be a portion of the ligamentum mucosum which was distended with extravasated blood and very acutely inflamed. The contents of the joint appeared almost purulent in character. The mass was removed, the joint cleared of its fluid and lymph and the wound closed Mr. Lane said this case presented conditions that in his experience were very unusual. He believed that the synovial fringe had been violently compressed between the ground and the under surface of the internal condyle. In a paper published in the *British Medical Journal*, December 2nd, 1893, entitled "Detached Pieces of Articular Cartilage forming Loose Bodies in both Knee-joints," he pointed out that if a person kneels on one knee an area of the under surface of the internal condyle is exposed to direct pressure. In the present case it would seem likely that a portion of the ligamentum mucosum was included beneath the condyle as already remarked.

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### Vital Statistics.

THE deaths registered last week in the thirty-six great towns of the United Kingdom corresponded to an annual rate of 16·5 per 1,000 of their aggregate population, which is estimated at 11,404,408 persons in the middle of this year. The deaths registered in each of the last four weeks in the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000:—

Birkenhead 15, Birmingham 16, Blackburn 19, Bolton 17, Bradford 16, Brighton 8, Bristol 14, Burnley 21, Cardiff 11, Croydon 13, Derby 15, Dublin 22, Edinburgh 20, Glasgow 20, Gateshead 17, Halifax 17, Huddersfield 15, Hull 17, Leeds 17, Leicester 15, Liverpool 24, London 17, Manchester 26, Newcastle-on-Tyne 17, Norwich 13, Nottingham 15, Oldham 22, Plymouth 19, Portsmouth 17, Preston 22, Salford 20, Sheffield 18, Sunderland 17, Swansea 18, West Ham 10, Wolverhampton 22.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 14, 1899.

## THE GENERAL MEDICAL COUNCIL.

THE, we believe, absolutely unprecedented length to which the but recently concluded session of the Council has run to, is the natural outcome of the more enlightened policy which has of late years actuated that body. It has now, to some extent, awakened from the lethargy which characterised its earlier existence, under pressure of public opinion, and year by year the number of important questions interesting the profession at large, tends to increase. The prospect is opening up of the necessity for multiplying the meetings the better to enable it to cope with the additional work which recent events have thrown upon the Council. When we learn from the caustic tongue of Mr. Carter that two members made a hundred and thirty-three speeches in five days between them, we need no further proof of the earnestness with which some, at any rate, of the members of Council approach the matters before the Council.

A glance through the summarised report of the proceedings which we publish elsewhere will convince our readers that the Council has done some good solid work during this protracted session. There has been singularly little waste of time on personalities or in vain discussions of a technical order. On the other hand, several highly contentious and exceedingly important questions have been adjudicated upon. The question of the standard of preliminary education has been advanced a stage in that a definite plan of investigation has at last been decided upon. If the committee are to be believed, the issues are far more complicated than was thought, and we find that the proposal to raise the standard to that of the senior local examinations is declared by one authority to be impracticable, "unless it is the intention of the Council to discourage students from commencing their medical studies before the age of eighteen." That, indeed, were a consummation devoutly to be wished, and it of itself constitutes a very cogent argument in favour of the change. We are promised a working report for next session, and we hope we shall get it.

At last the Council has taken a definite stand in respect of the association of registered medical practitioners with institutions of the medical aid type which systematically advertise and tout for patients. Such medical officers are warned in no uncertain terms that such associationship will be regarded by the Council as calling for the application of the penal powers vested in the Council, but the cutting edge of the resolution has been taken off, or at any rate blunted, by a resolution approving in abstract of the formation of a Board of Conciliation, in the organisation whereof the Council will studiously abstain from taking any official part, but which, it is hoped, will help to get rid of the misunderstandings which at present exist. We have every confidence that this resolution will of itself go far to remedy a condition of things which amounted to a scandal. Unscrupulous practitioners will no longer be able to take refuge behind a board of management, but will be held responsible for the sanction which their association with the peccant societies implies.

We are pleased to announce that the Council has broken away from the hidebound interpretation of the *Medical Act* which led the Executive Committee to refuse to add the fellowship of the Royal College of Surgeons in Ireland to the name of a lady who was already registered in the *Colonial List* in virtue of the M.B. of Calcutta. The Council's legal adviser virtually withdrew his opinion after some arguments by Mr. Horsley, and in future the Registrar has been directed to admit such additional or higher qualifications to the *Colonial List* as a matter of routine. We must, however, express our regret that an ill-advised legal opinion on this point should have placed the Council in such a false and undignified position.

The question of the inspection of the so-called higher examinations, raised by Mr. Horsley, is more complicated than it at first sight appears. They are unquestionably qualifying examinations and as such they ought to be inspected by the Council. If the terms of the law were strictly adhered to such additional qualifications could only be granted after a specified course of study but, as is well known, the fellowships are not unfrequently conferred on persons of professional distinction without any examination at all, and it would be difficult to defend the admission of these diplomas, conferred *honoris causa*, to the *Register*. Although Mr. Horsley made out a very clear case for the interference of the Council this body resolutely declined to be drawn into a departure from established custom, though in all probability we have not heard the last of the contention.

## MEDICAL MEN ON HOSPITAL COMMITTEES.

As many of our readers are aware, a dispute has lately arisen among the governors of the London Royal Orthopædic Hospital as to the administration of the affairs and the general policy of that institution. It appears that for many years complaint has been made of the serious insanitary state of the building, indeed, more thon two years ago Professor Corfield made an order for re-construction of drains, which was stayed only on the understanding that the hospital was to be rebuilt or removed. The old committee proposed to sell the site of the hospital for £28,000, but a recent independent estimate from an expert has placed the value at £36,000. In view of decreasing income and increasing expenditure, and of the failure of the old committee to take any effective steps to set matters straight a number of governors elected eight new members of committee, and re-elected five of the former members. After some protest the old committee called a general meeting to discuss the charges that had been brought against them. A perusal of the report of that meeting goes far to condemn the position taken by the old board of management. The complaints against their administration were brought forward in a perfectly clear, reasonable, and moderate way. As shown by the published reports they were met by speakers on the other side chiefly by attacks on the good faith and intentions of those who had advanced the criticisms. What was the main point? the insanitary condition of the hospital was ostensibly the rock of offence. That defect was substantiated by the testimony of the medical staff, by the action of the Medical Officer of Health for the district, by the commissoners of the Prince of Wales's Fund, and by the records of the hospital for many years past. We submit, then, that the old committee must have poor grounds of defence in the face of so sustained a proposition if at a public meeting their speakers descend to the level of Billingsgate debate and call their critics "raiders," and assert that almost every sentence of pointed criticism is absolutely false. But that which most nearly affects the medical profession is the law carried by members of the old committee to the effect that "no acting medical officer of the hospital shall be eligible for election as a member of the committee of management." This motion was introduced by the deputy chairman of the old committee in language that fortunately is not often heard in public meetings. He advised the governors to "clear out the whole of the present medical staff," especially Mr. Reeves, whom he designated as an "arch-conspirator" in the "raid." Here, again, we fail in the heated language to trace the dignity of men of standing whose judgment in administering a charitable undertaking has been assailed. Such views will naturally suggest that committeemen must have some serious reason for objecting to the presence of members of an honourable profession at their deliberations. As a member pointed out, the tone of the vice-chairman's speech was better fitted for a meeting of angry city speculators than for a benevolent society. The members of the old committee, although outvoted by two to one at the meeting, yet carried their point by proxy, a most unsatisfactory way of winning a victory. Then they resigned in a body, which, again, points to animus, because if they intended to secede they could perfectly well have left it to their successors to decide whether they wanted any of the honorary staff on the management. Then, again, why should they retire without courting full investigation of the constitution and proceedings of the old committee with regard to the proposed sale of the site? To those who are behind the scenes of the professional philanthropic stage, the violence of the defence will suggest the desirability of a thorough investigation of the facts of the administration of the Royal Orthopædic Hospital during the past few years. It is hardly necessary to remark that of late the view has gained ground among the medical profession that they should be represented fully on every hospital management, both in the person of members of the honorary staff and also of outside practitioners. If that plan were more generally adopted it is likely that less would be heard of the need of reform of hospitals. What can the public think of a committee that when approached in a spirit of impartial criticism replies by vollies of abuse and a recommendation to exclude from any voice in the affairs of the institution the members of the profession whose gratuitous services render the existence of the charity possible? So far as the Royal Orthopædic Hospital is concerned, we can only say that the full details of the attitude of the old committee with regard to the insanitary state of the hospital and to the proposed sale of the site will be required before general confidence can be restored to its former basis. Perhaps some energetic public journal will sift the matter and give a clear account of the facts of the case. Things have now gone so far that such a course should be welcomed by all real friends of the hospital, which can suffer nothing but injury by any attempt at concealment.

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## THE "GRAMMAR SCHOOL" SCIENCE YEAR.

Probably the most interesting episode of the recent meeting of the General Medical Council was the battle of the Irish and Scotch bodies against the London colleges on the question of the acceptance by them of "instruction" in chemistry, physics, and biology given to school boys in grammar schools, as compliance with the first of the enjoined five years of medical study. The Council has always permitted these subjects to be studied before student registration, in an university or in a competent school of science, but it never thought of recognising an ordinary boys' school as such centre of science teaching and, in any case, it made it quite clear by its regulations that these pre-studential studies should not abridge by an hour the prescribed five years of work, The London colleges, however, having once entered upon the wide and smooth road of gathering into their fold all schoolboys—diplomates *in posse*, thought they might venture to throw aside the obstruction which prevented their giving such boys a full year's credit to begin with, and, with careful noiselessness they advertised that their bread and butter proteges could enjoy that benefit. When this move was spied by the Irish College of Surgeons it, forthwith, took the whip in hand, with which it and its Irish and Scotch colleagues have administered a wholesome and much-needed castigation to the London colleges· On the matter being brought to notice the Education Committee at once took it into consideration and, the facts being indisputable, reported more than once that the action of the London colleges was intolerable, and must cease at once. When the report was being brought up at the meeting of the Council the opening of the case on behalf of the complainants devolved, practically, on Sir William Thomson and Sir Christopher Nixon, who were ably supported by Dr. Atthill, Sir William Gairdner, and Dr. Bruce. Sir William Thomson maintained that the Conjoint Board for England was pursuing a course of action which was offering a four years' course instead of the five years' curriculum recommended by the Council. He maintained further that this action was in absolute opposition to the Council's requirements and recommendations, and yet from their statements the representatives of the Royal Colleges of England apparently intended to stand by the position which they had assumed. He (Sir William Thomson) wanted to know what the Council now proposed to do. He had been of opinion that the Council had direction of these things, and it was for them to see that they were carried out. But according to what they had heard to-day all those considerations were to be put aside by the two Royal Colleges of England, who seemed to say that independently of anything that the Council proposed they would do what they liked. If the General Medical Council was impotent in regard to its own rules, there was no use in coming here at all. He was perfectly sure that the Council had no intention of making study in science at a grammar school equivalent to a first year's medical course. There was no question that what the Council intended was that the first year's medical study should be study at a university, medical school, or "scientific institution approved by the Council." That was exactly what they wanted to-day. He could not understand how they were met at the threshold by two powerful corporations saying that they would not obey the General Medical Council. The net result of the debate, after a practical admission of the facts by Mr. Bryant, was that, to exclude the possibility of recognition of a grammar school, the limitation to a "scientific" institution "approved by the Council," was carried by a majority of eighteen votes to six. We trust that the London colleges will lay to heart this severe lesson that the regulations of the General Medical Council cannot be abrogated for their advantage.

# Notes on Current Topics.

## The General Medical Council and the Apothecaries Hall, Ireland.

THE Examination Committee of the Council, under the guidance of Sir Dyce Duckworth, has had a fine day's sport at the ignoble pastime of baiting the Irish Apothecaries Hall, a proceeding in which all the discredit lies with the persecutors and all the sympathy with the persecuted institution. The Council, having been defeated before the Privy Council, set itself with immense gusto to tie up the Hall with all sorts of examinational bonds, the effect of which must be to weigh down the institution with expenses, and to cause its examinations, if carried on at all, to be carried on at a heavy loss. It was called upon to appoint two delegate examiners and one inspector and no one can complain if these officers were liberally paid. The "Hall" acted with great discretion, determining to give its detractors no fair opening for attack, and to spare neither trouble nor money for this object. Three series of examinations were held in October, 1898, January, and April, 1899, and the reports of examiners and inspectors lie before us to the effect that the examinations were all "sufficient," and were conducted with great care. There is no more of adverse criticism to be found in the reports than in the reports on other licensing bodies, and, on the whole, it may be taken that, as regards the thoroughness of its examinations the "Hall" came off *sans reproche*. The number of candidates, however, was extremely small, not more than one or two, sometimes none, for a division of the examination, and some of these were men who had been rejected in one or more subjects before and were now again repulsed. To us it is remarkable that any candidate offered himself, considering the energy and ingenuity which this Examination Committee has for years devoted to crying "mad dog" against the "Hall," but none the less does Sir Dyce Duckworth and his colleagues seize the paucity of candidates as the occasion for assault. His reports to the Council are punctuated throughout with sneers at the institution which, as we have said, reflect upon his Committee rather than upon the "Hall." It appears that the assistant examiners and inspectors have cost the Council £307 within fifteen months, a circumstance which, we suppose, does not disturb the equanimity of the "Hall." It is not any part of our policy to sustain the existence of the "Hall" as an independent qualifying body, and we have said a thousand times in years past that we anxiously desire to see it absorbed out of existence, if possible, by making it the third, or pharmaceutic, side of the Irish conjoint qualifying triangle. The oppressive dignity of the Irish College of Physicians has prevented this solution of the trouble, and the General Medical Council, instead of putting strong pressure on that body to assent, has elected itself to the function of supporting its policy by squelching the "Hall" *per fas aut nefas*. We regard such tactics as utterly unfair, and will lend them every opposition in our power.

### The Birthday Honours and the Anti-Vivisectionists.

A characteristic letter was published last week in the *Standard* from the Hon. Stephen Coleridge, protesting against the honours conferred upon Professors Burdon Sanderson and Michael Foster, because of their supposed vivisection practices. It is really difficult to understand how such a letter ever was published, but as it has been, it should not be allowed to pass without comment. Sir Burdon Sanderson is represented as having slowly smothered dogs alive (*sic*)—smothering dead dogs is a process which has not come within our experience—and chronicled their dying convulsions. Then a quotation is given from the "Handbook for the Physiological Laboratory," descriptive of experiments in connection with asphyxiated animals, concerning which Mr. Coleridge points out that no mention is made of the use of anæsthetics. The unfairness of the attack is that this champion of antivivisection entirely omits to state that the experiments referred to were performed long before the Anti-vivisection Act was ever heard of; whereas the intention of the accuser obviously is to give the public the impression that the experiments were only recently performed. That is to say that in the opinion of Mr. Stephen Coleridge, a distinguished scientist who performed some experiments, presumably without anæsthetics, upon animals a quarter of a century ago, should never have been rewarded by the Queen for his great scientific services. Verily the narrow-mindedness of these "Anti" faddists constitutes a serious disease. The absurdity of the position which they assume makes it impossible for ordinary mortals to act charitably towards them in such matters and excuse them upon the grounds of eccentricity. It was a wonderful answer which a celebrated divine once gave to a noted agnostic. "I am an agnostic," declared the latter—"So I understand," was the reply, "but I suppose that you would not be flattered were you to be described by its equivalent—namely, an ignoramus"—so it is with many of the "Anti" community; they make everything tally with their misguided ideas, and are apt hands at perverting the truth.

### Fashion in Faces.

One result of the forward movement in womenkind is the appearance of a luxuriant crop of cherry cheeks among the fair sex of the middle and upper class. It is no longer the fashion to be lily-white and pale as of yore, but rather to court the ruddy look of the milkmaid. This change confronts one in the parks, in the public streets, in the drawing-room, in the theatre, in church, everywhere, in short, where the dominant sex congregate. To a great extent it is no doubt due to the passion for open-air exercises that now reigns almost as supremely as among the boisterous athletic male. A short generation since, when fair woman deserted her mild domestic occupations and accomplishments for "carriage" exercise or horse-riding she had well-nigh exhausted her round of out-door recreations; whereas now, at the close of the Victorian era, she has golf, cycling, tennis, rounders, boating, hockey, to say nothing of fishing, shooting, yachting, hunting, and, greatest wonder of all, she has, in many cases, taken seriously to walking. All this means that a change for the better in mind, as well as in body, is registered on the bronzed cheeks of the modern damsel. The "vapours" of our granddames are dead as Queen Anne, fainting has gone out of fashion, and the average maiden of to-day moves, sleeps, and eats like a healthy human being. Clothing, too, must be in time brought to a rational standard, for no woman living could endure the martyrdom of a long walk for two successive days in shoes with high heels and pointed toes. If the medical profession were not guided by motives of the highest philanthropy they would not encourage this ruddy-cheeked movement, for it robs them of a lucrative field of practice.

### Lay Views on Cancer.

A great discussion on cancer is at present raging in the columns of an evening contemporary—the *Echo*. Presumably it is only necessary to mention the name of this paper in order to afford some idea of the character of the discussion to which publicity is being given. In its former, and we think better days, the *Echo* did good service in trying to educate the masses in progressive science and in taking the lead in improving the minds of those who looked to its columns for instruction. But latterly, we are sorry to note, the policy of the journal has become that of cranks, to whom reasoning beings pay but little heed, Among other things that the cranks have done for the *Echo* is to have turned it into a spiteful anti-vaccination organ, a virulent opponent to vivisection, and a persistent and unfair traducer of the medical profession. Medical men do not care, of course, what the readers of the *Echo* think of them, but it is a poor, pitiable policy for any enlightened editor to adopt of making capital out of slanderous attacks upon a body of professional men. If anything scurrilous can be said of the practice of medicine, or of its followers, there always seems to be an opportunity of giving it publicity in the columns of the *Echo*. In the discussion to which attention is drawn above medical men are greatly blamed for not having discovered the cause of cancer and the means of curing it. Again, instances are related by correspondents in which cancer has been cured by persons not in the profession when medical men have pronounced an unfavourable prognosis. It is, of course, scarcely needful to point out to the editor of our contemporary that all such statements should be received with much caution, and especially the announcement that there is an establishment at Berne which has a world-wide reputation for curing all cases of cancer, save those in which the throat is involved. The exception is a brilliant concession to public opinion, in view of the sad ending of the late Emperor of Germany, from carcinoma of the larynx.

### The Dum-Dum Bullet Again.

THE Peace Congress at the Hague last week, stultified itself by passing a resolution to the effect that the Dum-dum bullet must be prohibited in modern warfare. The effects of this bullet have been discussed and commented upon *ad nauseam* and military experts, with personal experience of its use, have repeatedly proved that the objections urged against the missile, have been founded upon a misconception of the damage it inflicts. We should not have referred to the subject again, save for the purpose of pointing out that the discussion upon it at the Congress clearly shows that those who voted for the prohibition of the bullet could have had no personal knowledge of the matter. Again there has never been the slightest intention on the part of the authorities of ever using the bullet against any European troops with which we may be engaged. The bullet was designed merely for the object of crippling the "rushing" power of savage tribes, upon whom the projectile of the modern rifle had been proved to have but little effect. The case is recorded of an Indian native who received sixteen bullet wounds caused by a Lee-Metford rifle, during the Chitral expedition, but despite this he made a good recovery. Before the other European Powers take upon themselves to condemn the Dum-Dum bullet, it would, perhaps, be better for them first to try the effects of their own service rifle projectiles against a tribe of savages in warfare, and arrange for the results to be recorded by any of their troops who may happen to survive. However, it would then probably be too late to recognise that the Dum-Dum bullet was necessary in such engagements.

### Pauper Classification.

THE spirit of dead official conservatism is nowhere more marked than in the treatment of the Poor-law population. After years of public agitation and scandal a departmental bill was issued and things straightway go on as before, to quote the words of a well-known song, "it may be for years, or it may be for ever." For instance, on January 1st, 1895, an order is issued from the Home Office, advising the classification of paupers. Now, four years later, a species of shock of galvanising wonder has run through London at the news of definite action by a board of guardians on the lines of that official monition. Fulham, to its honour be it said, has started large separate wards for a number of aged inmates who have come to want through no fault of their own. They are all over 65 years of age, and many of them have at one time been ratepayers in the parish. They now have greater freedom, better quarters, and an increase of privileges and comfort all round. Their dietary, owing to stern official rule, cannot be improved, but it is to be hoped that the Home Office will amend the bye-laws in that direction. This fresh departure is one of the most promising of recent years by way of humanising the terrors of a rigorous system. It has taken four years for a single Board to carry out the desires of the central governing body. We wonder how long it will take to put in force Mr. Chaplin's famous departmental order for the separate nursing and care of the crippled pauper children of the metropolis.

### Poisoning by Belladonna Plaster.

THE occurrence in the provinces of a case of poisoning by means of the absorption of belladonna from a plaster reminds us of the still uncertain composition of those applications. One of the notable features of the recent revision of the British Pharmacopœia was the standardising of the *emplastrum belladonnæ*. Before that time the alkaloidal strength of the commercial product varied within wide limits from a mere trace up to a considerable potency. The only firms we believe that had consistently standardised their plasters were Messrs. Mather and Co. of Manchester, and Messrs. Seabury and Johnson of New York and London, and we fancy that fact has hardly been widely enough recognised among the medical profession. Belladonna, when applied in the form of a sound and trustworthy plaster, is of the utmost value in the treatment of many painful affections and in the arrest of the mammary and other secretions. Its practical value, however, has always been discounted by the variability of its composition, and many a surgeon has given up the plaster as worthless simply and solely because he has been using a preparation containing only the merest trace of alkaloid or none at all. In future, however, all that is to be changed. That is to say, when one or two little obstacles have been surmounted. First and foremost, when the worthless stocks have been sold out. Next, when local authorities take the trouble to supervise the purity of drugs vended to the public.

### Apprenticeship to Apothecaries in Ireland.

A QUESTION of much importance to the Irish Apothecaries' Hall has been raised, last week, by an application for a mandamus by a student named Miller to compel the Pharmaceutical Society to admit him to their Licence examination. This young gentleman served the necessary apprenticeship to Dr. Forsythe, a Licentiate Apothecary, but the Pharmaceutical Society rejects that service as qualification for their examination. The point is, that though Dr. Forsythe is undoubtedly a L.A.H., he did not obtain that qualification under the original Apothecaries' Act of 1791 (which prescribed an elaborate education and examination in pharmacy), but under the Medical Acts of 1858 and 1886 which made the curriculum and examination mostly medical and but slightly pharmaceutic. The Court granted a *conditional* order for the mandamus, but, of course, this only means permission to the lawyers to earn second fees by arguing out the point on a future occasion.

### Medical Practice in Kashmir.

**Dr. Neve**, writing in the *Indian Medical Gazette*, refers to the various forms of disease met with in Kashmir, and the list is an interesting one from several points of view. In the first place, despite the fact that the country is little more than an alluvial plain during the summer months, malarial disease is quite rare, owing no doubt to the altitude. But diseases of the eye are very numerous, especially ophthalmia and entropion, nevertheless cataract is much less common than in the plains. Curious to relate, skin affections of parasitic origin abound, scabies being universal. Again, dyspeptic troubles are very frequent, the cause being attributed to the excessive quantities of starch consumed in the form of rice. Commonly also dilatation of the stomach is met with. Another feature of note is the absence of scarlet fever and diphtheria, and the rarity of phthisis, save in those who lead indoor lives amid unhygienic surroundings, such as shawl-weavers. Rickets, again, is a disease which is seldom seen, but rheumatism is very prevalent, and Dr. Neve also mentions that during the past year, 2,918 operations were performed at the Kashmir Mission Hospital, and that of these no fewer than 462 were for entropion; on the other hand, there was only one case of ovariotomy, and that terminated successfully.

### A New Treatment for Tuberculosis.

**Dr. Karl von Ruck** has introduced a new method of treating cases of pulmonary tuberculosis, namely that of the injection of a fluid extract of tubercle bacilli. In 78 cases thus treated he claims that 64·1 p.c. were cured and 33.3 p.c. improved. The serum prepared by his method differs materially from that known as Koch's Tuberculin R. If von Ruck's treatment should prove to be as serviceable in the hands of others as it has proved in those of its author, the promoters of the open-air treatment of phthisis in this country will have to reconsider their position. But a good deal of confirmatory evidence will be needful before the infection of a tuberculin as a cure for pulmonary tuberculosis will be able to convince the profession in this country of the efficacy of the method, and until Von Ruck has fully supplied the data in this regard it would be premature to speak with any enthusiasm upon the subject.

### Infectious Disease Difficulties at Nantwich.

**Several** points of practical importance have recently been raised at the Nantwich Board of Guardians. In the first case two patients suffering from typhoid fever were removed to the Isolation Hospital, Crewe, where the clerk called upon Dr. Atkinson to attend them in his capacity of Medical Officer of Health. The patients were paupers from another union, and Dr. Atkinson naturally asked for payment for his attendance. After a good deal of discussion the guardians wisely decided to grant "reasonable remuneration" for the special service. It would be well for all public health officers to resist the demands for purely medical services which are made upon them by various local authorities from time to time, usually with regard to attendance on persons engaged in parish work. The second case was that of a farmer who sent a lad in his employ suffering from scarlet fever to the Isolation Hospital. This step he had taken, so he claimed, in the interests of the public, and he applied to the Rural District Council to pay the hospital expenses, for which he had become responsible on the lad's admission. The Council decided by a large majority to refuse to pay any portion of the cost. This decision will hardly encourage other dairy farmers to send off to the hospital any of their employees who may be attacked by communicable disease. There is a good deal to be said in favour of making a general charge of what confers so direct and essential a benefit upon the public.

### Professor Osler, M.D., F.R.S.

**Professor Osler**, of the Johns Hopkins University, Baltimore, has just arrived in England, and on the 16th instant he will deliver the Cavendish Lecture before the West London Medico-Chirurgical Society, the subject being cerebro-spinal fever. On the 15th instant the President of the Society, Dr. Clippingdale, will entertain at dinner Professor Osler, together with the President of the Royal College of Physicians (Dr. Church), the President of the Royal College of Surgeons (Sir William MacCormac), the Council of the Society, and other guests. On the 22nd instant, Professor Osler will be the guest of the staff of the West London Hospital at the Past and Present West London Hospital Dinner, which will be held at the Trocadero Restaurant. The dinner, which was a great success last year when it took place for the first time, promises this year to eclipse its record, and it is expected that an attendance of 200 at least will be reached.

### The Case of the Late Mr. Hunter.

**The** long-promised discussion at the General Medical Council on the peculiar circumstances under which the Council ordered the prosecution of the late Mr. Hunter, L.S.A., for styling himself "physician," proved a very mild affair. Admitting that the Council, as a whole, was not cognisant of the exact circumstances under which the proceedings were to be taken—an inexplicable and even unpardonable omission on the part of the Penal Cases Committee—it is stated that Mr. Hunter himself was anxious to have the point cleared up, and had expressed his willingness to defend his action in the matter. We may take this assurance with the proverbial grain of salt, and the same cautious procedure may be applied to the statement that it was really a sort of friendly suit, in which both parties mutually assisted each other in obtaining a formal judicial pronouncement. The Committee regarded it as a test case to establish the law in respect of the use of the Philadelphia degree, but, as a matter of fact, the legal arguments turned exclusively on the point whether a licentiate of the Society of Apothecaries has or has not the right to dub himself physician. However we look at it the point was worth clearing up, and however much we regret the tragic element imported into the case by the death of the defendant, and deprecate the somewhat curious circumstances under which the proceedings were authorised, we are pleased that a definite statement has been obtained. We should even like to see this matter pushed to its logical conclusion, for nothing is more irritating than the sempiternal disputes as to the titulary rights of the various orders of medical practitioners. If there be any special rights by all means let them be defined; if there be none, then let us cease to haggle about trifles.

### Medical and Clerical Enterprise.

At the Church of All Saints', South Merstham, a notable illustration of the old proverb, "Cleanliness is next to godliness," occurred on Sunday last, for the vicar of the parish secured as a special preacher a member of the profession, who resides in the medico-aristocratic locality of Queen Anne Street, Cavendish Square. The fact that this arrangement of his pulpit would obtain was announced by the vicar to his parishioners in the following manner:—"I feel that it is almost a farce to come and talk to some of you on spiritual matters when all the while my fingers itch to open or clean your windows, scrub your woodwork, and wash your children. So thinking that perhaps you would pay more attention and give more heed to what a doctor of medicine says I have asked, by special permission of our Bishop, a clever friend of mine, who has knocked about the world a good deal and seen a lot of life, to come down from town and talk to us in Church next Sunday evening after the prayers are ended on 'Cleanliness is near of kin to Godliness.' Dr. Usher, of Queen Anne Street, Cavendish Square, W., who is a specialist in his own particular line"—what line—"and is a most entertaining man and interesting speaker, will talk on the Gospel of Fresh Air, leaving beds open to the air, washing bodies all over as well as just face and hands, washing blankets as well as sheets, flushing drains, not letting the tea stew on the hob and so bring on indigestion, and other inducements to taking a nip 'too often.'" This is certainly a novel departure in the promotion to the gospel of health. Obviously it is capable of many developments. In time, perhaps, we shall see an announcement in the *Times* to the following effect: "At the special invitation of the Dean of St. Paul's Cathedral, Sir Bouncing Fitzblazes, M.D., F.R.S., will preach at the usual afternoon service on Sunday next, 'On the modern methods of feeding babies.' A collection will afterwards be made for the benefit of the 'Go-Cart League,' for providing go-carts for the poorer classes in London whose means do not permit of the purchase of this necessary appliance for enabling infants to become acquainted with the enormous traffic of the metropolitan thoroughfares." Doubtless other possible developments in the same direction will occur to our readers.

### Liquefied Hydrogen.

The fairyland of science is nowhere more wonderful and attractive than in the province of chemical research. It is hardly too much to say that almost all the great advances of modern science have had their origin, directly or indirectly, in the test tubes and phials of the chemical laboratory. Ever since the days of Faraday and Sir Humphry Davy, workers in this fascinating branch of exact investigation have been seeking for some means of liquefying hydrogen. The difficulties in the way have been enormous, but they have at length been overcome by the patient genius of Professor Dewar, who announced his discovery last week at the Royal Institution Liquid hydrogen, he pointed out, was not only a precious and costly substance, but it was exceedingly volatile and had to be preserved with great care. In order to protect it as much as possible from radiation he surrounded the product with liquid air. The physical qualities of liquid hydrogen are of a striking character. Thus it is non-magnetic and the specific gravity is such that a piece of cork placed in it immediately sinks to the bottom. The temperature at boiling point was 21 deg. absolute, or sufficient to yield a pressure described by the discoverer as "unmeasurable." By its agency a vacuum could be produced of so perfect a nature that mercury distilled upwards. There can be little doubt that in the hands of this distinguished investigator the liquefaction of hydrogen and the introduction of a new agent have proved a distinct triumph of practice as well as of theory. Many distinguished men of science who were present at the lecture expressed their belief that the discovery was an invaluable one, and marked an era in the history of chemical investigation.

### The Stanley Hospital at Liverpool.

The journalists of Liverpool have recently raised on high the voice of lamentation over the waning fortunes of the Stanley Hospital. Founded in 1867, on a site given by the late Lord Derby, the institution has steadily grown in size. The present movement is designed mainly to pay off debt, to add to the number of beds, and to build a nurses' wing. All these objects are doubtless desirable in themselves, but we should like to hear something more of the means that are taken to prevent the charity of the Stanley Hospital from being bestowed upon improper subjects for medical relief, that is to say, upon persons who are able to pay private practitioners. We say this without any special knowledge of the Stanley Hospital, which we believe to be an excellently conducted institution, but we take it as the apparent type of charity whose capacity for funds and for patients at any price is limitless. The *Liverpool Post* writes as follows:—"Perhaps no better test of the development of the hospital can be adduced than the figures submitted in last year's report, which show that whilst in 1867 the total number of attendances during the year was

10,618, they in 1897 had increased to 53,534, and that whilst in 1878 there were 241 in-patients, these in 1897 numbered 1,047." We should like to hear what steps are taken to exclude patients who are able to pay moderate fees or whose ailments are so slight as not to require hospital treatment. Some day the medical charities will learn that it would have been better to cultivate the friendship of the general practitioner. If we mistake not the consultants on the staff may have some reason to regret that they also have not paid more attention to the demands of their outside brethren.

### The Notification of Phthisis in Manchester.

The Manchester Corporation have taken an important step in regard to the notification of phthisis within their jurisdiction. It has been agreed to make the disease a notifiable one, and to appoint a medical officer with a salary of £200 per annum, whose duties will consist in visiting the notified patients at their homes, investigating the circumstances under which the disease has been contracted, and the conditions and arrangements of the infected houses. On the report of this official steps will be taken to carry out the necessary measures of disinfection. It will be with much interest, doubtless, that the sanitary authorities throughout the country will watch the result of this new development in notification. However ill-adapted the Notification Act may be for Ireland, it is nevertheless certainly true that its enforcement has been beneficial in England.

### Tetanus in Jute.

An inquiry into the cause of death of a worker in a Dundee jute factory elicited, last week, statements which, if true, have the highest significance as to the pathogeny of tetanus. The operative had injured her foot in a jute mangle, and died of lockjaw five days afterwards. The inspector of factories stated, on examination, that he had taken to London samples of the dust from below the mangle, and that upon bacteriological examination it was found to contain considerable quantities of the tetanic spore. He said, furthermore, that though there has been as yet no record of a connection between jute and tetanus, it seems quite possible that this particular jute, which came from Bengal, was capable of developing the bacillus rapidly, inasmuch as all the climatic conditions of Bengal are favourable to such development.

### A Pronouncement in Medico-Dental Ethics.

Be it known to all whom it may concern that the General Medical Council, in solemn conclave assembled, have adopted the recommendation of the Dental Committee stigmatising as "infamous conduct in a professional respect" any assistance rendered by a registered medical practitioner to an unregistered person in the performance of a dental operation or by administering an anæsthetic "or otherwise." In future it will be incumbent on all practitioners before consenting to assist anyone practising as a dentist to assure himself that he or she has been duly registered, failing which precaution they may attain some unenviable and uncomfortable notoriety. We have nothing to say by way of adverse criticism in respect of the Council's determination, which is only the logical outcome of its policy in respect of the repression of covering in all its forms.

### St. Mary's Hospital, Paddington, Bazaar.

A successful bazaar was held on two days last week in aid of the funds of St. Mary's Hospital, Paddington. It was entitled a "Streets and Squares Bazaar," because a series of local committees was organised representing the various streets and squares in the neighbourhood of the institution. The sum of £70,000 is needed for the completion of the new Clarence wing, and towards this a substantial amount was netted as the result of the Bazaar.

### Artificial Cardiac Disease for Malingerers.

Several members of the medical profession in the Rhenish district have been arrested for having supplied to conscripts in return for heavy bribes, cardiac depressants in order that they might be rejected by the military authorities when physically examined. The domiciliary visits of the police to the houses of these practitioners are stated to have revealed plenty of incriminatory correspondence.

Sir Thos. Grainger Stewart, Professor of Medicine in the University of Edinburgh, who went to Berlin as the representative of the University at the Congress on Tuberculosis has returned home. Report has it that he was singled out by the Emperor for a private conversation,

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## Scotland.

[From our own Correspondent.]

**The General Medical Council and Preliminary Examination.**—The Council in their recent session has been considering, amongst other business, the necessity and advisability of raising the standard of the preliminary examination, but has found it a really difficult business to settle. In Glasgow the standards attained by young lads leaving school now is said to be lower than it was some years ago, and one of the examiners in English has stated that the average paper written by candidates for the medical and arts preliminary is a shocking production. Many of the candidates are unable to put together a few connected sentences into grammatical English — the tendency of schools being towards the teaching of Latin, Greek, Mathematics, German, French, &c., instead of the mother tongue. In such cases "Keys come in handy," which help the candidates to cross the rubicon, and so enter into the pleasant paths of the coveted and noble medical profession, and in due time attain to the dignity of "professor," for a deficiency of knowledge of the English language is no bar to a professoriate.

**Women on Hospitals and Local Boards.**—After a largely attended meeting recently held by ladies for the promotion of the return of women to local boards, a letter has been sent to the directors of the infirmaries and hospitals in Glasgow, in which they are allowed one month to decide whether or not they are willing to concede the principle of female representation on the directorate of the various institutions. A committee consisting of ladies, ministers of religion, and a Sheriff, has been appointed to confer with the directors of the infirmaries on the subject, and to assist in the selection of lady representatives in the event of the principle being conceded. In their communication to the directors the committee make it plain that a rebuff or refusal will not end the agitation, stating distinctly that the matter will be brought to an issue at the first annual general meeting of each institution and successive general meetings until their object is attained. The grounds on which the demand for female representation are made are chiefly (1) That it would tend to make the household management of hospitals and infirmaries more efficient. (2) That as regards women and children a lady should have the responsible power given her of personally seeing to their needs, and of bringing suggestions before the board that such patients would more readily communicate matters which there was a delicacy about to a lady than to a man. (3) That a lady on the board would be able to communicate more freely with nurses than any man on the board. (4) That female representatives on the board would, to some extent, relieve the matron of entire responsibility; such responsibility at present in certain cases is not wholly desirable, and some matrons would be glad to be relieved, to some extent, of their present complete responsibility. We fail to see how ladies will be able to know more the wants and needs of the women and children patients than at present. What is the use of nurses, resident medical officers, superintendent and matron in an infirmary or hospital, unless it be to minister to the needs of patients under their charge? Even supposing the ladies gain their point and are admitted on the boards, their information regarding patients must be obtained through present channels and sources. If these ladies can find out and suggest ways by which our present extravagant methods of conducting and carrying on our infirmaries can be reformed, they will be doing something really of importance and value, but when they suggest to relieve matrons of some of their responsibility we do not quite grasp their intention, unless it be to make both matrons and nurses subordinate to their wills, and ultimately to suggest that female representatives should have *entire control* of female patients and children, as well as participation in regard to male patients. Glasgow ladies are evidently following the lead of the Edinburgh ladies, of whom there are two on the directorate of the Edinburgh Royal Infirmary.

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## Correspondence,

We do not hold ourselves responsible for the opinions of ou correspondents.

### THE VICE-PRESIDENCY OF THE ROYAL COLLEGE OF SURGEONS OF IRELAND.

*To the Editor of* The Medical Press and Circular.

Sir,—Inasmuch as there was no change in the offices of president or vice-president in this June election, which took place to-day, I desire to inform the Fellows of the College that last year, when I expressed to the electors my determination to offer myself for the office of vice-president, I felt that my long service to the School and College as senior demonstrator, examiner and councillor, and my seniority as a surgical teacher and as a hospital surgeon, might reasonably deserve recognition by the Fellows, and that I might hope to be honoured with election to the office I then sought. Unhappily personal and domestic circumstances prevented me from giving prominence to my candidature until others had occupied the ground in some degree, and as a contest is extremely distasteful to me, and in my opinion is not to the advantage of the College, I thought it best to refrain from presenting myself for the vice-chair until the next legitimate vacancy occurs in June, 1900. I desire, however, to assure the Fellows that under any circumstances I shall do so when that time arrives. With this intimation, I trust that my friends and supporters among the Fellows will not be induced to pledge their votes to any other candidate for the next vice-presidency.

I am, Sir, yours truly,
L. H. Ormsby, M.D., F.R.C.S.I.
92, Merrion Square, Dublin,
June 7th, 1899.

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### ENURESIS.

*To the Editor of* The Medical Press and Circular.

Sir,—In answer to your correspondent who has asked suggestions for the relief of this troublesome malady, many cases of night incontinence of urine have come before me at the public dispensary. I have followed Trousseau's treatment with belladonna, often combining the belladonna with iron if the patient were anæmic, and with bromides if hysterical. I took care to keep the bowels regular, and to act generally on the gentle tonic regimen in relation to cheerfulness and general employment and mode of life.

But in addition to such wide general principles, I insisted that the patients should sleep, even in some cases going to bed for one hour or more at mid-day. Every employment or duty was to be subordinated to a genuine sound mid-day sleep of one hour at least.

The results have been most gratifying, *e.g.*, a girl, æt. 17, who had wet the bed every night since she was a child, was permanently cured in a week. Many such cases have presented themselves and been cured.

I am, Sir, yours truly,
William H. Pearse, M.D.
Plymouth, June 7th, 1899.

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### THE APPOINTMENT OF POOR-LAW OFFICERS BY THE BRADFORD BOARD OF GUARDIANS.

*To the Editor of* The Medical Press and Circular.

Sir,—Your issue of May 24th ult. contains a memorandum upon the above subject from Dr. Crowley and Mr. Hall.

The third paragraph of the communication reads as follows:—"The Committee of the older Society (Bradford Medico-Ethical) has met and discussed these appointments, and decided that no steps should be taken in the matter."

The Committee of the Bradford and District Medico-Ethical Society take exception to the form of the above statement, and to prevent a wrong inference being drawn from it, we are instructed to forward to you the following extract from the minutes of the committee meeting referred to:—"The question of the proposed appointments by the Guardians of the Bradford Union of Dr. Crowley and Mr. Hall was discussed, but as there was a probabilily of a meeting of the profession being called by another society, no resolution was passed. The committee were, however, strongly opposed to the character and manner of the appointments."

We are, Sir, yours truly,
W. Horrocks, } Hon. Secs.
A. MankNELL. }
Bradford, June 10th, 1899.

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## Medico-Legal Notes.

By W. J. JOHNSTON, B.L.,
Dublin.

### Adulteration of Food.

The decision of the Queen's Bench Division in *Shortt v. Robinson* (8 L.T.R. 261) is an interesting illustration of the working of the Food and Drugs Act, 1875. The facts have already been reported, but we may summarise them shortly as follows. A grocer was charged under Section 6 of this Act for selling caper tea which was alleged to be adulterated. It was proved by the county analyst that the tea contained 3·5 per cent. of foreign matter, and the prosecutor asked for a conviction The justices, however, stated as a fact within their own personal knowledge that caper tea was grown on friable, sandy soil, under circumstances which rendered frequent and copious showers of rain necessary, and was therefore likely to contain a certain amount of mineral matter. They thought that, under these circumstances, 3·5 per cent. of such matter was not excessive, and refused to convict. A case was stated for the opinion of the High Court, and the question was argued whether the magistrates were entitled to take cognisance of facts which were within their own personal knowledge, but which were not proved in evidence. The Queen's Bench Division held that the justices were so entitled in this particular case, and refused to interfere with what had been done in the Court below.

### Conscientious Objections to Doctors.

The well-known and oft-quoted passage from St. James's epistle, "Is any sick among you? Let him call for the elders of the church," has had a curious history in the law courts. The case of *Reg. v. Senior* (47 W. R. 367) is the latest stage of this history, and arose on the interpretation of Section 1 of the Prevention of Cruelty to Children Act, 1894, which declares that any person who, having charge of any child under sixteen years of age, wilfully neglects such child in a manner likely to cause it unnecessary suffering, shall be guilty of a misdemeanor. The child in question was suffering from diarrhœa and pneumonia, which ultimately caused its death, and the father, who belonged to a sect called the "Peculiar People," and had conscientious objections to doctors and drugs, refused to call in medical aid. The medical evidence was that the child's life would certainly have been prolonged, and might probably have been saved, if medical assistance had been procured. Was the father, who otherwise had been kind to his child, guilty of "wilfully neglecting" his child within the meaning of the statute? Mr. Justice Willes held that there was evidence that he was, and left the sufficiency of the evidence as a question to the jury. When the question was argued before the Court for Crown Cases Reserved, Lord Russell said that "wilfully" in the section meant deliberately, and not by inadvertence, and that "neglect" meant the omission to do something for the benefit of the child. In other words, "intentional failure to take those steps which the experience of mankind shows to be generally necessary." In the result, the conviction of the prisoner at the trial was upheld. The case amounts to a decision that the deliberate omission to call in medical aid, on account of honest, conscientious belief, is wilful neglect within the meaning of the section.

At Common Law.—Before there was any legislation on this subject the rule seems to have been different. An instructive case on the point was *Reg. v. Wagstaffe* (10 Cox C. C., 530), which was a decision of Justice Willes. In that case, the prisoners, who were the parents of the child, had conscientious objections to calling in medical assistance, honestly believing that God would heal the sick child. They also belonged to the sect of the "Peculiar People," and founded their belief on the same passage in St. James's epistle. As a result of the illness the child died, and at the trial of the parents the judge told the jury that the mere omission to provide medical advice under the ciriumstances, when the objection to do so was honest and not a mere blind or screen for misconduct, was not culpable homicide. This seems to have been the rule at common law.

Legislation on the Subject.—The Act of 1868 (31 and 32 Vic. c. 122, s. 37) provided, among other things, that any parent who wilfully neglected to provide medical aid for his child, thus causing the health of the child to be seriously damaged, should be guilty of an offence. The decision of *Reg. v. Downes* (1 Q.B.D. 25), made it quite clear that when a person intentionally and deliberately abstained from providing medical aid, knowing it to be obtainable, he was guilty of an offence under this Act, and the motives which operated on his mind did not save him from the results of his conduct. This section was repealed by the Act of 1894; but although the words "medical aid" are left out of the latter Act, it is still the duty of a parent, according to Lord Russell in *Reg. v. Senior*, to provide medical aid for his children, and the omission to do so is wilful neglect.

(*To be continued.*)

## STEPHENSON'S NEW POISON BOTTLE.

The ingenuity of inventive geniuses has, for some occult reason, been largely devoted of late to the subject of poison bottles, *i.e.*, bottles which by reason of roughness of surface, oddity of outline or general unshapeliness can be distinguished from ordinary medical bottles even in the dark. One of the simplest—and therefore one of the best, seeing that simplicity is of importance—is that submitted to us by the makers, Messrs. Hearns, Limited, Lea Bridge Glass Works, N.E. It is made of blue glass, bearing the word "Poison" in raised letters, and its distinctive feature is a pinching in of the waist, giving it, roughly speaking, the outline of a fashionable lady. This gives a firm grip, and renders it absolutely impossible to handle without becoming conscious of its peculiar shape. Any person taking poison out of such a bottle even at dead of night might reasonably be adjudged *felo de se* without further inquiry. The price is not notably higher than the ordinary *death trap* poison bottle, guaranteed to deceive at first sight.

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# Medical News.

### The Royal Orthopædic Hospital, London.

A meeting of the governors of the above Institution was held at 20, Hanover Square on June 8th, under the Presidency of Lord Wantage. The five re-elected members of the old committee brought forward propositions for five alterations of rules. The first four changes were carried without opposition from the members of the new committee, but the fifth involved a good deal of discussion and voting. Briefly, the four unopposed resolutions provided that the time qualification for a governor's vote, and for membership of the committee, should be twelve instead of six months; that the committee should have power to add to their number, and that a fortnight's notice of candidature for committee should be given to the secretary. The meeting appeared to get out of the control of the noble chairman at an early period, but it must be said that most of the strong language came from the old committee, who repeatedly characterised the movement for reform as a "raid." On the other side Mr. Marks and Mr. Parker admitted that they had organised the voting that ousted the old committee as the only means of obtaining urgent and necessary changes of administration. Their chief grounds were that no effective steps had been taken to remedy the unsanitary condition of the hospital, although it had been notorious for many years past, and had led to recent deaths, besides causing the grant from the Prince of Wales' Fund to be withheld. The old committee had allowed income to dwindle and expenditure to increase. They had proposed to sell the hospital site for £28,000, whereas an independent authority, Sir Whitaker Ellis, valued it at £36,000. Not one of these points was seriously shaken by the members of the old committee, which included Sir Walter Gilbey, Sir Ernest Clarke, Alderman Bell, and Mrs. Drower. Indeed, the only point scored by them was the modification of a statement of Mr. Parker's that the old members had not helped the new, which was altered to the extent that two of the old members had latterly helped the new executive. The old members made free use of such terms as "raiders," "absolutely false," and of other equally emphatic language, but the climax was reached by Alderman Bell who, in moving the fifth resolution made an extremely bitter and personal attack on one of the honorary medical staff, Mr. Reeves, whom he designated as an "arch-conspirator." The alteration last-mentioned was to the effect that no medical officer of the hospital shall be eligible for election as a member of the committee of management. On being put to the vote this was lost by a large majority. Both sides then produced a number of proxies, and in the upshot the old committee carried their point by a small majority. The re-elected members of the old management, Sir Walter Gilbey, Alderman Bell, Sir Ernest Clarke, Mr. Drower, and Mr. Studd, then handed in their written resignations to the Chairman, Lord Wantage, who intimated his own resignation.

### Summer Trains de Luxe.

It may be of interest to some of our readers who may intend visiting one or other of the Continental Spas, or are sending patients thereto, to know that the International Sleeping Car Company has commenced running the Carlsbad Express daily to Frankfort, Bayreuth, and Carlsbad direct from Ostend in connection with the 10 a.m. services from London.

The Engadine, Interlaken and Lucerne Express will commence running from Calais on the 8th July until the end of the season, in connection with the 11 a.m. services from London.

A new Train de Luxe, to be called the Royan Express, will, from 8th July until 12th September, run from Paris (Gare d'Orleans) direct to Niort and Royan every Monday and Wednesday, starting at 7.50 p.m., corresponding with the 11 a.m. train from London.

The Luchon Express will leave the Gare d'Orleans every Tuesday and Thursday at 7.32 p.m., commencing on June 27th. From July 22nd until August 19th inclusive the Luchon Express will run on Mondays also. These trains are composed exclusively of the Company's sleeping, restaurant, and baggage cars. The official guide of the Company, "The Continental Traveller," containing full particulars as to times and fares, is sent post free to intending passengers, from the London offices, 14, Cockspur Street.

### The Medical Sickness and Accident Society.

The sixteenth annual meeting of this Society was held in the rooms of the Medical Society of London, Chandos Street, W., on Wednesday, May 24th, 1899. The chair was taken by Dr. De Havilland Hall, chairman of the Society.

Drs. A. S. Gubb, Dr. Walter Smith, Dr. F. J. Allan, Dr. J. Pickett, Dr. Knowsley Sibley. Mr. Brindley James, Dr. J. B. Ball, Dr. J. C. Williams, Dr. Percy Jakins, Dr. Leonard Grant, Dr. Miller, Dr. Barkwell, Dr. Clibborn, Dr. Owen, Dr. Culling, Dr. Bateman, Dr. Freeland, Dr. Rainsford, Dr. Cahill, Dr. Evans, and Dr. W. W. Hall.

The Chairman said that on the eightieth anniversary of their beloved Sovereign's birth he was only expressing the wish of all present in hoping she might yet be spared many years to rule over her people for whom she had done so much. As medical men they ought to be especially grateful for the example she had set in her relations with the medical profession.

He congratulated the Society on the year's work, on the smooth manner in which their business was carried on, and on the regular attendance of the Executive Committee. The Society was steadily growing. During its fifteen years' work it had paid over £40,000 in sickness benefits, and including the present surplus, returned over £10,000 in cash bonuses. By economy of working a considerable surplus had been produced in the management fund, and a special reserve had been created to cover any fluctuation in the value of the investments. The valuation had been based on the low rate of 2½ per cent., and a special reserve created against chronic sickness, the relief of which was, in his opinion, one of the most important functions of the Society.

There was a trifling surplus in the Life Assurance Fund and an insignificant deficit in the Annuity Fund, and he felt sure that the Society had acted wisely in ceasing to undertake fresh business of this kind, and in obtaining better terms for the members by acting as agents for the Rock Life Office.

With regard to the suggestion that the surplus should be applied to the extension of the sickness benefit from age 65 to 70 he read figures showing that it would be quite insufficient for this purpose and pointed out that the increase of average sickness after age 65, was much greater than was generally recognised. For any such extension a separate fund would have to be formed, and the necessary contributions to it would be of considerable amount. He concluded by expressing the thanks of the Society for the aid they received from the medical press, and in particular from the *British Medical Journal* and the Medical Press and Circular, and hoped that in this way the membership would be increased until it reached a total of at least 5,000.

The report was unanimously adopted and the distribution of a 10 per cent. bonus agreed to, and the proceedings closed with a vote of thanks to the Chairman.

### Indian Medical Service.

The annual dinner of past and present members of the Indian Medical Service took place in the Victoria Hall, Hotel Cecil, on Thursday last, Surgeon-General Sir W. Guyer Hunter, K.C.M.G. in the chair, supported by Sir Henry F. Norbury, K.C.B., Director-General of the Naval Medical Department, and Surgeon-General J. Jameson, C.B., Director-General A. M. S., Sir Joseph Fayrer, Bart., and many other distinguished officials. The thanks of those present were accorded to Dr. Freyer for the admirable way in which he had organised the meeting, which Dr. Freyer acknowledged in appropriate terms.

### A Cancer Society.

A meeting was held in St. Martin's Town Hall, London, on the 7th inst., with Sir Charles Cameron in the chair, to inaugurate a society having for its objects the prevention, amelioration, and the cure of cancerous disease. There was but a small attendance, but if anything can be done to assist in staying the ravages of this disease, support will not be lacking. Dr. Herbert Snow followed with a paper which we hope to publish in our next.

### Royal College of Surgeons in Ireland.

At a meeting of Fellows held June 5th, the following were elected for the ensuing year:—

President—Robert Lafayette Swan.
Vice-President—Thomas Myles.
Secretary—Sir Charles A. Cameron, C.B.

Council—Archibald H. Jacob, Edward Hallaran Bennett, Sir Philip Crampton Smyly, Sir Thomas Stokes, Henry Rosborough Swanzy, Wm. Stoker, William Ireland Wheeler, Sir William Thompson, Austin Meldon, D.L., Sir Charles A. Cameron, C.B., L. Hepenstal Ormsby, Richard D. Purefoy, John J. Cranny, Henry Gregg Sherlock, John B. Story, Henry Fitzgibbon, Francis T. Heuston, John Lentaigne, and Richard Bolton M'Causland.

### Isolation of Infectious Disease.

The following important case was heard and decision given in London by Justices Day and Lawrence in the Queen's Bench Division last week. The case was a special appeal case from the decision of certain justices of Workington, Cumberland, and raised a point of considerable importance under Section 124 of the Public Health Act. Mr. Macmorran, Q.C. in support of the appeal, said Section 124 of the Public Health Act, 1875, ran as follows:—"Where any suitable hospital or place for the reception of the sick is provided within the district of a local authority, or within a convenient distance of such district, any person who is suffering from any dangerous infectious disorder, and is without proper lodging or accommodation, or lodged in a room occupied by more than one family or is on board any ship or vessel, may, on a certificate signed by a legally qualified medical practitioner . . . be removed by order of any Justice to such hospital or place at the cost of the local authority." It appeared that the respondent was a labourer residing with his wife and seven children in a small house of four rooms. One of the children was attacked with scarlet fever, and though it was properly nursed and had adequate medical attendance, the local authority applied for an order to remove the child to the hospital, in order that it might not be a danger to the other inmates of the house. The Justices refused to make the order, holding that "proper lodging accommodation" ought to be decided with reference to the wants of the person infected. He (the learned Counsel) submitted that the words must have reference to all the surroundings of the case, and one of them was that if the child was not removed it was likely to be a danger to other persons in the house. There was no reflection on the parents, who had provided for the child to the best of their means.

Mr. Justice Day said in his opinion the Justices ought to have made an order for the removal of the child. Therefore the case would be sent back to them.

Mr. Justice Lawrence concurred.

# Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

**Reading Cases.**—Cloth board cases, gilt lettered, containing twenty-six strings for holding the numbers of The Medical Press and Circular, may now be had at either office of this journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

**The Indian Medical Service.**—There are twenty three appointments to be made in Her Majesty's Indian Medical Service. This being an exceedingly popular branch of the public services, applicants always in excess of vacancies. Notice is given in our advertising columns of the next examination to be held in London on July 28th and following days. Applications for admission must be sent to the Military Secretary, India Office.

**Public Health.**—The Parkes Memorial Prize is limited to competition among the Medical Officers of the Royal Navy, Army, and Indian Medical Services of executive rank on full pay, with the exception of the assistant professors of the Army Medical School during their term of office.

### SANITATION IN THE SCHOOLROOM.

**Teacher** (to applicant for admission): Have you a certificate of vaccination for small-pox? Yes, sir.

Have you been inoculated for croup? Yes, sir.

Been treated with diphtheria serum? Yes, sir.

Had your arm scratched with cholera bacilli? Yes, sir.

Have you a written guarantee that you are proof against whooping-cough, measles, mumps, scarlet fever, and old age? Yes sir.

Do you promise not to exchange sponges with the boy next to you, and never to use any but your own pencil? Yes, sir.

Will you agree to have your books fumigated with sulphur and sprinkle your clothes with chloride of lime once a week? Yes, sir.

As you have met the requirements of the modern sanitarians, you may climb over yonder rail, occupy an isolated aluminum seat, and begin making P's and Q's as your first lesson.—*American Journal of Practical Medicine.*

**M.R.C.S., L.R.C.P.**—The matter is under our consideration, and our correspondent will receive a private note in the course of a few days.

**Spes.**—Full details will be found in our advertising columns.

**F.R.C.S.**—The election of president takes place at the first meeting of the Council of the College of Surgeons, England, after the annual election of councillors. The procedure is by ballot, each member of the Council voting for whom he feels inclined.

**Matron.**—We cannot undertake to advise our correspondent under the circumstances.

## Meetings of the Societies and Lectures.

### Wednesday, June 14th.

**North-West London Clinical Society** (North-West London Hospital).—8.30 p.m. Clinical Meeting.

### Thursday, June 15th.

**Central London Throat, Nose, and Ear Hospital** (Gray's Inn Road).—5 p.m. Dr. D. Grant: Diagnosis and Treatment of Dangerous Sequelæ of Otitis.

### Friday, June 16th.

**West London Medico-Chirurgical Society** (Town Hall, Hammersmith, W.).—8.30 p.m. Professor W. Osler: Cerebro-Spinal Fever. (Cavendish Lecture).

### Saturday, June 17th.

**Neurological Society of London** (Physiological Laboratory, Cambridge).—4.15 p.m. Paper: Dr. W. H. R. Rivers: Some Physiological Observations on the Natives of Torres Straits. 6.30 p.m. Dinner in Trinity Hall.

## Vacancies.

Bedford County Hospital.—Senior House Surgeon for one year. Salary, £100, with apartments, board, and washing.

Bradford Royal Infirmary.—Dispensary Surgeon, unmarried. Salary, £100 per annum, with board and residence.

Brighton and Hove Dispensary, Brighton.—House Surgeon to the Western Branch, unmarried. Salary, £140 per annum, with furnished apartments, coals, gas, and attendance, but without board.

County and City Asylum, Hereford.—Assistant Medical Officer for ten or twelve weeks. Salary, £2 2s. per week, with board, lodging, &c.—Apply to the Medical Superintendent.

County Asylum, Rainhill, near Liverpool.—Senior Assistant Medical Officer, unmarried. Salary commencing at £225 per annum, with furnished apartments, board, attendance, and washing.

Dundee Royal Infirmary.—Resident Medical Assistant for six months. Salary at the rate of £40 per annum, with board and washing.

Fisherton Asylum.—Assistant Medical Officer. Salary commencing at £120 per annum, with board, lodging, and washing.—Apply to Dr. Finch, The Asylum, Salisbury.

Glasgow Corporation.—Bacteriologist in connection with the Health Department of the City. Salary at the rate of £350 per annum.—Applications to the Clerk (Police Department), Glasgow.

King's Norton Union.—Resident Deputy Medical Officer at the infirmary and the workhouse at Selly Oak, near Birmingham. Salary commencing at £170 per annum, with furnished residence. Rations or attendance not provided. Applications to the Clerk, 10 Newhall Street, Birmingham.

London County Asylum, Claybury, Woodford Bridge, Essex.—Junior Assistant Medical Officer, male. Salary, £150 per annum, with board, furnished apartments, and washing. Applications to the Clerk of the Asylums Committee, 6 Waterloo Place, S.W.

Newport and Monmouthshire Hospital.—House Surgeon. Salary, £100 per annum, with board and residence (no stimulants provided).

Owens College, Manchester.—Senior Demonstrator in Physiology. Stipend £150 per annum, rising to £200.

Royal United Hospital, Bath.—House Surgeon on July 1st, for three months. Salary at the rate of £60 per annum, with board, lodging and washing.

Staffordshire County Asylum at Stafford.—Medical Officer for two or three months. Salary, three guineas per week, with furnished apartments, board, &c.

West Derby Union.—Resident Assistant Medical Officer at Mill Road Infirmary, Everton. Salary, £100, with rations.—Apply to the Clerk, Brougham Terrace, Liverpool.

## Appointments.

**Allkin, F. W.**, M.B., C.M.Ed., Medical Officer for the Second Sanitary District of the Ashton-under-Lyne Union.

**Black, L. P.**, M.B., B.C.Camb., L.R.C.P.Lond., M.R.C.S., Medical Officer by the Braintree Rural District Council, *pro tem.*

**Bradshaw, J. C.**, L.R.C.P., L.R.C.S.Edin., D.P.H., Medical Officer for the Walton Sanitary District of the West Derby Union.

**Browne, B. S.**, L.R.C.P., L.R.C.S.Edin., Medical Officer for the Workhouse and the Alcester Sanitary District of the Alcester Union.

**Coles, C.**, M.D.Lond., L.R.C.P., M.R.C.S., Medical Officer of Health for the Combined Districts of the town and shire of Leicester.

**Fox, H. C.**, M.R.C.S., L.S.A., Divisional Surgeon of Metropolitan Police for St. Ann's, Stamford Hill.

**Hair, Allan**, M.R.C.S., L.R.C.P.Lond., Assistant Medical Officer to the North-Western Fever Hospital, Hampstead.

**Hughes, J. Bradley**, L.R.C.P.Lond., M.R.C.S., Senior Resident Medical Officer to the Toxteth Workhouse Infirmary.

**Law, J.**, L.R.C.P.Lond., M.R.C.S., Medical Officer for the Sixth Sanitary District of the Township of Oldham, the Oldham Union.

**McRae G. Douglas**, M.B., C.M.Edin,, Assistant Physician to the Royal Asylum, Morningside, Edinburgh.

**Potter, S. L**, L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Medical Officer for the Dewsbury Workhouse and Infirmary.

**Scott, J. B.**, M.B., C.M.Edin., Medical Officer for the Seventh Sanitary District of the Ashton-under-Lyne Union.

**Slocock, R.**, L.R.C.P.Lond., M.R.C.S., Medical Officer for the Spilsby East Sanitary District of the Spilsby Union.

**Steele, Frank**, M.R.C.S., L.R.C.P., Medical Officer to the Casualty Department, East London Hospital for Children.

**Stevenson, Roland A.**, L.R.C.P.Lond., M.R.C.S.Eng., Second Assistant Medical Officer to the Fulham Road Infirmary, Parish of St. George's, Hanover Square, London.

**Taylor, F. R. P.**, M.D.Lond., B.S., L.R.C.P., M.R.C.S., Medical Superintendent of the Darenth Asylum, Metropolitan Asylum District.

## Births.

**Evans.**—On June 7th, at 13 Taviton Street, Gordon Square, London the wife of Wilmot Evans, B.S., F.R.C.S., of a son.

**Semple.**—On June 9th, at Whitchurch Villa, Sholing, Southampton, the wife of Major G. Semple, M.D., Royal Army Medical Corps, of a son.

## Marriages.

**Cooke—Jones.**—On June 6th, at the Welsh Calvinistic Methodist Chapel, Garston, Ebenezer Hunt Cooke, M.A., M.B., of Bhusawal, India, to Katie Williams, only daughter of R. W. Jones, of Garston, Liverpool.

**Mawdsley—Gardner.**—On June 8th, at Holy Trinity Church, Ilfracombe, John Herbert St. Hill Mawdsley, of St. Kilda, Taunton, to Elizabeth Mawdsley Gardner, youngest daughter of Frederick Gardner, L.R.C.P., M.R.C.S., of Belmont, Ilfracombe.

## Deaths.

**Ley.**—On June 1st, at Ealing, Edwin Granville Ley, M.D., Deputy Surgeon General, late A.M.D.

**Moir.**—On June 7th, at St. Andrews, N.B., Robert Moir, M.D., F.R.C.S.E., Surgeon Major (retired) Indian Medical Service.

**Pollexfen.**—On June 6th, John Hutton Pollexfen, M.A., M.D., for twenty-five years Vicar of Middleton Tyas, Yorks, aged 86.

**Topham.**—On June 9th, at Wootton Hill, Bournemouth, Herbert Topham, M.R.C.S, aged 58.

**Turnour.**—On June 8th, at Denbigh, Ed. A. Turnour, Mayor of Denbigh, only son of Arthur E. Turnour, M.D., J.P., of Denbigh, aged 35.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

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# The Cavendish Lecture
ON THE
# ETIOLOGY AND DIAGNOSIS OF CEREBRO-SPINAL FEVER. (a)

By **WILLIAM OSLER**, M.D., F.R.S., F.R.C.P.,
Professor of Clinical Medicine, Johns Hopkins University,
Baltimore, U.S.A.

In practice we sometimes meet with a meningitis which is not a sequel to pneumonia or ulcerative endocarditis, to ear disease or of injury, and which does not mark the terminal stage of a chronic malady. As the meninges of brain and cord are both inflamed the condition is labelled cerebro-spinal meningitis. When there are many cases we speak of epidemic cerebro spinal meningitis. Until recently my experience did not extend beyond the sporadic form of the disease. However, the recurrence of a small outbreak in Baltimore during the past year has enabled me to study certain points in this most interesting affection, and has thus determined my choice of a subject upon which to address you.

Of the special features of epidemic cerebro-spinal fever I shall speak but briefly.

First, it is one of the most fatal of all acute diseases, but fortunately takes a low position among destructive epidemics. It spreads slowly and attacks only a few individuals so that the general mortality may be but slightly increased. On the other hand, scarcely any known fever kills so large a proportion of those attacked. During the recent Boston epidemic out of 111 hospital cases no less than 76 died.

Secondly, the outbreaks occur in epidemic waves, of which the fourth in the present century is now prevailing in the United States. For some years there have been local outbreaks in widely-separated regions, but in 1896, 1897, and 1898 a slight epidemic occurred in Boston, and in 1898 cases appeared in Baltimore and other towns. From a recent report by Surgeon-General Wyman we find that cerebro-spinal fever has prevailed during the past year in twenty-seven States.

Thirdly, among specific diseases cerebro-spinal fever comes closest to pneumonia. Sporadic cases of both occur during epidemic periods, although more commonly so in pneumonia, while both are most frequent in barracks, gaols, and asylums. Even when not epidemic there may be remarkable house outbreaks of cerebro-spinal fever. The seasonal relations are the same in both, and the two diseases may prevail together. Other points of resemblance are found in the abrupt onset, the herpes, the almost identical character of the fibrino-purulent exudate, as pointed out by Netter, and the frequent complication of pneumonia by meningitis, and of the latter by pneumonia. The degree of contagion is about the same in both diseases, and it has been claimed that the organism described in cerebro-spinal fever is only a degenerate variety of the pneumococcus.

On the other hand, Leichtensten urges against the view that pneumococcus is the cause of epidemic cerebro-spinal meningitis the facts that pneumonia is of universal distribution, whereas the other condition is very rare, and in some countries still unknown. Croupous pneumonia attacks every age, and somewhat more so with increasing age, while epidemic meningitis chiefly affects children and young persons. Pneumonia has a typical course and crisis: epidemic meningitis has no crisis. The complications also differ.

### The Bacteriology of Cerebro-Spinal Fever.

More than twelve years ago Weichelsbaum described a diplococcus with special cultural peculiarities, which he claimed to be the specific organism of the disease. In 1895 his observation was confirmed by Jaeger. No mention, however, was made of the fact in Allbut's System, published in 1896, or in Lowne's and Thompson's System in 1897. Weichelsbaum has been confirmed by Heubner, Councilman, Mallory, and Wright, and the organism, known as the meningo-coccus, or the diplococcus intracellularis meningites, is now regarded as the specific cause of the malady. The subject is fully discussed by Netter in Vol. XVI. of the "Twentieth Century Practice" My own cases have been carefully investigated by my colleagues, Drs. Gwyn, Harris, and Welch. The meningococcus in coverslips from the exudate is usually a diplococcus lying within the polynuclear leucocytes; hence the term intracellularis. It may also occur free. It is stained with the ordinary reagents, and is decoloured by Gram's method. It grows best on Loeffler's blood serum, on which it forms round, whitish, shining, viscid-looking colonies, with smooth, sharply-defined outlines, which contain a diameter of 1 to 1¼ millimetres in twenty-four hours. It is found in the cerebro-spinal exudates, and has been rarely isolated from the blood, pus from joints, pneumonic areas in the lungs, and nasal mucus.

Our clinical and pathological experience with the organism is as follows:—In twenty-one cases which I have seen lumbar puncture was made in sixteen. In three cases seen in consultation the diagnosis was so clear that puncture was not made. In Cases 1 and 2, both mild, the puncture was made, one on the sixth and the other on the seventh day, but no organisms were found, In Cases 3 and 4, admitted late in the disease, it was not thought necessary to perform it. Of the remaining fourteen cases, in thirteen the diplococcus intracellularis was present on coverslips and in cultures. In the fourteenth case its presence was doubtful on the coverslips, but the staphylococcus was found in culture. Of the five autopsies the diplococcus intracellularis was present, and in two had been found during life. In one the streptococcus and in another the staphylococcus was isolated.

### Microbic Association in Cerebro-Spinal Fever.

It is interesting to note that the diplococcus intracellularis is often found to be not in pure culture. In the Boston epidemic other organisms were often found, particularly in lumbar punctures taken in the course of the disease. In a large number of Netter's cases the pneumococcus was present. In our own series it was found only once in the fluid obtained by lumbar puncture. Another point in diagnosis is that after five or six weeks or longer the diplococcus intracellularis often disappears. The chief organisms found in association are the pyogenic organisms, the pneumococcus, and rarely, the tubercle bacillus.

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(a) Read before the West London Medico-Chirurgical Society, June 16th, 1899.

On the whole, then, our observations support those of Weichelsbaum, Jaeger, Councilman, and others, that in epidemic cerebro-spinal fever there is an organism with special cultured peculiarities which may reasonably be regarded as the exciting cause of the disease. Among recent observers, Netter alone appears to doubt this, and says that he found the diplococcus intracellularis in 16 only out of 39 cases, and in 10 of those the pneumococcus was present at the same time.

Netter's position is illogical and confusing. In his article in the "Twentieth Century Practice" he assumes that cerebro-spinal fever may be caused by either the pneumococcus or the diplococcus intracellularis. That a cerebro-spinal meningitis may be due to the pneumococcus is everywhere acknowledged; but it is unlikely that so specific an affection as cerebro-spinal fever should be caused by two different organisms. Towards the close of the article the inconsistency of this view seems to impress him, for he says, "certain peculiarities prevent us from concluding that the two diseases are absolutely identical."

### THE DIAGNOSIS.

In cerebro-spinal fever the disclosures of the post-mortem room are just as mortifying as in pericarditis. Who has not in enteric fever or pneumonia made an absolute diagnosis of meningitis, only to illustrate the dictum of Stokes that there is no single nerve symptom which does not and may not occur independently of any lesion of brain, nerve, or spinal cord? It is very doubtful if either tuberculous or pyogenic organisms cause an acute primary cerebro-spinal lepto-meningitis.

The onset of the disease is peculiar. As a rule it is more abrupt than that of any other known disease, with the possible exception of pneumonia. The patient may be seized when at work or during sleep, he has rigors or chill. This onset is very different from that of the tuberculous form. In sporadic cases of cerebro-spinal attacks there may be no fever at first. (Various charts illustrating the peculiarities of temperature were here shown on a lantern screen.) In two cases there was no elevation of temperature for three or four days, then the curve ran up suddenly to 104 degs. or 105 degs. Another chart showed extreme fluctuations from about normal to 106 degs. and 108 degs. (the latter preceding death). In another less common type the fever was continuous, resembling the third week or recovery stage of enteric fever. In one case regarded as typhoid the diagnosis of cerebro-spinal fever was established by lumbar puncture. One protracted case showed extreme irregularity, and at one time an inverse type of temperature—that is to say, a morning record higher than that of the evening. In some the fever is of a remarkably intermittent nature. It differs, however, from the paroxysms of intermittent fever in extending over twenty-four hours, whereas the intermittent periodicity occurs every twelve hours.

### KERNIG'S SIGN.

This interesting sign, first described by a Russian physician, has been present in all of our cases in which it has been looked for. It is an old observation that in protracted meningitis the patients lie with the thighs flexed upon the abdomen and the legs partly flexed on the thighs. To test for Kernig's sign the patient should be propped up in bed in the sitting position, then, on attempting to extend the leg on the thigh there is contraction of the flexors which prevents the full straightening of the leg. On the other hand, in the recumbent posture the leg can be fully extended. Many patients with meningitis cannot sit up, but the test can be equally well applied by flexing the thigh on the abdomen, when, on attempting to extend the leg, if meningitis be present, the limb cannot be fully extended. Frics found the sign in fifty-three out of sixty cases, and Netter in forty-five out of fifty. Its presence is no indication of the intensity of the spinal involvement. Netter's explanation of the phenomenon is as follows: In consequence of the inflammation of the meninges the roots of the nerves become irritable, and the flexion of the thighs upon the pelvis when the patient is in the sitting posture elongates, and consequently stretches the lumbar and sacral roots, and thus increases their irritability. The attempt to extend the knee is insufficient to provoke a reflex contraction of the flexors while the patient lies on his back with the thighs extended upon the pelvis, but it does so when he assumes a sitting posture."

### LUMBAR PUNCTURE.

By means of Quincke's lumbar puncture we can now say when a meningitis exists and are further able to determine the form of the disease. The technique of the operation is fully described in the text-books. It is a simple, harmless procedure, and in most cases can be undertaken without general anæsthesia, or with the aid of a local freezing mixture. The puncture is usually made between the second and third lumbar vertebræ, and is done with an ordinary aspirating needle. Often a few drops of blood flow first, then a clear or turbid fluid. A dry tap is unusual in cerebro-spinal fever. The needle may be plugged, or may be in contact with a nerve. In rare cases clear fluid may be obtained when meningitis exists, and in a protracted case the fluid may be turbid at one puncture and clear at the next. A clear fluid may be obtained from a puncture in the second lumbar interspace, while lower down a turbid fluid may be withdrawn. In a recent *post-mortem* the fluid in the dorsal and upper lumbar regions was clear, while that in the lower lumbar and the sacral canal was turbid and flocculent. The amount of fluid varies from a few drops to a large amount—*e.g.* 126 c.c. Cover glass preparations can be made at once, and cultures prepared by running a few cubic centimetres of the fluid on to a shunt tube of Loeffler's blood serum.

Has the lumbar puncture any therapeutic value? Williams, of Boston, thought it had, but Wentworth takes a contrary view. Netter reports some good results. We have given this point careful attention. In one chronic case the patient lingered three months. Seventeen punctures were made in all between the twenty-ninth and the seventy-fifth days of the disease, and of these fourteen were positive. A turbid, pale yellow fluid was removed at each effective tapping. On five occasions 100 cc. or more were obtained, once 125 cc., and once 126 cc. After the first two effective tappings the patient seemed better, the ten punctures dropped and he seemed much brighter, but he soon became worse, and the fever rose. Following the sixth, seventh, eighth and eleventh punctures the temperature fell 4·5 degs., 3·8 degs., 4·2 degs., and 5·8 degs. The drop in the fever followed so directly that it seemed only natural to attribute it to the lumbar puncture. The thirteenth puncture, however, was negative, yet the temperature fell 5·1 degs., and after the fourteenth tapping the temperature rose 2·6 degs. Evidently not the withdrawal of the fluid, but the peculiar character of the disease was responsible for the remission. The diplococcus intracellularis was found twice.

### SPORADIC CEREBRO-SPINAL FEVER.

To what extent do isolated cases of cerebro-spinal fever occur between the epidemics? What is the nature of the primary suppurative meningitis which is met with from time to time in all communities

Neither hospital statistics nor the ordinary death returns give any trustworthy information as to these questions,

From the Fifty-ninth Annual Report of the Registrar-General, 1896, I gather that the deaths from cerebro-spinal fever in England from 1877 to 1896 inclusive, have only once exceeded 50 per annum. There has been a great reduction in the return since 1887, 233 cases for the ten years ending 1896, against 406 for the previous decade. In Scotland there were only six deaths from cerebro-spinal fever in 1895, and five in 1896. In Ireland there were 76 deaths from this cause in 1896, and the same number in 1897.

In the United States and Canada the occurrence of sporadic cases in the intervals between the epidemics has long been recognised. In Philadelphia, from 1863 up to the present date, a record has been made by Stillé, Pepper, and Abbott. They show a gradual decline from 1884, when there were 124 deaths, to 1891, with 23 deaths. From 1892 to 1897, the deaths were 22, 35, 18, 17, 7, 10; 1898, 24 cases; while in the first four months of the present year there were no less than 89 deaths.

At the Johns Hopkins Hospital in the Spring of 1898 there were four cases of sporadic cerebro-spinal fever; the first of the epidemic cases.

One family presented the following history:—(1) a son, a young man, æt. 20, returned home with a terrible pain in the head. He had fever and vomiting and his head and neck were arched. He was delirious and died in five days; (2) a sister who nursed her brother, died in four days; (3) a second sister taken ill and recovered; (4) the mother, worn out with nursing her children, attacked and died in two days. These were five cases of the sporadic form in one family. The disease was not epidemic in the city.

### Bacteriology of Sporadic Cerebro-Spinal Fever.

In a number of sporadic cases the organism of Weichelsbaum has been found. The most important contribution of late years has been made by Dr. Hill, of the Great Ormond Street Hospital for Children. In a study of the simple posterior basic meningitis of infants he isolated from seven or eight cases a diplococcus conforming in every respect with the diplococcus intracellularis. In ten years there were forty-nine fatal cases of the kind at the hospital mentioned. Clinically the disease differs from the ordinary type, as it attacks young children and is very protracted. Skin rashes are not frequent. Still was able to isolate the diplococcus from the periarthritic exudates.

By the kindness of Professor Welch the results of the twenty-five cases in our own city in which bacteriological examination has been made may be here given. There were six of cerebro-spinal fever, eight of pneumococcic meningitis, seven of pyogenic meningitis (in which streptococci and staphylococci were found together and separately), and four showing unidentified bacilli.

The pyogenic forms of meningitis do not concern us here; no case of primary streptococcus or staphylococcus came to autopsy. I have already referred to the chronic form of cerebro-spinal fever in which the pyogenic cocci may alone be present at the time of death.

### Pneumococcic Meningitis.

The pneumococcus has long been recognised as the most important organism in the production of meningitis, and the first question is how far sporadic cases of cerebro-spinal meningitis are due to it. Of twenty-five cases in the Johns Hopkins Hospital it was isolated in eight. Of twenty cases examined by Councilman, Mallory, and Wright, it was primary in wo and secondary in eight. Netter examined sixty-one cases of meningitis bacteriologically, and found the pneumococcus thirty-five times, the same with streptococcus once, and once with staphylococcus, the streptococcus alone thirteen times, the diplococcus intracellularis three times. We may consider three groups of pneumococcic meningitis.

1. The meningitis as a complication of lobar pneumonia. In Montreal my attention was called to the frequency of this complication in eight of one hundred consecutive autopsies. The other groups are pneumococcic meningitis from local infection, and primary pneumococcic meningitis.

The clinical features of pneumococcic meningitis present many points of interest. Is the case one of cerebro-spinal fever with pneumonia, or of inflammation of the lungs, with an added meningitis? This question does not often arise at the bedside, as it is most exceptional for the meningitis of pneumonia to present the symptoms of cerebro-spinal fever, and in doubtful cases the lumbar puncture will settle the matter. The age of the patient is important. In meningitis complicating pneumonia all the cases were above the twentieth year, a striking contrast to cerebro-spinal fever, in which a large proportion are under twenty. A second point is the latency of pneumonia, which is much more often recognised in the deadhouse than in the wards. Netter states that fully one-half of the cases are latent. Headache and early delirium are present in all cases, owing to involvement of cortex. On the other hand, the mind may remain clear throughout cerebro-spinal fever. Spinal symptoms are rare in the meningitis of pneumonia. The importance of lumbar puncture cannot be too strongly emphasised. In a case of pneumonia in the wards of cerebral symptoms, the puncture showed the pneumococcus in the exudate. Lastly, an important point is that meningitis complicating pneumonia is almost always fatal. Personally I have never seen recovery under these conditions.

Secondary meningitis from local infection from nose, ear, &c., is often of pneumococcic origin.

Primary pneumococcic meningitis exists, and is abrupt in onset. The most important point to be determined is the exact proportion of primary cerebro-spinal meningitis due to pneumococcus and to diplococcus intracellularis.

### Treatment.

In our cases no special drugs were used. Morphia was given to check pain, and sponging practised to reduced temperature. Our mortality has not been very great when we consider the severity of the cases, thus eight cases died out of eighteen in hospital, and nine among the twenty-one I have seen. A distinguishing feature is the relief of pressure by withdrawal of cerebro-spinal fluid.

In two of our cases the spinal canal has been opened, drained, and irrigated. So far as I know, an extensive laminectomy had not been done for acute spinal meningitis until our first case on November 6th, 1898, was operated upon by Dr. Cushing. The spinal canal was thoroughly irrigated with salt solution and a quantity of purulent exudate washed out. No change followed in the existing paraplegia. The bladder and kidneys became infected, and the patient died two months after the operation. At the autopsy spinal meninges were smooth and looked normal. It was impossible to say where the dura mater had been incised, and there were neither adhesions nor thickening of the pia-arachnoid.

In another case laminectomy was performed on the fourth day by Dr. Cushing. A catheter was passed beneath the dura mater, and the membranes drained and irrigated. For several days the patient seemed better, but he developed a hæmorrhagic cystitis, and died on the sixth day after operation.

Dr. Musser, of Philadelphia, has also had an unsuccessful case. In England Dr. Rodleston, and Mr. Herbert Allingham have reported a case of sporadic cerebro-spinal meningitis, in which the patient recovered after laminectomy and drainage. The operation, which has been adversely criticised in some quarters, seems to me justifiable in severe cases, where the spinal symptoms are very marked, on the principle of a desperate remedy for a desperate disease.

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# THE ERADICATION OF TUBERCULOSIS.

By GEORGE FLEMING, C.B., F.R.C.V.S., LL.D.,
Late Principal Veterinary Surgeon to Her Majesty's Forces.

THE intense interest that is now being taken by the public in the subject of tuberculosis is, it is to be hoped, an indication that at length active measures will be speedily inaugurated to diminish its prevalence in man and beast, and ultimately lead to its total suppression. For of all the diseases with which we are acquainted this is certainly the most prevalent, as it is by far the most destructive. It is estimated that it destroys, in its various forms, one-seventh of mankind, and its ravages are experienced more or less in every part of the world. Its pernicious influence on human existence may be estimated, when we consider that in Great Britain it is accountable for nearly half the number of deaths occurring between the marriageable ages of 15 and 35 years, and causes one-fifth of the entire mortality. What loss it may occasion during the earlier years of life is difficult to ascertain, as perhaps more than one disease is included under this designation; but there can be no doubt that the death rate from tuberculosis among children under two years of age is very great. The total annual mortality in this country from this scourge alone, has been set down at 70,000; but it may be greater, for the reason just stated, as the disease appears in various forms, which, receiving different names, are liable to mislead as to their real nature.

Surely this must be looked upon as a most serious affliction, and one which demands every possible effort to be made for its removal! And that its mitigation and eventual eradication are possible, there can be no reason whatever to doubt; it only requires the devising of proper sanitary measures, and the patient and careful enforcement of these, to ensure the attainment of this most desirable object. But it would appear that these measures will not be instituted unless the public press for them, and when inaugurated they cannot be carried into successful operation unless the public heartily and energetically support them. The sanitary measures to be adopted must be based on the fact that tuberculosis is an infectious disease, and that it owes its maintenance and extension to its infectiousness alone. It is a disease due to a specific germ, a bacillus, and without this germ there can be no tuberculosis, phthisis, consumption, or whatever other names may be applied to the different forms the malady assumes.

Had this fact been earlier understood, in all probability the ravages of tuberculosis would long ago have been greatly lessened, and we should not now be deploring the sad and astounding mortality it occasions. It is indeed, astonishing, that this very important feature of the disease, its communicability from diseased to healthy people, should have been so long overlooked or only now and again suspected. The immortal Harvey, more than two hundred years ago, was of the opinion that phthisis is a communicable or infectious disorder, and considered that it acted like plague, leprosy, and lues venerea, "creeping through the ranks of mortal men, and by mere extrinsic contact exciting disease similar to itself in other bodies" And the great anatomist, Morgagni, not long afterwards suggested the infectiousness of phthisis. But it is only within a few years that its infectiousness has been at all generally recognised, and even now there are some persons who remain incredulous, and deny that tuberculosis and leprosy are transmissible from diseased to healthy subjects.

Not being recognised as an infectious disease, attention has until lately been directed entirely to its cure, with what success the figures just referred to will show. Though a small percentage of affected persons recover, yet it must be pronounced a very fatal disorder, and one for which medical treatment can do little in the way of cure. It is not so with preventive or prophylactic measures, to which, if wisely devised and thoroughly carried out, it must eventually yield. But the framing of these measures and the manner in which they are to be brought into operation, must be based on our knowledge of the virulent principle on which its existence depends, the source or sources from which that principle is derived, and the mode in which it is communicated from diseased to healthy people. Tuberculosis is not a disease affecting only mankind; if we were so limited its suppression would be easier, and its diffusion not so subtle and evasive. It is very probable that all warm-blooded creatures are more or less susceptible to its invasion, and that those with which man has the most intimate relations - those which provide him with a considerable portion of his daily food—are largely infected with it. More especially is this the case with bovine animals, in which tuberculosis generally appears in a chronic form, and causes so little disturbance to health in many cases that cattle intensely affected may outwardly appear in good health and fair condition. This is very different to what is witnessed in man, and places bovine tuberculosis in a very serious light, as we shall see presently. And yet it is a destructive disorder, and is estimated to kill forty thousand cattle annually. It has been calculated that from 25 to 40 per cent. of the cows in London are tuberculous, and in Edinburgh, Yorkshire, and Durham from 19 to 23 per cent. Not long ago, when bovine contagious pleuro-pneumonia was being stamped out by slaughter, it was noted that from 20 to 30 per cent. of the cattle destroyed were tuberculous. On the European Continent its prevalence varies somewhat. In Germany, some years ago, it was supposed that from 2 to 8 per cent. of all the cattle were affected, but more recent investigations have given rise to the belief that it is quite as high as in this country. In the Leipsic abbatoir, for instance, in 1890, as many as 22 per cent. of all the slaughtered cattle were tuberculous; in 1892, 27 per cent; and in 1894, 29½ per cent. And similar proportions have been remarked in the abbatoirs of other cities. The disease appears to be on the increase nearly all over the world, and it is now the most widespread of all bovine disorders, though it must be observed that there are some regions where it is little if at all known. Is is said that Japanese cattle are exempt from it, and in the North of Sweden and Norway, North Africa, the Steppes of Russia, and in Iceland and Sicily, it seldom if ever occurs. Certain breeds are more predisposed to it than others, especially those reared on plains, and it is rare among hill-bred and wild cattle. It is far more common among cattle in towns than among those in the open air of the country, and cows suffer most severely when compared with bulls, oxen, or calves, while old animals are much more frequently involved than young ones Where cowsheds are unclean, badly ventilated and lighted, and the drainage is defective, there the disease revels if it once obtains a footing.

It is probable that bovine tuberculosis was known at a very early period to the Jews and others, and that the flesh of animals affected with it was forbidden by law to be sold as human food. This was more particularly the case in the fourteenth, fifteenth, and sixteenth centuries, though it does not 'appear that it was so much from dread of infection as because it was supposed to have some relation to human syphilis, and like that malady, it was named the French disease. Towards the end of the eighteenth century, however, this relationship was denied, and the flesh of tuberculous cattle was pronounced fit for food in Germany and Austria. In the beginning of this century the danger of such flesh was suspected, and in 1816 an authority graded it in three classes: 1. That from which the tuberculous masses were to be removed; (2) that from which the diseased portions were to be excised and destroyed, and the remainder sold at a low price; and (3) that which was quite unfit for consumption.

But the transmissibility of the disease from one cow to another does not appear to have been apprehended, and though it was a common affection among dairy cows and caused heavy loss, no precautions were adopted to check it, nor does inquiry seem to have been made as to its nature; and the great majority of writers were of opinion that it was quite different from human tuberculosis. More than forty years ago I had satisfied myself that it could be communicated from an affected to a healthy cow, and evidence of such infection was not far to seek in town dairies. But until experimental research was adopted little of a positive nature was known. In 1865 Villemin began these experimental investigations which yielded such startling results, and clearly demonstrated not only that human and bovine tuberculosis were one and the same disease, but also that the former could be readily transferred to various species of animals by inoculating them or feeding them with tuberculous matter; he was, therefore, the first to prove that it is a specific infective malady, identical in man and cattle. This discovery by Villemin has been strangely lost sight of in this country, the credit for it having been given to Koch; it was quickly verified and established by the experiments of Klebs, Gerlach, Chauveau, St. Cyr, Toussaint, and many others. The results were so remarkable, and gave the bovine disease such a serious aspect, so far as the public health was concerned, that I drew attention to the subject in a medical magazine, (*a*) insisting on the danger attending the consumption of the flesh and milk of diseased animals, and pointing out that much of the mortality among young children might be due to the latter! And the following year, in a work published with a view to the eradication of contagious diseases among animals (*b*) a section was devoted to the subject of bovine tuberculosis, in which the following passage occurs with reference to milk: "The commencement of phthisis is generally so insiduous in the human species, that it is most difficult to arrive with any degree of certainty at the causes which directly produce or favour its development; but from the evidence before us, it is to be feared that at least one of its sources may be referred to the milk from tuberculous cattle. It is certain that tuberculosis is a somewhat common and a very destructive disease, among dairy cattle especially, and more particularly among those in towns; that the udder is one of the glands not infrequently involved; that infants and adults consume milk in large quantities—indeed, it is the staple diet of young children; and that phthisis is a very prevalent and fatal malady in the human species, and chiefly among the dwellers in towns and cities. There is every reason, then, to prohibit the use of milk from cows affected with tuberculosis, and especially for infants, who mainly rely upon this fluid for their sustenance, and whose powers of absorption are very active. Even if it did not possess infective properties, its deficiency in nitrogenous elements and fat and sugar, and the increased proportion of mineral matters, would alone render it an objectionable article of diet. It had long been known that it was liable to produce diarrhœa and debility in infants, but though these died from general or localised tuberculosis, the part played by the milk in its production was not suspected."

I believe this reference, and that in the medical journal already mentioned, is the first intimation, in this country at least, of the danger of infection through milk when taken as food, and that this may be one of the sources of human tuberculosis. With regard to the communicability of the disease among cattle, I had also insisted on this in the work just quoted from. "There appear to be many facts to support the popular notion, that the cohabitation of healthy with phthisical cattle will produce the malady in them; the expectorated matters of the diseased being probably the active agent in this contamination. . . there is evidence which appears to prove, in the most conclusive manner, that not only is the disease commmunicable by cohabitation of healthy with diseased cattle, but that stalls and stables may become so contaminated by animals suffering from tuberculosis that they will infect sound cattle which afterwards inhabit them. . . forage soiled by the expectorations of the diseased and consumed by healthy animals will communicate the malady."

So deeply impressed was I with the dangers to the public health to be apprehended from the existence of this disorder in cattle, as well as with its destructiveness among them, that in 1876 I read a paper before the Society of Arts dealing with this subject (*a*), and soon afterwards, at the annual meeting of the British Medical Association held at Cambridge, I again brought it under notice. In 1880 I published a pamphlet on it, bringing together all the evidence I could collect, in order to direct public attention to it (*b*), and in 1883 I issued another pamphlet containing further evidence (*c*).

But these efforts to attract attention to this serious matter—serious even because of its increasing prevalence and destructiveness among our cattle—met with little response, and it was not until Koch, in 1882, discovered the micro-organism or *bacillus* which is the real genetic influence in the production of tuberculosis, that the dangerous character of the disease began to dawn upon the public mind. But this discovery, important though it was, did not in any way prove that the malady was infectious, for experimental and clinical observation had done this years before, and to Villemin are we indebted for establishing the fact of the communicability of consumption and its identity in man and animals. Even after the discovery of the micro-organism very little advance was made towards the prevention of the disease; its cure was the chief object of research, and when, in 1890, Koch introduced a glycerine extract of pure cultivation of the bacilli, it was as a curative agent for phthisis. But it was

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(*a*) "The British and Foreign Medico-Chirurgical Review," October, 1874.

(*b*) "Veterinary Sanitary Science, and Police." London, 1875. Vol. II.

(*a*) "The Contagious Diseases of Animals; their Influence on the Health and Wealth of the Nation."

(*b*) "Tuberculosis from a Sanitary and Pathological Point of View."

(*c*) "The Influence of Heredity and Contagion on the Propagation of Tuberculosis, and the Prevention of Injurious Effects from the Consumption of the Flesh and Milk of Tuberculous Animals."

quickly found that this "tuberculin," as it was named, was not a cure, and frequently did more harm than confer benefit when inoculated into phthisical people. Its particular action upon cattle, however, was soon observed; for when inoculated into a tuberculous cow, it in a few hours increased the bodily temperature to a marked degree, even when the animal did not offer any external indications of disease. So trustworthy and valuable was this fluid found to be as a diagnostic agent in cattle, when employed with the necessary care and discrimination, that it is now largely resorted to as a test in those occult cases where the ordinary means of investigation would only yield negative results.

(*To be concluded in our next.*)

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# THREE CASES OF TACHYCARDIA. (*a*).

By J. MAGEE FINNY, M.D., F.R.C.P.I.,

**Physician and Lecturer on Clinical Medicine at Sir Patrick Dun's Hospital, &c.**

I AM enabled to bring to your notice the clinical notes of three cases of tachycardia, the first two cases being examples of paroxysmal heart hurry; the third case was persistent for sixteen days, and ended fatally with gangrene of both lower extremities due to arterial thrombosis.

Case I. was an elderly lady with chronic valvular and arterial disease, who had two attacks of paroxysmal tachycardia while under his care in 1887. The pulse suddenly, with little or no cause, would rise to 160 from 76, and remained at that rate for some hours (4-6), and then the heart recovered its wonted rate. The patient made very little of these attacks, and complained of but slight oppression in the chest. This patient died three years subsequently "of her heart," when not under my care.

Case II. was a lady, æt. 52, at the "period of change of life," who had been under medical observation for six months in 1897, and whose heart was frequently examined and found free of valvular and other disease. Suddenly, and apparently without any cause, at 10 p.m., the pulse beat up to 200-240. The patient complained of an oppressed feeling under the sternum, and sat up in bed, propped up. She was manifestly in a state of great fear, but presented no sign of pulmonary distress, the breathing being quiet, the face free from cyanosis, and the extremities being warm. On being reassured she improved, and the attack passed away, after the administration of carminatives and valerian, in about three hours. A second and third attack happened within the next three months, and as she was no longer afraid of them, she sat through them, and then would say, "now it is gone," and the pulse, taken by a medical friend, would have suddenly fallen from 160-180 to 70. For thirteen months this lady travelled abroad without any recurrence, and at Nice learned to ride the bicycle. Since her return to Dublin at the end of 1898 she has had a few recurrences. Those she attributes to mental worry connected with her servants, but when seen in February, 1899, she was well, and her heart and blood vessels were healthy, and she was taking to bicycling again.

Case III. was a previously healthy servant, æt. 23, who was sent to Sir Patrick Dun's Hospital by Dr. Bradshaw on June 17th, 1898, with the history of an acute attack of inflammation of the throat, high fever, 104 degs., and pulse 140 of four days' duration. This may have been influenza, as there was neither scarlet fever nor diphtheria. Next day the temperature fell to normal, but tachycardia became more pronounced, and the pulse rose to 160 and 200-228, and on three occasions it reached 240 by the stethoscope, it being impossible to take it at the wrist. This rapidity of the pulse persisted without intermission until her death on January 28th, or 16 days. All through her illness she made no complaint in any way about her heart. She felt no oppression nor palpitation, and her breathing was calm and quiet, not exceeding 32, and she was able to move and sit up, and take ample nourishment without any distress, and she slept well. On the 21st she complained of severe pain in the right leg and foot, with powerlessness, and on the 22nd of intense agony in the calf of the left leg. It was then plain that gangrene had occurred; dry mummification of the left and moist gangrene with bullæ of the right foot. Pulmonary congestion - albuminuria with hæmaturia now set in, and she died on the 28th. Very large and oft-repeated hypodermics of morphia were necessary to give ease.

I wish to call attention to the rarity of the condition called tachycardia, the remarkable character of the pulse, its recurrent or paroxysmal features, the length of time life may be maintained, and the paucity of post-mortem examinations, peculiarities which are referred to in various important contributions to the subject by Drs. Bristowe Bouveret, Herringham, and Williams. The condition may come on seemingly without cause, and may attack at any age, 70 to 5 years of age. None of the theories founded on the teachings of physiology, experiment, and pathology quite suit the case of a heart suddenly beating 200-240, and as suddenly, after hours' or days' duration, by day or by night, falling to 70-80.

In conclusion, I may mention that of the six fatal cases which have been examined after death, three showed inflammation or fatty disease of the muscle of the heart, and three dilation: and I may contrast my own case (Case III.) in that the myocardium was perfectly healthy and the organ not dilated. The cause of the gangrene was arterial and venous thrombosis of the iliac on one side after femoral on the other, while the kidneys, lungs, and liver were the seat of infarcts; yet none of these infarcts, any more than the heart itself, showed any bacteriological evidence of infective or other micro-organisms. The reading of it was probably—first, primary febrile, possibly influenza; second, cardiac weakness as its effect; tachycardia as another possible effect of the toxin on the cardiac ganglia; and third, thrombosis of the right and left auricles, and infarctions (emboli) of the pulmonary and systemic arteries.

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# Clinical Records.

## MERCER'S HOSPITAL, DUBLIN.

### *Three Cases of Diabetes Insipidus.*

Under the Care of DR. LUMSDEN.

CASE I. was that of a boy, æt. 9, who was admitted to Mercer's Hospital, June, 1898; family history good; well nourished, blond, of a fresh complexion, and fairly moist skin; tongue and lips very dry, and he complained of an insatiable thirst; appetite very poor, vomits occasionally after solid food; urinates frequently, and shivers very often before micturition; physical examination reveals no abnormality; pulse intermittent at times, of low tension, its rate varying from 75 to 110; complains frequently of headache which causes him to cry out; of an excitable and emotional temperament, flushes up when spoken to; increased knee jerk, quadriceps reflex slightly present and an attempt at ankle clonus; temperature normal or subnormal. About six or eight months ago it was first noticed. He was drinking large quantities of fluid; it did not follow an illness or accident, although

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(*a*) Read before the Royal Academy of Medicine of Ireland, May 19th, 1899.

a history of a fall on head three or four years ago is to be obtained. The polydipsia first appeared. While in hospital greatest quantity of fluid drunk in one day was 860 ozs , the greatest quantity voided being 750 ozs. On two occasions when fluids were restricted he drank his own urine. The urine was of a pale greenish colour, alkaline or faintly acid ; sp. g. 1001-1002. No albumen nor glucose was ever discovered, although daily examined for a period extending over five months. Inosit was not present. Urea varied from 150-600 grains in twenty-four hours. Eyes normal; blood normal. Various treatments were tried in this case, and although his general health very greatly improved and subjective symptoms disappeared when discharged, he was passing from 300 to 400 ounces, and drinking about 300 ounces fluid in twenty-four hours.

Case II.—A healthy, vigorous looking labourer, æt. 64. Good family history; a violent blow on head twenty years ago, after which the polydipsia and polyuria appeared and has since persisted; given to alcoholic excesses all his life; skin very dry; complains of dryness of mouth and tongue, which is covered with a darkish brown fur; appetite good, but not excessive; organs sound; no cardio-vascular evidence of granular kidney; pulse 72, regular and of distinctly low tension; reflexes sluggish; complains of frequent occipital headache and pain in lumbar region; very easily tired, and nervous when up, prefers to lie in bed; drinks from 260 to 300 ounces in twenty-four hours and passes about twelve pints of a pale coloured urine, faintly acid; no albumen; no sugar; density 1003; inosit is present; no casts; eyes examined revealed chronic glaucoma, but no retinitis or neuritis; has somewhat improved on valerianate of zinc, but still polyuric.

Case III.—Girl, æt. 17, fell on back of head four years ago, shortly after which polydipsia and polyuria appeared; used to drink upwards of twenty pints a day; on admission she was passing and drinking about fourteen pints daily; pale urine; sp. gr. 1002; neutral; no albumen; no sugar; no inosit; no casts; urea greatly diminished, organs sound; pulse tensions low and no signs whatever of granular kidney. She was first tried on various drugs without good effect, finally on valerianate of zinc, commenced in ¼ grain doses thrice daily and increased gradually till she was taking 22 grains in twenty-four hours. The result was wonderful, the thirst disappearing and urine excretion falling to the normal. She has been under constant observation ever since (four months.) Her general health has improved, she has gained in weight, and there has been no return of the polydipsia or polyuria.

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# Transactions of Societies.

## ROYAL ACADEMY OF MEDICINE IN IRELAND.

### Section of Medicine.

Meeting held Friday, May 19th, 1899.

The President, Dr. J. W. Moore, in the Chair.

### NOTES ON THREE CASES OF DIABETES INSIPIDUS.

Dr. Lumsden read the notes of three cases of diabetes insipidus, which will be found under the heading "Clinical Records."

The **President** remarked that two of the three patients were males, which was the usual proportion, though it was more commonly met with much earlier than 64. He mentioned the case of a boy, æt. 11, who but slightly improved under treatment for about six months, but subsequently underwent a spontaneous cure.

Dr. **Walter Smith** pointed to the alkaline reaction of the urine, and raised the question of the source of the normal acid reaction. He believed that the normal secretion in the glomeruli of the kidney was alkaline, and that in passing through the convoluted tubes it became acid, though whether this was due to the secretion of acid or the absorption of alkaline salts he did not know. He asked what evidence there was of the presence of inosit in the urine of one of the cases, inosit having nothing to do with the sugar group, but belonging to the benzene or aromatic derivatives. Great stress had been laid on the relation of nerve injury, especially head injuries, to this disease. In his opinion, however, the only relation of nerves to the secretion of urine was of a vaso-motor sort.

Dr. **Little**, referring to the occurrence of the disease in old patients, related the case of a middle-aged patient in the Adelaide Hospital who used to pass an enormous quantity of pale urine of low specific gravity, and suffered from intense thirst. He died comatose. Post-mortem, the coats af the bladder were much thickened, and the prostate enormously enlarged, the ureters as thick as a child's small intestine, and the kidneys completely excavated, resembling what is known as surgical kidney, but without any ammoniacal magnesium phosphate or pus. The case was peculiar in that there was no cystitis nor evidence of inflammatory changes in the bladder, the ureters, or pelvis of the kidney.

The **President** mentioned that the infectious fevers seemed to have a remarkable influence on diabetes insipidus, and a cure had been known to occur after one of these fevers, which they knew often affected the vaso-motor functions considerably.

### CLINICAL INVESTIGATIONS ON WIDAL'S REACTION AS A DIAGNOSTIC IN TYPHOID FEVER.

Dr. **Littledale** gave an account of 120 cases on which he had tried Widal's reaction. At first the blood serum and typhoid bouillon were mixed in the proportion of 1 to 10, but this was found quite useless, as cases other than typhoid gave an agglutination reaction. Later the proportion used was 1 to 40. Results were divided into positive, negative, and doubtful, but there were only a few of the latter, and these would have probably been eliminated if higher dilutions were used. Three cases of diphtheria that had received antitoxin gave an agglutination reaction, as did also antidiphtheritic serum itself. Typhus and acute tuberculosis always gave negative results. The conclusion arrived at was the unquestionable value of the test when applied in the second week, as the earliest case tested was on the fifth day of illness, and when a dilution of not less than 1 in 40 is used.

Dr. **M'Evoy** insisted on the fact that Widal's was essentially a quantitative reaction. A German investigator in a recent paper in Berlin claims to have got a reaction before Widal's reaction could be obtained. This he accomplished by making cultures with gelatine from the fæces, and, on submitting them to a temperature of 72 degs. for three hours, he states that there is an appearance in the colonies perfectly distinct from the bacterium coli communis.

Dr. **Finny** said there was often great difficulty in diagnosing typhoid fever from tuberculous disease. One case in particular he remembered in which the patient had all the symptoms of tuberculous meningitis, but the application of Widal's reaction gave a positive result and a necropsy confirmed the diagnosis, as the ulcers could be seen in an advanced stage of healing.

Dr. **Littledale**, in reply, said he had no experience of the test that Dr. M'Evoy had spoken of. He was informed, however, that Gärtner's bacillus, which in all probability belonged to the race of coli bacilli, clumped long before the typhoid bacillus. It was always very difficult to isolate the typhoid colonies in the fæces.

### THREE FATAL CASES OF TACHYCARDIA.

Dr. **Finny** read a paper embodying notes of three cases of the above, which will be found on page 640.

The **President** remarked that the healthy condition of the heart, notwithstanding the symptoms during life, was notable, as the occurrence of these lesions was usually associated with changes in the heart muscle. He believed that the diagnosis of influenza would fit in with Case III., and the tachycardia could be accounted for by the profound nervous disorder which influenza was apt to cause.

Dr. W. **Langford Symes** in this connection referred to an account of a case of "thrombosis and embolism in fatty heart," which he had contributed to *The Dublin Journal of Medical Science* for 1892.

Dr. Knott said he had an opportunity of observing an extreme case of tachycardia in a lady, æt. about 30. She had always been of a neurotic temperament and suffered frequently from epileptiform convulsions. The action of the heart became often excessively rapid; so quick, in fact, that it was impossible to count the pulse.

Dr. Little said that genuine cases of tachycardia were comparatively rare, and those he had seen were characterised by considerable distress, thus differing from Dr. Finny's cases. He cited a case in which the patient lived for eight or nine years after the first attack. During the intervals of five or six weeks between the attacks the patient seemed perfectly well. At first no physical signs of disease of the heart could be detected, but one day he discovered a slight diastolic aortic murmur, which increased until it became quite plain. The only thing that gave him relief was brandy. Another case was that of a lady who died suddenly during the last attack, which had lasted for twelve days. She had been ailing for five or six years, and he could detect nothing wrong with her heart. He knew of no drug which had any effect on this condition.

Dr Finny, in reply, said the duration of cases for eight or nine years he knew to be exceeded in some instances. One of Bristowe's cases lasted for fifteen years, and in the intervals the patient was perfectly well. Brandy seemed to be the favourite drug, and he had found a cup of strong coffee or a draught of cold water often beneficial in stopping the attack.

The Section then adjourned.

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## France.

[FROM OUR OWN CORRESPONDENT.]

Paris, June 17th, 1899.

### Penetrating Wounds of the Chest.

At the Academy of Medicine, M. Delenue spoke on the treatment of penetrating wounds of the chest. The greater number, he said, of pulmonary wounds produced by bullets, swords, or other similar instruments get well without difficulty. The treatment of these wounds, whether they be simple or complicated with hæmorrhage, hæmoptysis, hæmothorax, the presence of the bullet, &c., should be first absolute immobility and antiseptic occlusion of the wound, and, secondly, according to the nature of the symptoms observed, the employ of morphia, ether, caffeine, &c. Morphia was particularly indicated in the form of injections in wounds resulting from duels. In these persons, the inward struggle of passion, *amour propre* offended, the efforts to appear cool and collected produce, along with the pain of the wound, a loss of nerve power which predisposed to fainting. It was consequently preferable to treat these patients on the spot, at least for the first few days, the shock and effort of transportation to a distance exposed them to hæmorrhagic accidents and notably increased the suffering.

Injections of artificial serum constituted a powerful means against the anæmia following hæmorrhage on the condition that they were neither too rapid nor too abundant, as otherwise they might provoke congestion of the lung and increase the dyspnœa.

In severe pulmonary hæmorrhage, in hæmothorax, threatening the existence, the usual methods employed for arresting slight hæmorrhage would scarcely be relied upon; direct intervention should be advised, ligature, suture, plugging, compression. The fear of a complete pneumothorax should not paralyse the action of the surgeon, for according as the lung was retained to the walls by adherences or otherwise, this pneumothorax existed already or would not be produced at all. The exposure of the lung would allow the operator to treat simultaneously by suture or plugging the traumatic pneumothorax and the hæmothorax.

M. Championnière agreed with the observations of his colleague, except on one essential point—intervention. He was convinced that the patient ran more risks from an operation than by being immobilised. He knew two individuals who bled profusely from wounds in the lung and who recovered by immobilisation, and he did not hesitate to say that if their thorax had been opened in order to tie the severed vessels, they would have succumbed. It should not be forgotten that wounds of the pulmonary organ, even of a considerable extent, unite spontaneously when abandoned to themselves, and on the other hand they bled indefinitely when irritated. In the state of collapse, in which the patient generally is under these circumstances, pleurotomy was, in his opinion, a very grave operation.

### Fracture of both Clavicles.

M. Guinard related the case of a young man who, caught between two waggons, suffered violent lateral compression of the thorax. Both clavicles were fractured by the accident. The patient recovered very rapidly, but with a considerable amount of deformity.

### Incontinence of urine.

Besides the incontinence of urine symptomatic of a material lesion of the urinary tract, there exists, as is well known, an incontinence called essential, with any apparent lesion or anterior affection. In certain subjects the bladder is particularly sensitive, and the muscular fibres do not permit of extension beyond a certain limit. If it is exceeded the individual is forced to urinate. During the night sleep renders this sensation of the want to urinate still more obtuse, the child takes no notice of it, and wets the bed. According to Guinon incontinence of urine was a stigmate of nervous heredity; for in nearly all the cases can be found hereditary antecedents in the parents who had suffered from hysteria, chorea, or other nervous affections. The medical anti-nervous treatment should consequently be the principle of the therapautics. Bromide of potassium, valerian, belladonna, &c., frequently good results are obtained by pills containing ergot of rye, iron, and a little belladonna.

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## Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, June 16th, 1899.

At the Congress for Medicine after the subject of cardiac insufficiency had been lengthily discussed that of the

### Early Diagnosis and Treatment of Aneurysm

was brought forward by Hr. Moritz Schmidt, of Frankfort. He said the earlier aids to diagnosis rendered one possible with tolerable certainty, but two new aids permitted one with almost absolute certainty. One was the so-called "tugging" discovered by Oliver, Cardarelli, and the Rontgen rays. Tugging was a dragging down sensation best observed when the annular cartilage was slightly pushed up by the index and middle finger of the right hand, the patient's head being somewhat extended backwards at the time. He considered the symptom an exceedingly important one, Cardarelli believed it could be felt in the case of even very small aneurysms. It remains to be determined whether it could only be felt in aneurysms of the ascending aorta when the tumour was attached to the wall of the trachea.

Positive results with the second named aid were announced from all sides. The earlier known signs however, still remained, dulness over the manubrium sterni, pulsation especially in the first and second interspaces, differences in the radial pulses, in fulness and time. Auscultation gave less distinct indications. Very often no murmur was heard, and when heard it might arise from pressure on the aorta by a tumour.

The differential diagnosis was especially difficult. Sarcomata might cause very lively pulsation and aneurysm none at all. The diagnosis was most likely correct in individuals between 45 and 60 who presented the symptoms named, and who had been infected with syphilis. The differentiation from a diffuse dilatation of the descending aorta was the most difficult.

As regarded ætiology there was the same variety of view as in tabes. That syphilis attacked the arterial walls in the form of thickening there could be no doubt. The commencement of the aorta was a favourite seat of the change. The changes in the intima differed from those of arterial sclerosis in the absence or minimal amount of chalky deposit. There were preparations, however, that showed both processes. As a result of syphilis, probably through disease of the vasa vasorum, a disturbance of nutrition took place in the media, with destruction of the elastic fibres in circumscribed spots, in which the cells were arranged in the form of cell heaps (sclero-gummatous tissue or milliary gummata). The loss of substance in the muscular and elastic structure was replaced by connective tissue, which "gave" more readily to the stress of the blood stream. The intima was not suitable for successful resistance. By weakening of the media neither was in a position to do its proper duty. It was not probable that aneurysms arose from arterio-sclerosis alone, otherwise they would be found more frequently. Some investigators of the first rank did not believe in the ætiological influence of syphilis. Virchow had spoken against this influence last year. Straining and wounds specially favoured the occurrence of aneurysm in those thereto inclined, as was shown by the great number of men affected. Only in Bavaria were they more frequent in women, because there these did the hard work.

He could confirm the favourable influence attributed to potassii iodide, especially in not too small doses, 3 to 5 grms. pro die. An alternation with sodium and ammonium iodide was proper, and in the early syphilis it should be associated with inunction. After healing of the diseased part in the media the connective tissue underwent cicatricial contraction and the aneurysms became smaller. The sac did not, however, become filled with firm clot. The starvation treatment also assisted. Possibly the results of the anti-syphilitic treatment were due to lessened nourishment, independent of the action of the basic disease. By experiments on starving animals it was shown that diminished nourishment affected the blood pressure, probably by diminishing the quantity of the blood. The pulse became smaller, the blood itself became thicker, the number of red blood corpuscles increased, with which the increase in hæmoglobin went hand in hand. In recent years, chloride of calcium in doses of 2 grms. had been given to increase the coagulability of the blood and the inhalation of carbonic acid gas. In Paris, the coagulability is said to have increased in two cases by injection of gelatine, but soon after communications appeared showing that the procedure was dangerous. In one case the patient died suddenly of embolism. The speaker was strongly in favour of trying Tufnell's starvation treatment, it decidedly influenced the coagulability of the blood. The patient should not be placed suddenly on these diminished caloria, but one could go on fairly rapidly. The action of the treatment was comprehensible when it was borne in mind that recovery sometimes took place spontaneously in the course of exhausting diseases. For the treatment a great amount of energy was necessary on the part of both physician and patient. The quality of the fluid was best varied. A valuable complement of the Tufnell treatment was absolute rest in bed. It was best to continue the low diet and rest in bed at least eight weeks. Then gradual relaxation of strictness might be allowed. Here also the maxim was in force—*varietas delectat*. Should such a patient during or after treatment be attacked with catarrh, the cough must be kept down by opiates in larger than ordinary doses. The speaker had observed two patients get worse through attacks of cough. He looked upon electrolysis as the best means at present known of bringing about coagulation in the sac. It should not be employed only in the early diagnosed, still small aneurysms; even in the large ones it effected considerable improvements and long-lasting recoveries.

Hr. Hausemann, Berlin, complained that only a one-sided inquiry was made how many people suffering from a particular disease had previously had syphilis. With an inverse procedure surprising results would often be obtained. During the last four years he had dissected sixty-four cases of aneurysm; in twelve there were traces of former syphilis. Of these twelve, however, only two died of their aneurysm; in the other ten the aneurysm was an accidental discovery, and in an early stage of development. On the other hand, during the same period 350 autopsies had been made in which there were indications of early syphilis. Of the syphilitic cases, therefore, only 3·43 per cent. developed aneurysm, and only 0·57 per cent. died of it. It was not proved that syphilis could cause aorticaneurysm. Syphilis might render dilatation of a vessel possible, but he could not recognise syphilis as a chief cause of the disease. Potassic iodide influenced the coagulability of the blood, and cicatricial tissue formed in the blood clot.

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# Austria.

[From our own Correspondent.]

Vienna, June 17th, 1899.

## Mechanical Treatment of Heart Disease.

At the "Gesellschaft der Aerzte" Herz read an exhaustive history of the various methods that have appeared and disappeared for the mechanical treatment of heart disease, among which were Schott's, Oertel's, and Zander's.

Unhappily for science those names had been grouped in schools of a very dogmatic character that did not promote the progress of science, though all of them had very good objects in view. The practitioner who would right treat his case should select the good from all and treat it rationally from a practical point of view. All generally admit that the blood pressure in the systemic circulation is not to be reduced, but, on the other hand, increased if possible as measurement of arterial pressure in these cardiac imperfections show a reduction of the normal blood pressure.

The fundamental idea in all these methods is to stimulate and raise this pressure by gymnastic exercise or definite movements, according to the whim of the particular school under consideration. We find, moreover, that the very same movement produces very different effects according to the records of the individual schools which should not be the case if all were effectual. He next analysed the methods into movements of resistance, progression or traction, voluntary, co-ordinating, and passive, and concluded by remarking that the form adopted was not so much to be considered as the manner of application.

The gymnastic treatment is not so generally applicable as the other forms, except in cases of fatty heart. Oertel's mountain climbing might be grouped under the progressive treatment, and which is often accompanied with good results. Herz has found by experiment that this treatment is equally beneficial in fatty conditions of the heart. Where there is vascular disturbance with enfeebled activity of the cardiac muscle, associated with valvular deficiency, the voluntary movements recommended by Schott, of Nauheim, is preferable. For this form of treatment Herz proposes an apparatus for toning the muscle and increasing the vigour of the central nerve system. The progressive form serves to calm the whole organism by presumably acting on the nerve system.

In the discussion that followed Exner drew attention to two forms of treatment recommended by Bum and Herz which they have founded on the phenomena obtained by experiment that the influence of muscular labour has a marked effect on the breathing. They are of opinion that the dyspnœa produced by muscular effort is due to an irritation derived from the decomposed products of the active muscles which act on the medulla oblongata. They have found by experiment that blood taken from animals in this dyspnœic condition and injected into others in a healthy state will produce similar dyspnœa. He thought we had ample evidence physiologically and physically in mountain climbing. The elements of muscular change were different on descending hills, and produced a form of contraction somewhat similar to an elastic band round the body, with a feeling of falling backwards. Both forms of exercise have apparently different products. In climbing hills there is weariness, perspiration and dyspnœa; in descending hills there is similar weariness, perspiration, but no dyspnœa. He therefore concludes that the products eliminated are different, and that the therapy will influence the heart in a different manner.

Knoll remarked that in ascending hills the forward inclination of the body would affect the diaphragm differently than when descending, and probably explain the dyspnœa.

### Bowel Innervation.

Pal recorded his experiments on animals in producing tonic contractions of the bowel after cutting the splarechnic nerve, and irritating the root or stump. These experiments were similar to injecting strychnia, or a suprarenal extract. The experiments were conducted with an india-rubber ball in the bowel, from which the movements were transmitted to a water manometer, to which is attached a revolving diaphragm that imparts to paper a graphic description of the movements.

## South Africa.

[FROM OUR OWN CORRESPONDENT.]

Cape Town, May 27th, 1899.

### Government and the Colonial Hospitals.

The Premier, who, as Colonial Secretary, is ministerial head of the department dealing with medical matters, has intimated to the hospitals of the colony that, in future, they will be subject to inspection by a Government officer, upon the nature of whose reports will largely depend the amount of Government grant. It may be explained that, although all the colonial hospitals, with the exception of that at Kingwilliamstown (primarily a native hospital), are now managed by local boards, these boards receive large Government grants, usually far in excess of the income derived from local sources. For instance, the New Somerset, at Cape Town, only raised last year under £3,500 from subscriptions and paying patients, as against £10,000 Government grant. The Colonial Secretary partly guards Government interests by having two or three nominees on each board, but as these are local men, the control is very lax, and the local Dogberries are apt, very often from sheer ignorance, to perpetrate extraordinary vagaries, as we have not yet educated that class of fairly competent lay administrators, so generally available in England. The interests of the profession are generally absolutely ignored, except when some particular local medico is a power, and he then usually runs the establishment for his own private benefit. At one of our most important hospitals, that of Grahamstown, an attempt to place the whole control in the hands of one local medical man was only recently just defeated by a most regrettable, although necessary, agitation, during which the said medical man calmly stated that he was not going "to show his hand to his neighbours" by allowing them to see his operations. Sanitation is often very bad, and the provision for the training and accommodation of nurses, except in two or three hospitals, far from what it should be. Medical appointments are purely a matter of local influence. Under these circumstances, a certain measure of Government supervision will be welcomed by the profession, especially if the inspection be, as it is likely, in the hands of the chief of the Health Department, Dr. George Turner, a broad-minded and thoroughly capable man, not afraid of speaking his mind.

### The Nursing Question.

There has been a good deal of newspaper correspondence lately about the nursing arrangements at the New Somerset Hospital, where the antiquated system of using nurses as housemaids and scrubbers is still in vogue. This institution is hopelessly behind the times, and most colonial aspirants for nursing prefer repairing to Kimberley or Port Elizabeth, both well-conducted nursing schools, to training at Cape Town, with all its climatic and social avantages.

The controversy referred to in my last communication about the proposed enclosure of the catchment area on Table Mountain is in fair way of being arranged. A large deputation waited upon the City Council the other day, and that body showed some signs of modifying its original ideas in the direction of only enclosing the reservoir and its actual tributary streams.

### THE BUBONIC PLAGUE.

At the last meeting of the Cape Town Branch of the British Medical Association, Dr. Turner, the Colonial Medical Officer of Health, read for his assistant, Dr. Gregory, a paper on the case of Bubonic Plague which occurred in the Transvaal some three months ago, with illustrative specimens under the microscope. He had no doubt as to the diagnosis of the case, although he mentioned that Mr. Theiler, the Transvaal Government Bacteriologist, a veterinary surgeon, by the way, disagreed with him. The course of the case, its symptoms, and the microscopic appearances seemed conclusive as to the case having been truly one of plague. Dr. Turner thinks that the infection was contracted at Delagoa Bay, where, he believes sporadic cases have been occurring for some time. He attributes the absence of an epidemic to the stringent precautions taken by the Portuguese medical authorities, who, although they deny that these cases are plague, treat them exactly as if they were.

At the same meeting a committee was appointed, on the motion of Dr. Darley-Hartley, who has been agitating the matter for some time, to report as to the practicability of initiating some scheme of medical education in Cape Town. In the idea in the minds of those interested is to form a Post-Graduate School, badly wanted nowadays, as the task of raising money to proceed to England for study is getting, for most men, harder every year, and to provide a first year's curriculum for the student.

There is a recrudescence of small-pox at Johannesburg. Twenty natives died last week, and there are at present in the lazaretto three whites and about 150 Kaffirs.

The City Council of Cape Town is erecting a very complete infectious diseases hospital at Green Point, just out of the city proper.

The Rhodesians are making medical matters a prominent feature in their newly acquired self-government. Thanks to Dr. Hans Sauer, a member of the Council, the Administrator has promised assistance to the School of Tropical Diseases, a Contagious Diseases Bill, and a Bill for the Regulation of Dentistry and Pharmacy.

The recent supplementary elections have added two medical members to the Cape Parliament, Dr. Smartt and Dr. J. H. Meiring Peck, the latter President of the Colonial Medical Council. We have great hopes that he will insist on due attention being given to medical legislation. The profession is now represented in the Assembly by the Speaker (Dr. Berry) and six other members.

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FORMAL notice has been issued of the termination of the official existence of the "Board of Control of Irish Lunatic Asylums." It will remain "unwept, unhonoured, and unsung."

# The Operating Theatres.

## ST. PETER'S HOSPITAL FOR STONE.

**URETHRAL PROSTATECTOMY.**—Mr. SWINFORD EDWARDS operated on a man, æt. about 50, who for the past ten years had had difficulty in emptying his bladder. At time of admission his residual urine amounted to 12 ozs., for the evacuation of which he had to pass a catheter two or three times a day. His urine was normal. On examination per rectum the prostate did not appear to be enlarged, but on sounding with a short beaked sound one could feel that the prostate was producing an obstruction at the neck of the bladder known as the condition described by Thompson as "bar at the neck of the bladder." The patient having been anæsthetised, Mr. Edwards introduced Gouley's prostatome, which is an instrument on the principle of a lithotrite, the difference being that the male blade is sharp, and when screwed home is received into the female blade; instead of crushing it would therefore punch out a piece of tissue. The instrument, once in the bladder, was reversed, the blades unlocked, and the female blade made to hug the back part of the prostatic bar. The male blade was now withdrawn for about an inch, and the sharp concealed pin pushed forwards to fix the piece of prostate to be removed. The male blade was next slid forward until it engaged the obstruction. The instrument was then locked, and screw force applied, by which means a piece of the obstructing bar was removed. This manœuvre, after withdrawal of the instrument, was repeated twice, although the repetitions were not so successful in removing tissue as the first one. There was not an excessive amount of bleeding, and the operation was completed by washing out the bladder with a weak solution of acetate of lead. The amount of tissue removed in all equalled in size a small white bean. Mr. Edwards remarked that the only difficulty about the manipulation was to keep the instrument well pressed down on the prostate when pushing home the pin, as the instrument was very apt to ride up and so make it difficult to catch and punch out the required amount of prostatic tissue. He also thought that the instrument could be improved upon by having the male blade made a little longer by which means more prostatic tissue could be removed at one application. In describing the uses of this procedure he said it was now some years since he had employed it; he had operated in some three or four cases of prostatic hypertrophy, in all of which the power of micturition had been improved for a time, the good results, however, had not been permanent, owing, perhaps, to the fact that the cases selected had not been favourable ones, in other words, that they were probably cases of general prostatic hypertrophy rather than what he considered to be the condition of this case—namely, "bar at the neck of the bladder." This bar is not always easy to diagnose, he said, the condition having to be determined by the absence of marked prostatic enlargement coupled with the presence of symptoms pointing to prostatic obstruction, which obstruction is corroborated by careful examination of the vesical neck with the aid of a short beaked sound in the bladder, and the presence of a finger in the rectum.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 21, 1899.

## THE INFLUENCE OF CLIMATE AND PLACE UPON SYPHILIS.

If there is a disease whose virulence has been modified at different periods by climate and place, that disease is syphilis. The literature of the subject abounds in instances in which such modification is shown, and further there is much evidence to prove that in the treatment of syphilis by mercury better results are obtained when the climate is warm and dry than when it is cold and damp. Writing as long ago as 1787 Swediaur remarked that this explained why persons who could not be cured of "venereal disorders" at St Petersburg or Stockholm became well when they went to Italy or Portugal. He further states, "We may be authorised to believe that the influence of a warm climate upon those infected with lues venerea is not inconsiderable; that it may retard the progress of the disease; that it may render it milder in some of its symptoms, and also that it may contribute to increase the activity and certainty with which the proper remedies operate, and thus render the patient in less danger of suffering from some of the sequelæ which often prove as troublesome as the original complaint." That full knowledge of the facts relating to the advantages to be derived from the climatic treatment of syphilis should have been extant as early as the sixteenth century is not a little significant—and it is certainly not without interest to note that in the present day the value of such treatment is still recognised. The whole subject is discussed in a comprehensive paper by Dr. Shaw-Mackenzie in the April number of the *Journal of Balneology and Climatology.* He reproduces from the earliest times in the history of syphilis the recorded observations bearing upon the point, and in doing so brings to light some curious reflections and facts illustrative of the experience of our forefathers in connection therewith. Perhaps the quotations which he gives from Fergusson's works are the most interesting; of late this authority has received a good deal of attention from the prominence accorded his writings by Dr. Shaw-Mackenzie, and there is no doubt that Dr. Mackenzie has distinctly performed a useful service to those interested in the subject by unearthing the views and critical observations of an authority like Fergusson, who had every opportunity of studying the disease from its practical aspects. The striking feature about Fergusson's work is not only its originality but the conviction which it conveys that his conclusions are nothing more than the outcome of his actual experience. Fergusson was no mere desk worker—compiling ideas at his desk, and publishing them to the world afterwards as actual facts. He seems to have set himself the task of simply placing upon record everything that experience had taught him about syphilis, and the solidity of his reasoning regarding facts within his knowledge shows unmistakably that he had no other motive to serve beyond that of recording the truth. It is from this aspect that Fergusson's work must be regarded as of so much value in the present day. In the course of his paper Dr. Mackenzie refers to the *de novo* origin of syphilis, but the reference is merely a casual one. It would be interesting, however, to learn from him to what extent such a theory can be substantiated, either by personal observation or recorded cases. To describe a disease in these days as arising *de novo*, is apt to court opposition, inasmuch as bacteriology has taught us to discount statements of this kind. So far, it is true, bacteriology has not been able to do much in elucidating the *fons et origo* of syphilis; but, however this may be, while a great deal is still unknown regarding the syphilitic virus, the character of the disease unmistakably stamps it as having a microbic origin. In conclusion, we cannot do better than refer those who are interested in the subject of syphilis to Dr. Shaw-Mackenzie's interesting paper.

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## THE ENGLISH LOCAL GOVERNMENT BOARD AS A CENTRAL AUTHORITY.

The exact position of the Local Government Board as a central authority with regard to the district administrative bodies is one of considerable importance. Clearly, it must now and then happen that the public affairs of a district will fall into unworthy or incompetent hands, in which case the absolute need of control by a higher power will become painfully apparent. Hitherto the Local Government Board have played the part of the indulgent parent who has rarely stepped beyond the bonds of sparse and gentle chiding, however great the errors of his offspring. The policy of the board, in short, has, more or less, been of that conservative kind which lies at the root of every branch of British administrative government. Nor can it be denied that the record of this Department has been of a brilliant and solid nature, but for all that it has been for a long time apparent that some alterations were necessary in order to bring its work abreast of the times. The chief complaint against the Board has been the want of initiative. Their machinery of inspection has been perfected, but the reports of the inspectors have been pigeon-holed, and their advice to local bodies in many cases has fallen on rocky ground. The ill-effects of this purely advisory system have been most apparent in the case of local Poor-law boards who have refused to bring up workhouse and infirmary buildings and administration to proper standards, of guardians who have failed to administer the Vaccination Acts, and of defaulting sanitary authorities. Of late, however, there have been signs that a new era is at hand in the history of the hydra-headed Department at present presided over by Mr. Chaplin. Various local bodies have been sharply reprimanded and given to understand that passive resistance and dilatoriness will no longer be permitted to stand in the way of necessary action. This new departure was illustrated last week in the shape of an ultimatum sent by the Board to the Rollesby Guardians. The serenity of that rural authority was roughly shaken by an official intimation with regard to the provision for sick paupers to the following effect. "This matter has repeatedly been brought before the guardians, and the Board cannot permit of any further delay in suitable provision being made for this class of inmates. The Board must state that unless the guardians are prepared to undertake to deal adequately with the several points mentioned in the Board's letter of April 21st last, they feel it their duty, without further warning, to take steps as indicated in that letter." This communication caused a good deal of surprise to its recipients, among whom we learn "it was the subject of considerable discussion." There is a refreshing ring about the tone of the letter which it is to be hoped will serve as an example to other boards that trust to the methods of dilatoriness and evasion that have hitherto proved efficient weapons in the hands of rebellious local authorities. The whole question of the relation of guardians to the central authority is one that should be definitely settled. Are the guardians simply the trustees or the representatives of the ratepayers, and as such empowered to administer the Poor-law according to their own will and interpretation; or do they exist only as ramifications of a great central administration? From the Norwich newspapers we gather that these considerations have presented themselves to the wisdom of the Rollesby Board as fit subjects for discussion at the forthcoming Poor-law Conference to be held at Ipswich. It is to be hoped that the new policy of the Local Government Board foreshadowed in this incident may meet with the success it deserves. To replace abstract advice by active compulsion means a reform of prime importance which must necessarily be carried out with due caution and deliberation. Take the case of the Medical Officers of Health, who are in many instances made the scapegoats of negligent sanitary authorities, and who have so far looked in vain to the Central Board for assistance. It seems clear enough that something should be done in defence of those officers, and it is equally beyond doubt that any such interference demands the exercise of the highest form of diplomacy in practical administration. A great step towards the perfection of Local Government Board administration would no doubt be achieved by the separation of the Poor-law branch from that of the Public Health. Meanwhile, we must be content to leave matters in the hands of a department that, in the midst of many dangers, has, on the whole, steered a course of conspicuous safety.

## ANTI-STREPTOCOCCIC SERUM IN THE TREATMENT OF PUERPERAL FEVER.

THE report of the Committee appointed by the American Gynæcological Society to consider the subject of anti-streptococcic serum in the treatment of puerperal fever is not very encouraging reading. Taking the figures from all available sources, with their many possible and probable fallacies, the results are far from reassuring, indeed it is doubtful whether the serum can be credited with any tangible effect in averting the fatal consequences of puerperal infection. We will not go so far as to assert that the use of the serum must be abandoned, though the report affords little excuse for hope, because it is possible that the limited use so far made thereof may explain to some extent its alleged inefficacy. For instance, it is probable that, as a rule, it is employed only in very pronounced cases of streptococcic infection. at a stage when no human intervention can obviate the toxic effects of the infection. It is also suggested that one cause of the still high mortality is that many observers associate the employment of the serum with other means of treatment, notably with the use of the curette, which is regarded by some authorities as of itself a fertile source of mischief In this they probably do the curette a wrong. The curette is unquestionably a valuable means under certain circumstances, of preventing septic mischief after childbirth. Intelligently and opportunely used it enables the practitioner to remove from the interior of the uterus decomposing fragments of placenta and membrane which, if left therein, serve as nidus for the proliferation of the infecting organism. Once infection has taken place, its use can only be a matter of secondary importance. It is conceded on all hands that the curette is an instrument requiring to be used with prudence and care, but we cannot lend support to those who would rashly condemn it under all circumstances. It is the old question of meddlesome midwifery. It is imperative to interfere in certain conditions, it is as desirable not to interfere in certain others, and the choice of intervention or non-intervention must lie with individual practitioner who is called upon to deal with the case. Reverting to the serum treatment one plausible explanation of its inefficacity is that there is not one streotococcus but several, and that the serum which is operative against one pathogenic variety is powerless against another, It this be so then the serum treatment of puerperal fever and of sepsis in general is indeed unlikely to yield any measure of success. Unfortunately, this is what one's experience of the so-called "mixed" infections would lead one to expect. The value of anti-diphtheria serum in cases of pure diphtheria is now pretty well established, but its use will not prevent a fatal issue when the streptococcus has allied itself with the micrococcus. It may, however, be possible to discover sera which will protect against whole families of bacteria, as well as against particular members of the families, since these have certain biological characteristics in common. In the meanwhile, we must concentrate our attention on the *prevention* of sepsis, seeing that its cure is still beyond our reach. In this department much remains to be done, especially in the domain of private obstetric practice, where antiseptics have not as yet yielded a tithe of the benefits which they are capable of affording, as evidenced by the results obtained in lying-in hospitals. This fact remains a standing disgrace to midwifery practice, and it will be interesting to observe, in years to come, whether the registration of midwives has any effect in reducing the lamentable and highly preventible mortality from this source.

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# Notes on Current Topics.

## A Romance of Medical Registration.

THE final scene in an interesting little professional drama was enacted at the recent meeting of the General Medical Council when the name of Mr. Samuel Bingham Shekleton was struck off the rolls. The story is amusing as well as instructive. In 1866 a certain Edward Joseph Nugent obtained the licence of the Royal College of Surgeons, Ireland. He emigrated from Dublin in a year or two and set up in practice at Woolwich. After a few years there he moved to Canning Town, where he traded at the address of a quack named Rowlands whose practice it is suggested that he "covered" for several years. In 1895, however, he decided to migrate to the Colonies, where he got his name registered in the local *Colonial Register* by showing the authorities the entry in the *British Register*, and, forthwith, he started practice. When leaving England, however, he left his diplomas in charge of his wife, who, with or without her husband's knowledge, rented them to Rowlands, the quack, for 3s. 6d. per week, who was thus enabled to successfully personate Nugent, the name of the latter still appearing in the *Medical Register*. After a couple of years, however, the Registrar had reason to suppose that Nugent was not at Canning Town, and, accordingly, in conformity with Clause 14 of the Medical Act, he addressed a letter to him at that place, and, not having had a reply within six months, he struck the name out, as the law obliged him to do. This proceeding deprived Rowlands of the power of recovering fees or signing death certificates, and he was driven to take means to have the name restored. Meanwhile he seems to have employed a Mr. Samuel Bingham Shekleton, also a Licentiate of the same college, to "cover" his practice, which he did, living professionally in the same house in Canning Town; but the arrangement does not seem to have worked satisfactorily, so that Rowlands made up his mind to the bold step of applying for re-registration as Nugent. To carry this through he required to produce a sworn certificate of identification as Nugent, and Mr. Shekleton supplied this false certificate upon the production of which Nugent (alias Rowlands) was immediately reinstated, and his name now appears in the *Register*. Probably Rowlands's game would have gone on very smoothly but that he killed a parturient woman by the grossest malpractice and negligence, and, the Crown having prosecuted at the instance of the coroner, the whole story, which we have given, came out. Rowlands was sent to gaol for four years, and Shekleton has been struck off the rolls for having given the false certificate of identification. His defence was ingenious, if not credible—*i.e.*, that, though he knew Rowlands for twenty years and worked in his house for the past four years he never knew his name, but always called him "the doctor." When asked why, in that case, he swore that the man's name was Nugent he could make no reply. We understand that the Council of the Irish College has followed up the action of the General Medical Council by calling on Shekleton to show cause why his licence shall not be suspended.

## The Cancer Society.

As we have remarked in these columns upon more than one occasion, a greater need exists for inquiry into the causes and preventive measures of cancer than of tuberculosis. Great as is the mortality from the latter disease, it is as nothing in comparison with the irresistible, agony-dealing ravages of the former, and while much regarding the etiology and channels of tuberculous infection is known, our information in the same regard concerning cancer is sadly meagre. We are glad, therefore, to note that some effort is now being made to draw public attention to the necessity of taking active steps towards remedying this deplorable state of affairs. Under the presidency of Sir Charles Cameron, Bart., M.D., M.P., a Cancer Society was formed last week at a meeting held at the St. Martin's Town Hall. The objects of the society are the improvement of technical medical education; popular instruction in elementary health laws bearing upon the prevention and cure of cancerous disease; the foundation of a special laboratory for cancer research; and, last but not least, the promotion of a Parliamentary inquiry. This latter point is one upon the urgency of which we have insisted for some time. There can be no doubt that much valuable information would be forthcoming were a Royal Commission to be appointed to inquire into the whole subject of cancer. A committee of investigation might be appointed, with instructions to visit European and other countries in which cancer is most prevalent, with a view to gleaning facts in regard to the cause of its dissemination. It is in the highest degree a reprehensible policy to do nothing in this important matter; the Government must be stirred up to see the necessity of taking action. In a few years more there is every prospect of the mortality from cancer exceeding that of any other disease. Yet, despite its virulence, the disease is allowed to pursue its evil way without any official encouragement being offered to advance our knowledge of its etiology. We trust that the Cancer Society will prosper inasmuch as its objects are most praiseworthy and deserving of general support.

### Sweating the Medical Profession.

A WRITER to the *Newcastle Daily Chronicle* last week addressed some pithy and caustic remarks to the readers of that journal. Under the *nom de plume* of "M.R.C.S." he alluded to the triumphant announcement recently made by the Dean of St. Paul's, at a meeting of the Metropolitan Provident Medical Association, to the effect that considerably over 30,000 members had contributed £5,300 a year. Taken at the figures mentioned, each individual has paid four-fifths of a penny per week for medical attendance and medicine. Well may "M.R.C.S." ask if that is thrift. "Is it not," he adds, "rather sweating—sweating the medical profession? Is it even good policy? In the long run it is the sweater that suffers. The sweated one, to live at all, is obliged to scamp his work, and to use the poorest and cheapest of materials." Some day it is possible that both philanthropists and the recipients of cheap or gratuitous medical services will see matters in their true light. A snap-shot diagnosis and a bottle of physic prescribed after a three minutes' consultation may suffice to stay the fierce desire of the professional philanthropist to minister to the medical wants of the poor, but it certainly does scant service to the latter, and spells ruin to many a struggling general practitioner. We wonder how the churchman who congratulated the Metropolitan Association would tolerate an arrangement that placed a number of his own cloth day and night at the beck and call of thirty thousand poor parishioners at the rate of less than a penny a week. Why should not philanthropists provide the poor with cheap law and divinity in their own homes? or must we regard medicine as the only permanent charitable necessity for our working population?

### Phthisis and Alcohol.

THE more diseases to which human flesh is heir whose origin can be traced to alcohol, the stronger becomes the case of the advocates of the temperance cause. A French observer, for example, has just been investigating the connection between alcohol and phthisis, and in the case of seventeen phthisical patients he ascertained that no fewer than sixteen had been at some time great drinkers. All of them drank brandy or rum, and absinthe. There is now the opportunity for some one to make similar inquiries into the subject in this country. It would be interesting to learn how far English statistics would compare with those obtained in France. The conditions, however, would scarcely be identical, for absinthe drinking is practically unknown in England, while the French people are less addicted to drunkenness from beer than is the case in this country.

### Mr. Kipling's Health.

IT is nothing more than natural that Mr. Kipling should still feel the effects of the terrible illness through which he passed some months ago. It is probable, indeed, that many more months will have to elapse before he will regain that measure of health to which he was accustomed before his almost fatal illness seized him. In order to further recruit, however, he will sail this week from New York for England, with a view to passing the summer at his home near Rottingdean. All Mr. Kipling's admirers will wish him that restoration to health which he hopes to attain, without which, doubtless, it will not be possible for him to continue his literary work. A personality so interesting to the world as Mr. Kipling's has become makes it rather a notable fact that he should have determined to place himself within the clutches of our much-abused climate, even in summer, while in the pursuit of health. We can only trust however, that he will have no cause to complain of the "samples" which the clerk of the weather will provide for him.

### Mouth Breathing and Cycling.

A NOT inconsiderable proportion of people are victims of a degree of nasal obstruction sufficient to render it necessary to use the mouth more or less for breathing purposes. In an even larger proportion the obstruction allows of sufficient air being inhaled during comparative repose, but muscular exertion, or emotion, obliges them to supplement nasal respiration by opening the mouth. If one takes the trouble to look at the cyclists who pass, from this point of view, some surprise will be caused by the very small number among them who can ride at from seven to ten miles an hour without breathing through the mouth. This relative obstruction is a serious thing, because it deprives the cyclist of a great safeguard just when circumstances render the safeguard more than ever desirable. Whether in the crowded thoroughfares of large towns or in the wind-whipped roads and lanes of the country, dust is always present, usually in very uncomfortable quantities. It "blisters" the eyes, irritates the delicate mucous membrane of the nose, and, if inhaled as the result of breathing through the mouth, a tangible quantity must inevitably find its way into the bronchi, and even into the finer ramifications of the pulmonary air passages. The inability to carry on respiration through the nose should be regarded as a positive disqualification for cycle riding, for there can be no doubt of the injurious results of inhaling the flinty and often microbe-laden dust which the cyclist has to meet, unless, indeed, mouth breathers would consent to wear respirators. It must be admitted that a respirator, however artistically constructed, can never be made a thing of beauty, but it would match very well the goggles which many cyclists wisely wear when touring, and after all, immunity from pulmonary disease would be cheaply purchased at the price of sacrificing the modicum of beauty to which a begoggled and travel-stained cyclist can lay claim.

## The Transplantation of the Human Ovary.

IN a recent number of the New York *Medical News* a case is reported in which a woman, æt. 39, suffering from the effects of an artificially-induced menopause in a severe form, was greatly relieved and menstruation re-established, by the introduction through the vagina into the peritoneal cavity, of a healthy ovary removed from a young woman who had no further use for the same. Not only did the menstrual flow reassert itself but sexual desire was re-established, at least so the patient stated. We are unable to imitate our contemporary, the *Medical Record*, in commenting seriously upon the case, nor can we commend the operation for imitation. To leave a little bit of healthy ovarian tissue, when this is possible, is doubtless a good instance of conservative surgery, but to insinuate a whole ovary, belonging to another woman, into the peritoneal cavity is hardly a procedure which commends itself to one's surgical instincts, and is likely to set up serious mischief. The operation, indeed, may be placed on a par with another recently recorded surgical feat, that of removal of the entire stomach. It may be brilliant surgery, but from a therapeutical point of view of doubtful value.

## Pinchbeck Titles.

THERE seems to be a swelling craze nowadays for the possession of some qualification or other which will enable the owner to print some letters at the end of his name. We do not speak of the official degrees and diplomas which allow a man to style himself M.D., or M.A., or L.S.A., or D.C.L., and so on. Nor, again, do we mean certain honorary distinctions such as the F.R.S., of which any man may be justly proud. So, too, may a distinguished traveller or explorer be justified in adding F.R.G.S. to his cognomen, but the distinction loses its significance when we see it appended to some obscure Smith or Brown, who has never been outside his native country, and whose knowledge of geographical science is of the scantiest. As a matter of fact, his right to the magic letters is bought by his entrance fee and subscription to a learned society, just as sure as the F.Z.S., F.R.H.S., F.R.Z.S., and others are often obtained. It is not the use of these descriptive titles, but the abuse of them which we criticise. The inherent snobbery of mankind is nowhere more painfully apparent than in the flourishing trade that has been carried on of late years by big sham learned societies that confer the privilege of a string of letters upon their members. Even Christian Science, latest of medical quackeries, is in the field with C.S., which reminds one in some way of the unqualified practitioner who signed himself M.S., and excused himself on the ground that he was a medical student. Clearly, any self-respecting, learned society should discourage the use of unrecognised or pinchbeck titles by its members.

## Small-pox in London.

THE first death from small-pox in the whole of London has just been announced by the Registrar-General. It occurred on the hospital ship *Castalia*, and the unfortunate victim was a man of 32, who had been removed from the West-end. Deceased had been vaccinated, a fact which may afford some satisfaction to the anti-vaccinationist party, who are not apt to hesitate over such trifles as the fallacy of small numbers. A hard nut for them to crack, however, will be the decrease of a malady that formerly was as rife as measles to a point approaching zero. Last year there was only one death in the Metropolis from this loathsome disease, and during the first six months of the present year there has been one more. Look upon this picture and upon that. That isolation and improved methods of treatment and better standards of life have had a good deal of influence upon the result, few medical men will be inclined to doubt. On the other hand, the vast majority of the profession will assuredly attribute the lion's share of the glory to vaccination. Other communicable diseases, such as scarlet fever and typhoid fever, although submitted to similar preventive conditions, have not decreased in anything like the same ratio as small-pox. Let us ask this question of the anti-vaccinationists. If improved environment account for the decrease of small-pox, why has it not similarly scotched the plagues of scarlatina, summer diarrhœa, and enteric fever, to which the bettering of external conditions has been equally applied?

## The Election at the College of Surgeons, England.

THE candidates who have come forward for re-election and election to the Council at the Royal College of Surgeons, England, consist of Mr. Jessop, of Leeds, Dr. Ward Cousins, of Southsea, President-elect of the British Medical Association, Mr. Herbert Page, of St. Mary's Hospital, Paddington, and Mr. Jordan Lloyd, of Birmingham. Of the two latter Mr. Page has on two or three occasions unsuccessfully sought the suffrages of the Fellows, while Mr. Lloyd makes a plunge for the distinction for the first time. A notable feature of the election is that three provincial Fellows will compete for two vacancies. Their colleagues, therefore, will have ample opportunity of supporting the provincial representation.

### A Post-Graduate Course of Balneology.

MEDICAL men who are just now occupying their thoughts with the disposal of their approaching holidays, may be glad to know of an annual excursion which combines the pursuit of pleasure with the acquisition of useful knowledge. For some years past a scheme has been carried into execution for the purpose of enabling French practitioners to become personally acquainted with the principal French watering-places and health resorts. Early in September a rendezvous is given to those who have taken the precaution to inscribe their names beforehand at some town, conveniently situated in view of the programme, and thence the members are conducted under the guidance of a selected medical authority to the best known resorts. This year the excursion, which is open to all qualified practitioners irrespective of nationality, is to be under the guidance of Professor Landouzy, who will inaugurate the *tournee* at Montluçon on September 2nd. Members will be taken among other places, to La Bourboule, Mont Dore, Vichy, and St. Honoré, winding up at the end of an eleven days circular trip by a visit to Pougues. Special arrangements are made for the transport and reception of the visitors, who are conducted *franco* for a sum not exceeding £8 (200 francs), which includes all expenses from the *point de depart* to Pougues. This affords an unequalled opportunity of visiting the most picturesque and interesting parts of France; and as members are allowed to bring along their lady relatives, if so minded, nothing is lacking to make up a very enjoyable trip. Adhesions are received up to August 15th by Dr. Carron de la Carrière, 2, Rue Lincoln, Paris, who will be pleased to give all information concerning the excursion.

### The Eradication of Tuberculosis.

WE publish elsewhere a paper on the subject now very much *à la mode*, viz., the eradication of tuberculosis. Though it is but quite recently that the possibility of circumventing this disease has been taken into serious consideration, the practicability, by concerted measures, of eradicating it from our midst, is one which the author of that paper has for many years been an ardent advocate, and this too at a time when it was regarded as a sort of wild-cat scheme unworthy of attention. It must be some satisfaction to Dr. Fleming to see his pet scheme gradually coming to the front with a less remote prospect of a co-ordinated attempt being made to carry it into effect. The eradication of the disease is really a far more important subject than its curative treatment, for the latter deals with individuals while the other concerns countless thousands of possible victims. It will be some time yet before public opinion has been sufficiently educated to override vested interests and to make the necessary sacrifices of time and money. We possess to a great extent the required knowledge, but nothing can be done on any considerable scale without the hearty sanction and support of public opinion, and Dr. Fleming may claim a share of the credit due to those who have persistently striven to spread a knowledge of the factors with which we have to deal.

### The Physiological Effects of Castration in the Male and Female.

A GREAT deal of speculation has found expression in contributions to the study of the physiological effects of castration in the male and female, but, in truth, it is fundamentally erroneous to treat the two operations as if they had anything in common. The ovary is not a gland like the testis, and it is hardly likely therefore that the former possesses any internal secretion akin to that which is held to be furnished by the testis. The loss of this internal secretion in the male is credited with the production of more or less marked depression, which not unfrequently culminates in melancholia. In the female, on the other hand, the functions of the ovaries which call for removal have generally long since fallen into abeyance so that the ablation of functionally inactive organs is not likely to entail any corresponding constitutional disturbance. With regard to the sexual appetite, its preservation or otherwise must greatly depend upon circumstances. The loss of the ovaries in an unmarried female usually leaves the sexual appetite undeveloped, whereas in a married woman the nervous system has received previous impressions which may keep awake and prolong the period of sexual activity. The same thing holds good in males. If the testicles are removed before puberty no sexual appetite is developed, but if what we may call the sexual habit has been formed the nervous system reacts to certain stimuli as a matter of routine even though the original essential stimulus is wanting. After all, these are details of no practical importance, because the conditions which call for castration on the one hand and removal of the ovaries on the other are always such as to render the question of sexual appetite a point of more than secondary importance.

### A Lady Resident Medical Superintendent of a Lunatic Asylum.

A NEW departure in asylum administration was initiated last week at a meeting of the Governors of the Armagh District Asylum, when four applications were received for the position of assistant medical superintendent. Only two of these personally attended, namely, Dr. Thompson, Cookstown, and a lady, Dr. Dora Allman. The latter, on being questioned by the members of the board, said she had been an assistant in the Mullingar Asylum for over four years, where the number of patients exceeded 800. After hearing the testimonials, the board decided to appoint the lady applicant for three months, and if found satisfactory at the end of that period to make her appointment permanent.

THE honour of "special promotion" has been gazetted of O. W. Andrews, M.B., and W. J. Maillard V.C., M.D., to the rank of Staff-Surgeon in her Majesty's Fleet.

## Munificent Bequests to Dublin Charities.

The three executors—Sir William Findlater, Mr. J. Merry, and Mr. Robert Bell—to whom the late Mr. James Weir confided the charitable disposition of his large fortune, have made their award, with the result that thirty-four of the Dublin charities divide among them £100.800. Ten of these were not strictly medical institutions, and before any portion of the bequest could be awarded to them it became necessary to apply to the Court of Chancery to define the word "hospital" in the will. Already ten of the institutions benefited have received £1,000 each, but as £90,800 still remains in hand it is probable that these grants will be supplemented. We may epitomise the list by saying that it includes—(1) Twelve of the recognised Clinical Hospitals of the City: (2) the three Maternity Hospitals; (3) the Victoria Eye and Ear Hospital; (4) Cork Street Fever Hospital; (5) the two Children's Hospitals; (6) the two Convalescent Homes; (7) the Hospital for Incurables and twelve other miscellaneous institutions. The total sum left by Mr. Weir at his death was £200,800 of which £100,000 went to his relatives. He began life sixty-five years ago as assistant in a grocer's shop, afterwards became the proprietor of one of the best known public houses in Ireland, and died at the patriarchal age of ninety-two.

## The Baby Incubator Again!

In commenting some weeks since on the death of a baby in an incubator on show at the Crystal Palace, we expressed our surprise that any respectable board of managers should admit an exhibit which is so manifestly unsuited for public inspection. To our surprise we find that a similar show is open to the public at the Greater Britain Exhibition, at Earl's Court, where, alongside of Savage South Africa, and various panoramas and other attractions is an exhibit of a certain incubator in which weak and prematurely-born babes are stated to be incubated under the superintendence of a competent staff of trained nurses and medical officers, ready to explain and demonstrate the use of this "marvellous scientific and humanitarian novelty." The exhibit can at most have a *succès de curiosite* with the public for baby incubators are never likely to become a stock article of household furniture, indeed, their value is altogether questionable.

## Coming Congresses.

The season for the foregathering of scientists is about to arrive. The first on the list is, we believe, the "International Otological Congress," which meets in London under the presidency of Dr. Urban Pritchard from August 8th to 12th. The "British Association for the Advancement of Science" will meet at Dover in September under the presidency of Sir Michael Foster. The "British Medical Association" will assemble at Portsmouth from the 1st to the 4th of August under the presidency of Sir Grainger Stewart. "Royal Institute of Public Health" will be held in Blackpool from September 21st to September 26th, under the presidency of the Marquis of Lorne. Lastly, "the Sanitary Institute" will hold its eighteenth congress at Southampton from August 29th to September 2nd, under the presidency of Sir W. H. Preece, K.C.B,

# Scotland.

[FROM OUR OWN CORRESPONDENT.]

**Professor Schafer of Edinburgh University.**—The University of Edinburgh has robbed Cambridge of her Jodrell Professor of Physiology, in the person of Edward Albert Schafer, M.R.C.S. Eng., LL.D. Aber., F R.S. On Friday last, after a long period of excogitation on their part, the Curators of the University, in whose hands the power of election lay, proceeded to act on the opinions as to the merits of the various candidates which they had arrived at as the result of their meditations, electing Professor Schafer to the Chair of the Institutes of Medicine, so long and ably filled by the late William Rutherford.

The public notices of the appointment state that it was the result of an unanimous vote, but that, of course, but applies to the final stage in the proceedings, and we believe that it was really a very narrow majority which had previously determined what the final result was to be. Edinburgh University has got a new recruit with a very high reputation to live up to and maintain. The methods of teaching and the management of large numbers of students in one class are somewhat different in the North than South of the Tweed, but there is every prospect of Edinburgh's new professor adding more lustre to the Auld Toun's College than it has even at present, of the students of medicine acquiring a sound knowledge of physiological laws and processes, and of an important addition being made to the tale of work, already of by no means an inconsiderable magnitude and value, achieved by the Edinburgh School.

**Election Tactics.**—A matter which has interested many and which is connected with the recent contest for the Chair of Physiology in Edinburgh University, relates to the propriety of candidates allowing, that is the mildest term applicable, or if previously completely ignorant of what was proposed to be done of their publicly dissociating themselves from it, the publication in lay papers, or journals devoted to science apart from medicine of partisan puffs in which one candidate is described to be all that is good, his name being given, the other candidates by inference from the absence of individual notice and names being far beneath his level. But such paragraphs are still more reprehensible when the favoured candidate is credited with knowledge of and experience in subjects connected with the duties of the post he is contesting, of which all the other candidates are said to be ignorant, because, forsooth, the writer happens to know that this is the case in one instance, and not having heard concludes that it is absent in the rest. It is hardly possible to believe that such communications can appear with the consent and approval of a candidate, and it is almost more surprising that editors of non-medical papers should admit questionable puffs of the kind through which the opinion of the public is directed towards one man, the reluctance and proper feelings of the others preventing them from exposing the one-sided, and by omissions, scarcely accurate statements made.

**Appointment of Mr. Leith to Mason's College.**—We understand that Mr. R. F. C. Leith, M.B., C.M., M.A., B.Sc., F.R.C.P.Ed., one of the Assistant Physicians at the Edinburgh Royal Infirmary, Lecturer on Pathology in the Extra-mural Medical School, and until lately one of the Pathologists to the infirmary, has been appointed to a Pathological Chair in Mason's University College, Birmingham. Mr. Leith's career when a student was of the most brilliant character, obtaining first-class honours, and more than one valuable scholarship. He has published a large number of papers upon pathological subjects, chiefly in connection with his post as pathologist to the Edinburgh Infirmary; a volume entitled "Outlines of Lectures on General Pathology," and has contributed articles to the system of medicine edited by Dr. Clifford Allbutt. His appointment will occasion a fresh vacancy in the ranks of the assistant physicians of the infirmary, the third within the last two years.

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## Manchester

[FROM OUR OWN CORRESPONDENT.]

The Future of the Royal Infirmary.—A further stage has been reached in the negotiations respecting the reconstitution of the Royal Infirmary. At a conference recently held between representatives of the Manchester Corporation and the Royal Infirmary, with regard to the proposed purchase of the Infirmary site the Lord Mayor intimated what the City Fathers would probably be prepared to pay to the hospital trustees. It is suggested that £400,000 should be taken as the valuation of the present site; the Corporation to pay £250,000, start a fund for £100,000, to be called the Manchester Infirmary Out-Patients' Accident Endowment Fund, paying half in twenty annual payments of £2,500, the other half to be raised by public subscription; and provide the town centre with premises not to exceed £50,000. The Corporation also strongly urge that the new infirmary be built on the Stanley Grove estate, which was given to Owens College for hospital purposes. It is said that if this scheme is accepted, the infirmary trustees would be able to have perfect hospital accommodation provided without trenching upon their capital of £375,000.

Hospital Appointments.—Numerous changes are taking place in the constitution of several of the hospital staffs. The appointment of assistant physician and ophthalmic surgeon to the Royal Infirmary is to be made in a few days; Dr. Eugene Young has been elected to the post rendered vacant at the Consumptive Hospital by Dr. Milligan's resignation; Mr. Montgomery succeeds Mr. Joseph Collier as the visiting surgeon to the Union Hospital at Crumpsall; and Mr. J. W. Smith has been elected visiting surgeon to the workhouse infirmary at Withington. Further alterations are expected before long.

Tuberculosis.—Manchester has long occupied a pioneer position in relation to the prevention of tuberculosis. Attempts have recently been made to arrange for notification of cases. It is said that there are a thousand deaths a year from phthisis in the city, and that at present there are three or four thousand cases. It has been proposed that a medical man shall be appointed as a special inspector for this class of case, at an annual stipend of £200. Much opposition was raised in the City Council. The Sanitary Committee have been directed to reconsider the whole matter. It is evident that educational measures will be preferable to coercion, if general support is to be secured in effectually dealing with tuberculosis in human subjects. Enthusiasts are apt to delay progress through their over-zeal and lack of tact and patience.

Tropical Diseases.—Manchester, situated on the Ship Canal, considers herself a port of no little importance, and in many ways is in direct communication with tropical countries. There is every reason, therefore, that the lectures now being given by Dr. Graham Steell, at the Owens College, on tropical diseases, should act as the first effort to establish a fully equipped department for the teaching and investigation of this important branch of pathology.

Victoria University.—The following Owens men have had their theses accepted for the degree of M.D.:—C. A. Davies, C. R. Marshall, T. A. Rothwell, Peter Thompson, and J. D. Windle. Professor Marshall and Mr. Thompson have been awarded gold medals, and Mr. Rothwell has received the mark of commendation.

## Literature.

### BARBOUR'S ANATOMY OF LABOUR. (a)

A second edition of this important and classical work has been rendered necessary by the number of fresh observations made since the first edition was published in 1889. The interest taken in this form of research is strikingly shown by the fact that up to 1879 three cases only had been reported; in the following ten years reports of ten frozen sections were published, the author being responsible for three; whilst in the ten years that have elapsed since the publication of the first edition of this work there have been twenty-five cases reported. The contribution of the Edinburgh School to this result has been considerable; Barbour has examined two cases, Barbour and Webster two, and Webster four; while Lusk's case, which comes from New York, may be credited to the same school, inasmuch as he had the personal advice and assistance in his work of Clarence Webster. As might be expected in a record of *facts* as distinguished from *theories*, the present edition has involved practically no correction of the matter of the first; but new facts have been gleaned by the recent work. Accordingly, the author has left the old matter untouched, and has simply added a chapter (chapter VII.) of fifty-six pages describing the last twenty-five sections; and in the same way he has made an addendum of fifty-four pages to Part II., comprising the literature of the subject. In its way this Part II. is almost as monumental a piece of industry as the description of the frozen section itself It is not simply a bibliography, but consists of abstracts of contributions to the subject, made in the first instance for the author's own use. No fewer than sixty-six contributions are thus abstracted, and this part of the work must be regarded as indispensable to anyone working on similar lines.

The "Anatomy of Labour" is not a work that appeals solely to the anatomist or to the scientific obstetrician; it sheds important light on the actual practice of obstetrics, as will be sufficiently evident from the following summary of some of the new facts learned regarding the second stage of labour. "The shortening of the antero-posterior diameter of the bony pelvis by the soft parts is for the conjugate, at the brim half an inch, in the cavity three-quarters of an inch, at the outlet seven-eighths of an inch; and for the oblique diameter, at the brim almost one inch, and in the cavity still more, due to the projection of the obturator internus. The peritoneum is, during the second stage, lifted out of the pelvis anteriorly and somewhat elevated posteriorly . . . . The lower portion of the anterior uterine wall is thinner than the rest before labour begins; this thinning is increased during labour. A corresponding thin part develops posteriorly. There is, therefore, in normal labour (that is, with no pathological resistance) a separation of the uterine wall into two parts at the retraction ring. While the anterior vaginal wall retains, during labour, its usual length and thickness (2 ins.) the posterior stretches to more than twice its former length (measuring 7 ins.), and becomes very thin. The flexion of the head becomes, during labour, less pronounced than it was during pregnancy. Rotation of the head takes place before that of the shoulders, and is therefore independent of it. The placenta does not become separated, as a result of the diminution of its site during the second stage. The membranes become separated, during the second stage, up to the retraction ring, but not above it." The author never loses sight of the bearing of science on practice; and, accordingly, we find paragraphs dealing in a suggestive way with the question of the management of labour, both in the second and in the third stage. As space will not allow more quotations, we must refer the reader to the book itself. All the illustrations are good, and many of them must be described as excellent. We would gladly see the work in the hands, not only of the specialist and the teacher, but also of the student and the general practitioner. The plea that sound scientific knowledge makes good and successful practice needs no advocate at the present day.

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(a) "The Anatomy of Labour as Studied in Frozen Sections." By A. H. F. Barbour, M.A., B.Sc., M.D., &c., Assistant Physician for Diseases of Women to the Royal Infirmary, Edinburgh. Edinburgh: W. & A. K. Johnston. 1899. Second Edition. 562 pp. 6s.

### DAWSON WILLIAMS ON DISEASES OF CHILDREN. (a)

This book affords a thoroughly sound survey of the important branch of medical work with which it is concerned. In no instance is necessary detail sacrificed to conciseness, while at the same time the more general groundwork is given its proper place. For instance, the statistics of tuberculosis, a subject of supreme interest as regards children, are discussed fully enough to bring out the chief facts as to age incidence. The author's table shows that "the extreme liability to tuberculosis during the first two years of life, and, since children under six months are very little subject to the disease, it indicates a rapid increase during the second six months of life." The clear practical description of tuberculosis which follows serves to emphasise the hopeless nature of the prognosis when once the diagnosis is established. The enormous number of infantile deaths due to tuberculosis warrants the physician in devoting the most painstaking labour to the investigation of the subject, and this is what the author has done. It is not his part to enter into the field of prevention, wherein lies the hope of future generations. Dr. Williams avails himself freely of illustrations to portray types of disease. The frontispiece, for instance, shows the characteristic attitude of a baby suffering from posterior basal meningitis. We venture to surmise that a few minutes study of that plate would convey to the mind of the practitioner a picture that would be indelible. Not only that, but he would also carry away with him the lesson as to the rallying power of infants labouring under that distressing disease after reading the note that "the patient recovered sufficiently to leave the hospital." There is an excellent X-ray photograph of the curving of the bones of the leg in rickets, and in future editions we shall doubtless be favoured with further Röntgen illustrations, which are specially available in the case of children. This volume may be recommended alike to the general practitioner and to those who are specially interested in the study of pediatrics.

### JESSOP ON DISEASES OF THE EYE. (b)

The tasteful colour of the binding of this book—by which the volume would add lustre to a drawing-room table—to say nothing of its convenient size, excellent print, and general "get up" prepossess us in its favour, even before proceeding to peruse its contents, and causes us almost to forget that it forms another contribution to the already over loaded list, as we think, of text-books upon ophthalmic surgery. With its *raison d'etre*, however we have nothing to do; that is a matter which concerns the author and publisher. So far as the former is concerned, he says in the preface that, in writing the manual, his "endeavour has been to make it systematic, practical, concise, and at the same time comprehensive," and on perusing his pages we are glad to admit that he has thoroughly succeeded in his task. The practical nature of the work is eminently shown by the first three chapters being entirely devoted to the methods of examining the eye, in which is given precisely the kind of information of which a student is most in need when beginning the subject of ophthalmology. Again, instead of entering largely upon the description of the anatomy of the eye, a short and useful account of the anatomy of the various structures of the organ heads the chapters in which the subject of their diseases is discussed. This arrangement has much to commend it, and is a vast improvement upon the older method of dealing at great length with the anatomy and physiology of the eye in two or more exhaustive chapters So far as the practical part of the volume is concerned the chapters are obviously largely compiled from the author's own experience, and the views expressed, especially as to treatment, are clearly a reflex thereof. We do not at all times agree with the author—differences of opinion must always exist in matters of practice—nevertheless, we have no hesitation in saying that he has produced a sound and practical guide to the subject of ophthalmology. For the most part the illustrations are good, and the same may be said of the few coloured plates representing certain normal and pathological conditions of the fundus. It is curious, however, to note the absence of the central light streak on the retinal veins in the coloured plates. A useful chapter is added descriptive of eye symptoms and diseases in general diseases, and in an appendix such matters are discussed as formulæ, general rules for operating, lenses, spectacles, &c., and the regulations for vision testing of candidates for the Government services. Altogether we can cordially recommend this book to the student and practitioner.

### LUFF'S PATHOLOGY AND TREATMENT OF GOUT. (a)

This book is a continuation and extension of the Goulstonian Lectures of 1897 on the Chemistry and Pathology of Gout. The author considers that the influence of many things on the development of gout is in great part due to the effect they exercise in the metabolism of the liver, and the increased amount of glycocine that passes on to the kidneys, which glycocine causes an increased production of uric acid by the kidneys.

The author has shown experimentally that the alkalinity of the blood is not appreciably diminished during a gouty attack; and that the solubility of sodium biurate is markedly increased by the presence of the mineral constituents of most vegetables, but diminished by the mineral constituents of meat. Practitioners will find the book suggestive and helpful when arranging the dietary and medication of their patients.

### CLELAND'S DISSECTIONS. (b)

The fourth edition of this work, now before us, is from the pen of the learned Professor of Anatomy in the University of Glasgow, and from that of Dr. MacKay, a former pupil and assistant. Speaking generally, the small work is of great excellence, and could only have been written by a master or masters, in the art of dissection.

It is intended as a dissecting-room guide for students, who use the large work on "Human Anatomy" by the same authors, for the acquisition of their detailed knowledge in their evenings at home; this purpose being facilitated in this edition, by reference to the page or pages of the large work, in which the detailed description of the structures which the student has laid bare during the day is dealt with.

The authors, in their short summary, allot more of the back to the dissector of the upper limb than is customary in the generality of schools, allowing him the erector spinæ from the level of the spinous process of the axis, as well as the spinal canal and the spinal cord, although the latter, it is mentioned (page 18), is only to be opened by the senior dissector; one wonders what becomes of it in the case of the junior, as no instruction is given to the dissector of the head and neck that in the latter case he may proceed. In our judgment the general custom is the better one of allotting to the dissector of the head and neck, the whole of the erector spinæ muscle, with the spinal canal and its contents, as he thus receives the entire central nervous system at one allotment, leaving to the dissector of the upper limb what of the back more naturally belongs to him—the latissimus dorsi, the rhomboids (perhaps the two serrati,) and his share of the trapezius, and the levator anguli scapulæ.

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(a) "Medical Diseases of Infancy and Childhood." Dawson Williams, M.D., Physician to East London Hospital for Children, &c. Cassell and Co., London and New York. 1898.

(b) "Manual of Ophthalmic Surgery and Medicine." By Walter H. H. Jessop, M.A., M.B.Cantab., F.R.C.S.Eng., Ophthalmic Surgeon to, and Lecturer on Ophthalmic Medicine and Surgery at, St. Bartholomew's Hospital; Consulting Ophthalmic Surgeon to the Paddington Green Children's Hospital. London: J. and A. Churchill. 1898.

(a) "Gout—its Pathology and Treatment." By Arthur P. Luff, M.D.Lond., F.R.C.P. London: Cassell and Co. 1898. Pp. viii-248.

(b) "Directory for Dissection of the Human Body." By Profs. Cleland and MacKay. Glasgow: Jas. Maclehose and Sons. Fourth Edition. Pp. 198. Price 3s. 6d. net.

If this is done it is the dissector of the upper limbs who loses the two last days of the four on which the subject lies on its face, and not the dissector of the head and neck, page 80. Should the summary of this part of the back be transferred from the upper limb to the head and neck, it would be an improvement, although there may be also two sides to this question. The originality and independence of the authors in regard to current fashionable description, is exhibited in their remarks respecting the pelvic fascia, page 190, a feature much to be admired, and one very evident on every page of this small work. The book can be cordially recommended to every student of anatomy.

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## Literary Notes and Gossip.

MR. JACKSON CLARKE, F.R.C.S., has a work in the press on "Orthopædic Surgery,' which will include the advances made by radiography in this department of surgery.

⁂

DR. DAVID WALSH has a new edition of his "Röntgen Rays in Medical and Surgical Work" in the press, which will contain the latest experiments and appliances in this new science, together with illustrations of its practical application.

⁂

THE third edition of Sir Wm. Broadbent's "Diseases of the Heart" is, we are informed by the publishers, Messrs. Baillière, Tindall and Cox, almost through the press, and is expected to be ready for publication in a few days.

⁂

THE new "Manual of Surgical Treatment," by Mr. Watson Cheyne, Professor of Surgery in King's College, London, of which Part I. was issued a few days ago, will be completed in six parts, forming a comprehensive work of reference.

⁂

MESSRS. WRIGHT AND CO., of Bristol, are about to issue a "Synoptical Index" to drugs and treatment for the twelve years 1887-1898, during which the *Medical Annual* has been published, forming, as it were, a key and complete index to the twelve volumes.

⁂

MESSRS. LONGMANS & CO. announce that the new edition of the late Professor Coats' "Manual of Pathology" will not be ready until the early autumn. Dr. Lewis Sutherland, assistant to the Professor of Pathology in Glasgow University, is engaged on the revision.

⁂

MESSRS. MACMILLAN and Co., announce for early publication, in their list of Manuals of Medicine and Surgery, a new volume on "Differential Diagnosis in Medicine,' by Dr. Fred. J. Smith, of the London Hospital. The work will range widely over medical diagnosis, and is chiefly intended for senior students

⁂

BY a letter in our correspondence columns, it will be seen that Dr. Wolfe, late of Glasgow, now of Melbourne, author of the well-known manual of "Diseases and Injuries of the Eye," is now in Leipzig, where, we understand, he is spending his vacation in order to gather materials from Continental hospitals for another edition of his work.

⁂

OUR Manchester correspondent informs us that several works have recently appeared, or will shortly be issued by Manchester men. Dr. Williamson has just published a small monograph on "Syphilitic Diseases of the Spinal Cord"; Dr. Kelynack has completed a manual of "Practical Pathology for Students;" Dr. Moore has translated Rieder's work on "Urinary Sediments."

⁂

IN "Vitality," by Lionel J. Beale, M.D., F.R.S. (London: J. & A. Churchill), to hand, the author does not agree with the confidence of those who urge that purely physical and chemical actions ought to be accepted as the true explanation of any form of life; nor does he agree with Herbert Spencer that there is community of nature between growth, as it occurs in everything that lives, and inorganic growth. There is much going over of old ground, but the pamphlet is written by an able thinker and observer.

⁂

MR. HIME's little monograph, on "Schoolboys' Special Immorality," is evidently written by one who is convinced of the prevalence of the practices referred to and of the possibility of eliminating them to a great extent from school life by suitable moral instruction and proper surveillance. It is an eloquent appeal to schoolmasters and others not to continue to ignore these disagreeable facts, but to cope with and to overcome them. Every credit is due to Mr. Hime for having boldly tackled a repulsive subject, and for having handled it firmly but with delicacy. The essay will be read with interest by others than schoolmasters, but many of the latter may find his practical hints usefully suggestive.

⁂

"THE Living Substance," by Gwedolen Foulke Andrews (Boston: Ginn, and Co.), is an attempt to teach us more of protoplasm than we have yet learned, and certainly on the face of it one would think we should now get nearer the truth of what Huxley terms the physical basis of life; but if there is more light here it is shaded by a rather strained literary effort which spoils the scientific effect. The descriptions are by no means so intelligible as one would desire, and it is difficult to know sometimes where Bütschli ends and the author begins. As regards the visible protoplasmic structure the evidence seems to be very much the evidence of Bütschli. What is wanted here very much is illustration. There is none, and though one feels that the author has done a large amount of work, microscopic and otherwise, she has not done herself full justice in bringing it to light.

⁂

IN "King's American Dispensatory" (the Ohio Valley Co., publishers, Cincinnati) we have a book somewhat on the lines of the "Reference Book of Practical Therapeutics," in two volumes, edited by Dr F. P. Foster. It is certainly a very remarkable work of reference, and is issued in the best American style. It seems to be extremely accurate and comprehensive, and is quite up to date It is singular that works of this description, for some reason or another, command a much larger sale in the United States than they do in this country. It is well written and well illustrated, and may fairly be described as a monumental work. It is certainly marvellous that anyone could be found with the time, energy, and ability to compile a work of this description, and the greatest possible credit is due to the authors, Drs Felter and Lloyd, and, we may add, to the publishers. We wish them every success in their venture.

⁂

THE "Golden Rules Series" (John Wright and Co. Bristol), inaugurated by Mr. Hurry Fenwick's popular little compilation, "Golden Rules of Surgical Practice," has been enriched by a similar series of "Don'ts" and "Do's" in Gynæcology by Dr. S. Jervois Aarons, and in Obstetrics by Dr. W. E. Fothergill, and by Golden Rules of Medical Practice by Dr. Arthur Hy. Evans. Mr. Fenwick's aphorisms are well chosen, and for the most part very apt and to the point. More than one practitioner during the last year or two would have fared better had he grasped such an axiom as the following:—"Never forget that the surgeon who neglects to suture a divided nerve or tendon commits the same mistake as he who neglects to reduce a fracture." Gynæcology does not lend itself to this process of treatment as readily as a wide subject like surgery, consequently many of the injunctions and (may we call them?) disjunctions do not carry conviction to the same extent. Nevertheless there are plenty of things in gynæcology as elsewhere which "were better left undone," and to these *inter alia* Dr. Aarons has directed attention. Dr. Fothergill's "Golden Rules of Obstetric Practice" are in reality a series of hints as to what to do and what not to do under given circumstances, in fact, a sort of "practical cram book."

# Obituary.

## MR. LAWSON TAIT, F.R.C.S.

With the death of Mr. Lawson Tait, Great Britain has been deprived of the most original surgeon she has produced in the last quarter of a century, and the whole world of surgery has to deplore the loss of one of the most gifted masters of the art. His was one of those exceptional minds that mark an epoch in the history of any science or art in which they occur. They are altogether out of the common, and for this very reason are often incapable of being understood by men of ordinary, or even above the ordinary, mental calibre. It is not in the light of what we designate clever and able minds that we regard such. We are forced to recognise in them gifts and powers entirely apart from those that are acquired by education, training, and experience. It is not with these that the "infinite capacity for taking pains" explains the brilliancy and originality of their work, though it may enable them to develop and place it on a substantial basis. It is rather that subtle quality of brain in which conception and imagination play the greater part, and which, when allied to that other quality, audacity, which has been taken as another reading for genius, give to the world and humanity their greatest gains. Lawson Tait combined in varying degree all these qualities. Laborious and painstaking in his work, strikingly original in the ideas which gave it shape, characteristically audacious in carrying these ideas into operation and impressing them upon a too reluctant and unbelieving profession, he could not, and never did, expect to escape the jealous carpings, the unworthy criticisms, and the specious inuendoes which contemporaries, with no claim to his powers as a surgeon, or to his manipulative resources as an operator, were wont to aim at him. He has passed away, still a comparatively young man, at the age of fifty-four, having been born in Edinburgh in the year 1845. He was the son of Archibald Campbell Tait, a Guild brother of Heriot's Hospital, to which school Lawson Tait was admitted at the age of seven, remaining there until, gaining a scholarship, he entered Edinburgh University. From 1860 to 1866 he was engaged in his professional studies, and was under the guidance of an able surgeon, M'Kenzie Edwards, a favourite pupil of Sir William Fergusson. Here also he came under the influence and teaching of Sir James Simpson, and determined to pursue the branch of surgery that he afterwards adorned, which might be said then to have been in its infancy. In 1870 he became a Fellow of the College of Surgeons in Edinburgh, and a year later took the Fellowship of the College of Surgeons of England. After a short time spent at Wakefield as house surgeon, he went to Birmingham, selecting this town as an appropriate field for the practice of that department of surgery which he had determined to follow. At Birmingham he took an active part in the origination of the Women's Hospital, in conjunction with Dr. Savage, in which institution he afterwards achieved many of his most brilliant successes. Here he did not confine himself to the pursuit of his profession alone, for he joined the staff of the *Birmingham Morning News*, then edited by Mr. George Dawson, and was appointed lecturer on Physiology and General Biology to the Midland Institute in 1871. Tait was but twenty-five years of age when he went to Birmingham, and three years before he had performed his first abdominal section. He was only twenty-eight when he obtained the Hastings Gold Medal of the British Medical Association, which was then given to him by Sir William Fergusson, who made exceptionally complimentary remarks to the young surgeon on the unusual brilliancy and originality of his essay on "Diseases of the Ovaries," an essay which, written at a time when the pathology of the uterine adnexa had made but little advance, immediately drew attention to Tait and established his reputation as a pelvic surgeon.

It is not possible in such a notice as this to refer even to the most important of the advance in gynæcology in which Lawson Tait took so prominent and active a part. During the latter part of the seventies his fame had still further enhanced the reputation of the Birmingham School. His writings on the physiology and pathology of the ovaries and Fallopian tubes, on the intra-peritoneal method in ovariotomy, on tubal fœtation, and on the treatment of extra-peritoneal management of the pedicle by clamp added to his marvellous successes in ovariotomy, and abdominal surgery generally, had given him a world-wide fame. Not in pelvic surgery alone did his originality manifest itself. In 1879 his paper on "Cholecystotomy" was read before the Medico-Chirurgical Society, and appeared in its "Transactions." Various other original feats in abdominal surgery followed, and from different schools in America and on the Continent distinguished surgeons came to see his work and methods of operating. There was but one opinion as to his manipulative dexterity and deftness of hand, celerity, boldness, and completeness were the characteristics of Tait's operations. There has been, from time to time, doubt thrown on his statistics, but there is no ground that we know of whatever for questioning the accuracy of these. Some years since, during a painful episode of his life, when those of the Women's Hospital at Birmingham were impeached, he took immediate and unanswerable steps to verify them before the profession, and most satisfactorily did so. In his earlier cases of hysterectomy, when his mortality was very high, the disastrous results were published frankly and above board.

Tait's fame, however, most specially rests on his boldness in the treatment of diseased conditions of the adnexa by operation. Undeterred by attacks, and uninfluenced by hostile criticisms, he established the operation of oöphorectomy as the surgical procedure for suppurative conditions of the ovaries and tubes in given cases of bleeding fibroma, and proved the necessity for immediate operation in ruptured tubal gestation—advances in gynæcology which were not achieved without much obloquy and unjust aspersion. He lived, however, to see the range of gynæcological surgery in these directions, and in justifiable operative procedures, pass far beyond the limits which he, in the earlier days of his advocacy, conceived that they would. With many other matters of pelvic surgery his name is associated. As, for instance, the treatment of pelvic abscess by abdominal section and drainage, and his operation for ruptured perineum. Lawson Tait was not what can be called in the modern sense an aseptic surgeon, and he held with characteristic obstinacy of mind to older methods of operation. He ignored Listerism, and refused to be a disciple of the great English teacher of antiseptic and aseptic methods. Here, as in his advocacy of the anti-vivisectionist movement, we believe that he was mistaken, and we cannot but feel that his results, brilliant as they undoubtedly were, would have been still more so had he adopted, as is now universally done, Listerian methods. By ordinary precautions of cleanliness, in conjunction with his great dexterity, Tait's results may be explained. We do not know how far those statistics might be modified by those of *all* operations he performed in private practice, but this has to be remembered, that if he lost at any time directly through the neglect of aseptic precautions, the price was a dear one to pay for his rejection of Listerism. His last communication (but a few weeks ago) to The Medical Press and Circular, to which he has been a constant contributor for many years, and to which lately he has addressed nearly all his original communications, shows how determined and honest was his opposition to vivisection. "Some day," he said, "I shall have a tombstone put over me, and an inscription upon it. I want only one thing recorded on it, and that to the effect '*he laboured to divert his profession from the blundering that has resulted from the performance of experiments on the sub-human group of animal life, in the hopes that they would shed light on the aberrant physiology of the human groups.*'" Alas! all too soon has the ruthless hand of death brought to an end a career which, at the time this was written, no one dreamed was so near to its conclusion.

Lawson Tait was an Honorary Graduate of several universities. In politics he was a staunch Liberal, and at one time thought of entering Parliament, but was defeated at the 1886 election for the Bordesley Division of Birmingham by Mr. Jesse Collings. Of late years he relinquished much of his practice, building for himself a residence at Llandudno facing the Conway estuary and the Penmaenmawr mountains, taking an active interest in the development of Llandudno, and only last month buying the Old Telegraph Inn, on the highest point of the Great Orme's Head, with a view of converting it into a sanatorium for consumptives.

Much more could be written and said of Lawson Tait, for his history has been also the history of British gynæcology for the last twenty-five years. We have naught to say to certain personal attributes which brought him many and relentless enemies. His best friends—and he had hosts of ardent admirers—would have often wished that in debate and in medical literature his attitude in scientific discussion were other than it was This tendency doubtless cost him the loss of the highest professional and social distinctions, but he could always feel the internal conviction that the name of Lawson Tait would pass down on the roll of the great British surgeons who by their researches and work have been the milestones which mark for us and those to come the evolution and progress of British surgery. His death came rather suddenly after previous indisposition, at his residence, St. Petroks, Llandudno. The remains were cremated at Liverpool, and the ashes have been deposited, in accordance with his own special request, in a cave in his private grounds.

## MR. JAMES ARNOLD, OF SMITHFIELD.

We learn with regret the death of Mr. James Arnold, the senior partner in the well-known firm of Surgical Instrument Manufacturers, of West Smithfield. We have been asked to state that the business will be carried on as usual by the two remaining partners, Messrs. J. E. and E. R. Arnold, sons of the deceased.

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Mr. Henry Morris, F.R.C.S., has been re-elected a member of the Court of Examiners of the R.C.S.Eng. for a further period of five years.

# Correspondence,

We do not hold ourselves responsible for the opinions of our correspondents.

## ON SERUM INOCULATION.

*To the Editor of* The Medical Press and Circular.

Sir,—I have just read my letter, with the appended note on the above subject, in your issue of the 31st ult. My commentator evidently does not wish to see the difference between the inoculation, for diagnosis, of ailing animals, as practised in Glasgow, and the wholesale inoculation of the animal virus into all healthy animals for diagnostic purposes; although it had been proved by experiments, on a large scale, that of the healthy animals thus treated 14·6 per cent. became tuberculous the following year.

The Medical Press and Circular advocates vivisection and experimentation on lower animals in the interest of the study of human physiology and pathology. Now, the lessons which vivisection and experimentation teach us are that, "The higher we rise in the scale of zoological life, the more do diseases become complicated, and surgical operations and the administration of poisons will more readily prove fatal. Thus, for instance, a surgical operation which may be borne with impunity, or a poison which may be eliminated from the system and prove harmless in the case of shepherds' dogs or horses of Brittany, will prove fatal to pointers (chiens de chasse) or to high bred horses (chevaux Anglais). Further, the same animal may escape with impunity some operations when the nervous system or the stomach happens to be in a certain condition, but will succumb when in a different state of health. *The numerous experiments which you have seen me perform here upon different animals put this proposition beyond doubt.*" (*a*)

It is, therefore, evident that when we inject an animal virus, such as Koch's tuberculin into a number of healthy animals. some will eliminate it from the system and escape harmless, whilst in others it will form tuberculous nests for the contamination of the organism. And the higher the breed the less chance will they have to escape contamination.

He incurs a heavy responsibility who encourages the pastoral people of Australasia to practise a system of wholesale cattle poisoning because it happens to be orthodox and fashionable to-day, but may be considered outrageous to-morrow.

I am, Sir, yours truly.  
F. R. Wolfe, M.D., F.R.C.S.Eng.  
Hotel Hauffe, Leipsic, June 17th, 1899.

## THE POLYCLINIC.

*To the Editor of* The Medical Press and Circular.

Sir,—It seems rather difficult to explain the reasons why the Institution just started as the Polyclinic has been created If the simple question were asked, for whose benefit is it intended, the answer, we suppose, would be—for the profession generally; at least that part of the profession that wants education. The report in the dailies of the meeting a few days ago rather leads to the impression that as the teachers are to be well paid it may not be altogether a one-sided business. Of course, the cases that attend will derive benefits, but this point is not made much of, and it rather looks as if they were to be utilised for the two other purposes above referred to. Those whose names appear as supporters of the Polyclinic are not now connected with hospitals, and it is reasonable to ask why the hospital schools should lose the aid of men of the greatest experience when the most important class of students would derive benefit from their teaching. It appears as if the hospital schools will not feel much interest in the Polyclinic, and certainly we should think that it would be well if some consideration were shown at our hospitals for those of the profession for whom the Polyclinic is intended.

It must be realised that those who have cleared them-

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(*a*) From my MS. report of Claude-Bernard's "Demonstrati on Experimental Pathology" at the College de France revised pulications by the illustrious lecturer.

selves of examinations feel the want of that kind of instruction which the clinical teacher alone can give, and there is no doubt but that the Continental schools far surpass ours in the facilities they afford for high-class education. Some reform is needed in hospital teaching in London, and greater regard should be shown by those who undertake this duty of using hospital appointments less as means of advertising themselves with a view to practice than is the case at present.

I am, sir, yours truly,
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## BACTERIOLOGY FOR VESTRYMEN.

*To the Editor of* The Medical Press and Circular.

Sir,—It is, in a sense, comforting to learn that the organism which gives rise to consumption flourishes only in the living tissues, and promptly loses its virulence when exposed to air and sunlight, the change being due to the resulting dessication. It follows that dust from the hard high road, exposed to the blaze of the sun, when there is any, or to the drying influence of an invigorating east wind, is unlikely to contain the active bacilli of tuberculosis, for the simple reason that the moisture indispensable to their comfort and health has been withdrawn. In urban districts the local authorities take such morbid pains to supply an adequate quantity of water that the dust, highly charged with organic waste and affording consequently a very favourable evil for the cultivation of germs, is maintained in a condition well adapted for the longevity and multiplication of these germs. Local authorities do not take into account the principle that streets ought to be watered only with the object of preventing dust when they are about to be swept, unless, indeed, it be used in such quantities as to wash the streets clean. The City of London is, perhaps, the only place where this principle is recognised and applied, and local authorities in general turn a deaf ear to the wails of maimed horses and injured cyclists whose mishaps are directly attributable to the vicious plan of converting dust into greasy mud.

It lies with the Press, and especially the Medical Press, to educate public opinion on this matter, and I therefore venture to call your attention thereto.

I am, Sir, yours truly,
A Cycling Bacteriologist.

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# Medico-Legal Notes.

By W. J. JOHNSTON, B.L.,
Dublin.

(*Concluded.*)

### The Magistrates and the Vaccination Act.

Every decision in connection with the Vaccination Act, 1898, is of interest, and especially every decision under the famous section which provides that no parent shall be liable to any penalty under the Act of 1867 if within four months from the birth he conscientiously believes that vaccination would be prejudicial to the health of the child. The justices of a certain district have thought it wise to adopt the rule that every applicant under this section shall produce a certificate of the child's birth. The defendants in the case of *Reg. v. Lowndes and others* (68 L. J. R. 318) made an application to the magistrates, but refused to produce such a certificate, offering oral evidence on the point instead. The justices were obdurate and insisted on the production of the certificate. On an application to the Queen's Bench Division for a writ of *mandamus* to compel the Court below to hear the case, the judges held that in cases where the birth had been duly registered, it was a very proper thing to insist upon the production of a certificate, and that the magistrates were right in refusing to hear the case until the rule had been complied with.

### Justification as a Defence in Libel Actions.

Three recent actions of libel, in which medical men were the plaintiffs, illustrate in a convenient way the doctrines of the law with reference to professional character. The case of *Kelly v. Colhoun and others* was the simplest in point of law. The plaintiff, who was a dispensary doctor, complained of certain statements made about him at a meeting of the dispensary committee by two of the members of that committee, and these two defendants when sued for damages pleaded justification—that is, pleaded that the statements were true—which is the boldest, but at the same time the riskiest, defence that can be set up to an action for libel. The jury found that the statements were defamatory, and that they were not true, and awarded £200 damages against each of the defendants.

Privilege as a Defence.—In *Forsythe v. Caldwell,* the plaintiff who was medical officer of a work house, complained that a letter sent by the defendant to the Local Government Board of Ireland contained defamatory statements about his conduct as medical witness at an inquest held by the defendant as coroner in the workhouse. The defendant pleaded privilege, which is a defence available to protect all communications honestly made for the purpose of discharging some legal, moral, or social duty. It is a defence that can be rebutted only by proof of malice. The judge at the trial held that the communication made to the board in question was privileged, but the jury found that there was malice and awarded £50 damages, for which sum judgment was entered for the plaintiff.

Fair Comment as a Defence.—The third case was *Thompson v. Falls,* in which the plaintiff, who had previously given expert medical testimony at a certain criminal trial, complained of some references made by the defendant at a public meeting) to his conduct at that trial and evidence as a medical witness. The defence was a plea of fair comment, which is one arising out of the right which the law gives everyone to criticise, fairly and honestly, every subject that is fairly open to public discussion. The jury, however, found that the defendant had gone beyond the limits of fair criticism, and gave the plaintiff £50. Of these three forms of defence—justification, privilege, and fair comment—the first is generally avoided by lawyers, and the last two, being in a way a form of pseudo apology or explanation, breaks the fall for the defendant, if a fall must come.

### The Pharmaceutical Society of Ireland.

It is a pity that Ireland is not included within the scope of the Lord Chancellor's Pharmacy Bill. The same state of affairs exists in the sister country as in England. The Bill is intended to remedy the effect of the decision of the House of Lords in *The Pharmaceutical Society v. The London Supply Association* (5 A. C. 857), in which it was decided that the word "person" in the old Act did not include a body corporate, so as to make the defendants liable to the penalty under the Act. In *The Pharmaceutical Society of Ireland v. Boyd and Co.* (1896, 2 Ir. R. 394), the Irish Courts gave an exactly similar construction to the corresponding section of the Irish Act. But the Irish Courts have gone further. They have decided that an apprenticeship served with a limited company, carrying on business as pharmaceutical chemists under a properly qualified manager, did not entitle the candidate to be admitted to the Society's final examination when some of the members of the company were not pharmaceutical chemists. (*Reg.* [*Cleland*] *v. The Pharmaceutical Society of Ireland*—[1896] 2 Ir. R. 368). But in another case an apprenticeship served with a limited company, all the members of which were properly qualified pharmaceutical chemists was held to be quite sufficient. (*Reg.* [*Conyngham*] *v. The Pharmaceutical Society of Ireland*—[1899] 2 Ir. R., 132).

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### Royal College of Surgeons of England.

A meeting of Fellows and Members of the College is to be called to consider the draft petition and charter now being prepared. Copies thereof will be supplied on application.

## Laboratory Notes.

### ASEPTIC SPONGES (SQUIRE).

We have received from Messrs. Squire and Sons, of 413, Oxford Street, W., samples of their antiseptic sponges. These consist of cotton fibre subjected to very great pressure, and we are told the "sponges' consist of discs only a twelfth of an inch in thickness. Placed in water they promptly swell up to fifteen times the original size, and are capable of absorbing twelve times their weight of fluid. They are useful for a variety of purposes, but are specially serviceable in plugging the anterior or posterior nares for the relief of epistaxis, it being possible to obtain any degree of pressure that may be required in order to arrest the hæmorrhage.

### VAGINAL CAPSULES.

We have received from the same firm specimens of their "vaginal capsules," prepared with specially soluble carbolised gelatin, serving as envelope for an absorbent tampon, which can be medicated *a volonte*. A thread is attached to facilitate the removal of the tampon in due course. These capsules constitute a much easier and "elegant" method of introducing medicated tampons into the vagina than the ordinary plan *via* a speculum, and they enable patients, when necessary, to continue the treatment themselves.

### FERRO-MANGANESE PEPTONATE (SQUIRE).

### LYMPH OF THE GLYCERO-PHOSPHATES (SQUIRE).

### CHEMICAL FOOD LOZENGES.

Among the pharmaceutical products samples which have reached us from Messrs. Squire and Son, we must mention the ferro-manganese peptonate (Squire). This fluid preparation contains 1¼ grains of metallic iron and ¾ grain of metallic manganese, in the form of neutral peptonised albuminates. This preparation, pharmaceutically excellent, possesses valuable therapeutic properties in that it is readily tolerated, does not constipate, and does not discolour the teeth. The average dose is a teaspoonful.

The glycerophosphates are now well in vogue, and their importance as a means of exhibiting phosphates in a soluble form is too generally recognised to require explanation. The syrup of the glycerophosphates (Squire) is a trustworthy preparation of soluble phosphates in combination with glycerine.

For the convenience of those who cannot well carry about bottles of syrup, Messrs. Squire and Sons now prepare their "Chemical Food" (Syr. Ferri Phosph. Co.) in the form of lozenges, each of which corresponds to an average dose of the syrup.

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## Medical News.

### University of Dublin.

A meeting of the Senate will be held to-day (Wednesday) to approve the following "Graces" from the Provost and Senior Fellows for the grant of Degrees *honoris causa*.

His Excellency Earl Cadogan, Lord Lieutenant of Ireland, LL.D.
Marquess of Lansdowne, LL.D.
Baron Macnaghten, LL.D.
Sir G. O. Trevelyan, LL.D.
Right Hon. Joseph Chamberlain, LL.D.
Professor D. P. Tiele, of Leyden, LL.D.
Professor A. R. Forsyth, of Cambridge, LL.D.

### Professional Amenities.

A case was tried at the Lambeth County Court a few days since in which a medical witness showed himself in a rather curious light. A working man sued Mr. Shillingford, L.S.A., of Peckham, for damages, based on alleged negligent treatment of one of the plaintiff's children. The principal witness for the plaintiff was Dr. R. H. Hodgson, who, on being called in, found that the defendant had been prescribing opium, which, in his opinion, constituted improper treatment. In a letter to the defendant's solicitor he alluded to the plaintiff as "a contemptible liar." Exonerating evidence having been given by various medical men on behalf of the defendant, the jury stopped the case, and gave a verdict in favour of Mr. Shillingford.

### Cambridge University.

The work of the Long Vacation Course in the Pathological department will be commenced on Thursday, July 6th, and will consist of

1. Lectures on General Pathology, Degeneration, Inflammation, Œdema, Shock, &c.; Special Diseases of the Circulatory System.
2. Demonstrations in Morbid Anatomy in the post-mortem room and on formalin specimens.
3. Morbid Histology—Degeneration, Inflammation, and Tumours; Special Diseases of the Visceral Organs.
4. Clinical Pathology, including examination of blood; methods of clinical bacteriological diagnosis, sputum, tubercle, diphtheritic exudations, typhoid serum test, &c.
5. Lectures on Bacteriology: General and Special Pathology of Infective Disease, including the production of immunity, vaccination, serum treatment, &c.
6. Practical Bacteriology—Methods of inoculation and staining; Practical Study of the Important Pathogenetic Micro-organisms, and Phagocytosis, Methods of Inoculation, Immunisation, &c, and the Bacteriological Analysis required for D.P.H. examination.
7. Should a sufficient number of students send in their names, a class will be formed for the study of the more advanced bacteriological work that cannot be included in the above course.

Mr. Strangeways Pigg (University Demonstrator) and Dr. G. H. F. Nuttall (of Berlin) will be associated with Professor Woodhead in carrying out the work of these classes. They will be assisted by a number of private demonstrators.

A syllabus of the work of, and fees for, the various classes, will be sent on application being made to Mr. Strangeways Pigg, Pathological Laboratory, New Museums, Cambridge. These classes are open to non-members of the University.

### Tropical Diseases.

An expedition is being organised by the Liverpool School of Tropical Diseases to visit the West African coast for the purpose of investigating the causes of malaria and other tropical diseases. It is expected to start for Sierra Leone early in August, with Major Ross as commander-in-chief. The offer made to the Colonial Nursing Association, in London, to train three nurses for service in the tropics has been accepted.

### Lunacy in North Wales.

According to the fiftieth annual report of the North Wales Counties Lunatic Asylum, the daily average of patients amounted to 669, as against 651 during the previous year. The percentage of recoveries was 36.56 per cent. on the admission, and the death rate 8·89 per cent.

### Measles in Liverpool.

Although Liverpool has not suffered as much as Manchester and certain other large urban centres from the prevailing epidemic of measles, it has been judged necessary to close the infant departments of School Board and voluntary schools for a fortnight. The number of schools affected by the Order is 23.

### London Hospital Medical College.

The new buildings that have recently been completed at the London Hospital Medical College will be opened on Tuesday, July 18th, by Lord Knutsford. The opening will be followed by the distribution of prizes to the students and nursing probationers in the library of the Medical College by Lord and Lady Knutsford.

Colonel T. O'Farrell, Principal Medical Officer of the Home District, has been appointed Principal Medical Officer at Malta.

# Notices to Correspondents, Short Letters, &c.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

### THE DOCKRELL TESTIMONIAL FUND.

Our readers are already in possession of the facts connected with the case of Dockrell *v.* Dougall, in which Dr. Morgan Dockrell sought to prevent his name being used in advertisements of "Sallyco Water." His case having failed in the first instance, Dr. Dockrell decided to take it to the Appeal Court, before which he explained that the unauthorised use of his name on a circular would certainly injure his professional reputation, and also indirectly his practice. Being unable to prove specific damage, he was again unsuccessful, the judge declining to go behind the finding of the jury. In fighting this case he was fighting the right of every man to the privacy of his own name, in doing which he has incurred legal costs to the amount of several hundred pounds, to recoup which and to evince sympathy with him on the part of the profession a Testimonial Fund has been started. The following is a list of committee and first subscription list :—

| | £ | s. | d. |
|---|---|---|---|
| Howard Marsh, Esq., F.R.C.S... ... ... | 2 | 2 | 0 |
| Dr. James Little. ... | 3 | 3 | 0 |
| Dr. Ewart ... ... | 2 | 2 | 0 |
| Leonard Bidwell, Esq., F.R.C.S... ... ... | 2 | 2 | 0 |
| Dr. Sansom ... ... | 3 | 3 | 0 |
| Dr. Luff ... ... ... | 1 | 1 | 0 |
| Sir John Banks... ... | 2 | 2 | 0 |
| Dr. Sunderland ... ... | 5 | 5 | 0 |
| Dr. Savill... ... ... | 1 | 1 | 0 |
| John Poland, Esq. F.R.C.S... ... ... | 3 | 3 | 0 |
| Dr. Snow ... ... ... | 2 | 2 | 0 |
| Dr. Douglas Kerr ... | 2 | 2 | 0 |
| Ernest Clarke, Esq., F.R.C.S... ... ... | 5 | 5 | 0 |
| Dr. Hyde ... ... ... | 5 | 5 | 0 |
| Dr. Haig ... ... ... | 1 | 1 | 0 |
| Arbuthot Lane, Esq., F.R.C.S... ... ... | 3 | 3 | 0 |
| Dr. Leonard Williams... | 3 | 3 | 0 |
| Dr. Chaldecott ... ... | 1 | 1 | 0 |
| Dr. Mitchell Bruce ... | 2 | 2 | 0 |
| Dr. Ward Humphreys... | 20 | 0 | 0 |
| Dr. Orwin ... ... | | | |
| Dr. Heron ... ... | 2 | 2 | 0 |
| Geo. Brown, Esq. ... | 1 | 1 | 0 |
| Henry Fenwick, Esq., F.R.C.S... ... ... | 2 | 2 | 0 |
| Victor Horsley, Esq., F.R.S. ... ... ... | | | |
| T. A. Howell, Esq. | | | |
| C. B. Keetley, Esq., F.R.C.S... ... ... | | | |
| Dr. Newton Pitt ... | | | |
| Dr. Snape ... ... | | | |
| Dr. Windle ... ... | | | |
| (The above form the Committee). | | | |
| W. G. S. ... ... ... | 1 | 1 | 0 |
| Dr. Swinhoe ... ... | 5 | 5 | 0 |
| Dr. Bezly Thorne ... | 1 | 1 | 0 |
| Dr. Rotheroe ... ... | 1 | 1 | 0 |
| Dr. Williams (Penmaenmawr) ... ... | | 5 | 0 |
| Carried Forward ... | 84 | 6 | 0 |
| Brought Forward ... | 84 | 6 | 0 |
| Dr. Clemow ... ... | | 5 | 0 |
| Dr. Bowles ... ... | 1 | 1 | 0 |
| Dr. Love ... ... ... | | 5 | 0 |
| Sir E. Sieveking . ... | 1 | 1 | 0 |
| Dr. Russell Ryan ... | | 10 | 6 |
| Dr. J. O. Miller ... | 1 | 1 | 0 |
| Dr. Hyla Greves ... | | 7 | 6 |
| Dr. Fergusson ... ... | 1 | 1 | 0 |
| Dr. Solly ... ... ... | | 10 | 6 |
| Dr. Handfield Jones ... | 1 | 1 | 0 |
| Dr. Gordon Black ... | 1 | 1 | 0 |
| Dr. Shaw Mackenzie ... | 1 | 1 | 0 |
| Noble Smith, Esq. ... | | 5 | 0 |
| Dr. Lauder Brunton ... | 1 | 1 | 0 |
| Sir Henry Thompson ... | 1 | 1 | 0 |
| Dr. Kellock ... ... | | 10 | 0 |
| Dr. Wm. Hill ... ... | 1 | 1 | 0 |
| Dr. Ross Sinclair ... | | 5 | 0 |
| Pearce Gould, Esq., F.R.C.S... ... ... | 1 | 1 | 0 |
| Dr. Woods ... ... | 2 | 2 | 0 |
| Dr. R. S. Wainewright | 1 | 1 | 0 |
| Dr. G. L. Turnbull ... | | 5 | 0 |
| Dr. Robert Barnes ... | 1 | 1 | 0 |
| Dr. Fletcher Little ... | | 10 | 6 |
| Dr. Sims Woodhead ... | | 10 | 0 |
| J. G. Tasker, Esq. ... | 2 | 2 | 0 |
| Dr. Heywood Smith ... | 1 | 1 | 0 |
| Dr. Alfred Eddowes ... | | 10 | 0 |
| Henry Clarke, Esq.. J.P. | 1 | 1 | 0 |
| Dr. Dickenson ... ... | | 10 | 6 |
| Dr. MacFarlane... ... | | 5 | 0 |
| Dr. Putsey ... ... | 1 | 1 | 0 |
| Dr. G. Cathcart... ... | 1 | 1 | 0 |
| Dr. Parke ... ... | | 10 | 6 |
| Dr. Gifford Bennet ... | 1 | 1 | 0 |
| Dr. Munro ... ... | | 5 | 0 |
| Dr. Cock ... ... ... | | 10 | 0 |
| Dr. J. P. Purvis ... ... | 1 | 1 | 0 |
| Dr. Oliver ... ... | | 10 | 6 |
| Drs. Chaldecott and Rawlings ... ... | | 10 | 0 |
| Sir Francis MacCabe ... | | 5 | 0 |
| Dr. Talford Jones, J.P. | | 10 | 0 |
| H. Davis, Esq.... ... | 2 | 2 | 0 |
| Total... | 119 | 1 | 6 |

Dr. R. Mander Smyth (Ringwood).—In consequence of great pressure on our space, your communication is unavoidably held over until our next.

### THE INTERNATIONAL MEDICAL CONGRESS, 1900.

We received a communication while at press from Mr. D'Arcy Power, Hon. Sec. for Great Britain, informing us that the meeting of the Congress has been fixed at the busiest time of the International Exhibition in Paris next year, rendering it necessary that all those who propose attending it should give early notice, otherwise they will not get rooms.

### LAWSON TAIT.

(In Memoriam).

L eft us just in the zenith of his fame,
A leader of his branch we proudly claim,
W atchful of symptoms, ready to suggest,
S ure of his ground and anxious to contest ;
O nward, his motto, not content to wait,
N eed I recall the name of Lawson Tait.

T hough gone, thou'st left a mark that shall remain
A s lasting as our Science and our Art,
I mperative thou wert, thy word was plain,
T hy precept and thy practice n'er depart.

Cheltenham. Alexander Duke.

# Meetings of the Societies and Lectures.

### Wednesday, June 21st.

Royal Meteorological Society (70 Victoria Street, Westminster, S.W.). 4.30 p.m. Ordinary Meeting. Papers : Mr. R. H. Scott : Heavy Falls of Rain recorded at the Observatories connected with the Meteorological Office, 1871-1898.—Mr. R. C. Mossman : Average Height of the Barometer in London.—Mr. J. Baxendell : A new Self-recording Anemoscope.

### Thursday, June 22nd.

Central London Throat, Nose, and Ear Hospital (Gray's Inn Road).—5 p.m. Dr. D. Grant : Diagnosis and Treatment of Dangerous Sequelæ of Otitis.

# Vacancies.

Borough Asylum, Portsmouth.—Junior Assistant Medical Officer. Salary, £100, with board, lodging, and washing.

Borough of Burton-upon Trent.—Medical Officer of Health. Salary at the rate of £350 per annum.—Applications to the Town Clerk, Burton-upon-Trent.

County Asylum, Rainhill.—Senior Assistant Medical Officer, unmarried. Salary commencing at £225 per annum, with furnished apartments, board, attendance, and washing.

Fisherton Asylum.—Assistant Medical Officer. Salary commencing £120 per annum, with board, lodging, and washing.—Apply to Dr. Finch, The Asylum, Salisbury.

Glasgow University. Assistant Examinership in Medicine, with special qualification to examine in zoology.—Applications with testimonials must be sent to A. E. Clapperton, Esq., 91 West Regent Street, Glasgow. (See Advt.)

Newport and Monmouthshire Hospital.—House Surgeon. Salary, £100 per annum, with board and residence.

Owens College, Manchester.—Senior Demonstrator in Physiology. Stipend £150 per annum, rising to £200.

Shaftesbury House Private Asylum, Formby, near Liverpool.—Junior Medical Officer. Salary, £50 per annum, with board, lodging, and washing.

# Appointments.

Barkley, Jas., L.R.C.P., L.R.C.S.Edin., Senior House Surgeon to the Belfast Royal Victoria Hospital.

Buck, A. H., F.R.C.S.Edin., M.R.C.S., L.R.C.P.Lond., Assistant Surgeon to the Sussex County Hospital, Brighton.

Daniel, P. L., F.R.C.S., Surgical Registrar to the Charing Cross Hospital, London.

Fison, E. T., M.D.Cantab., F.R.C.S.Edin., M.R.C.S., L.R.C.P., Physician to the Salisbury Infirmary.

Foster, W. J., F.R.C.S.Eng., L.R.C.P.Lond., Surgeon to the Royal Berkshire Hospital, Reading.

Forster, E., M.A., House Governor and Secretary to the Wolverhampton and Staffordshire General Hospital.

Harbinson, G. R., M.B., B.Ch. R.U.I., Junior House Surgeon to the Belfast Royal Victoria Hospital.

Le Quesne, C. P., L.R.C.P.Lond., M.R.C.S., Medical Officer, Southampton Dispensary.

# Births.

Cantlie.—On June 15th, at 46 Devonshire Street, Portland Place, London, W., the wife of James Cantlie, M.B., F.R.C.S., of a son.

Cooke.—On June 16th, at 69 Bridge Street, Cambridge, the wife of Arthur Cooke, F.R.C.S., of a son.

George.—On June 15th, at 1 Burton Road, Brondesbury, N.W., the wife of Alfred W. George, M.D.Edin., M.R.C.S.Eng., L.R.C.P. Lond., of a son.

Taylor.—On June 12th, at the Red House, Northfield, near Birmingham, the wife of John W. Taylor, F.R.C.S., of a son.

# Marriages.

Attfield—Herkomer.—On June 14th, at the parish church, Bushey, Herts, Donald Harvey Attfield, M.A., M.B., son of Prof. John Attfield, F.R.S., of Watford, to Elsa Anna Iole Herkomer, elder daughter of Hubert Herkomer, R.A., of Bushey, Herts.

Gibson—Pettigrew.—On June 15th, at St. Peter's, Cranley Gardens, South Kensington, E. Arthur Gibson, M.D., Glasgow, to Ellen Shaw, daughter of the late William Pettigrew, of Glasgow and Chislehurst

Williams—Wright.—On June 15th, at St. Andrew's Church, Woodhall Spa, Thomas Kenway Williams, M.R.C.S., L.R.C.P. Lond., of Nottingham, to Alice Mary, only daughter of the Rev. George Armitstead Wright, M.A., of Woodhall Spa, Lincs.

# Deaths.

Elliott.—On June 15th, at Beulah Hill, Upper Norwood, George Robinson Elliott, M.R.C.S., of Sydney, New South Wales, aged 78.

Ferguson.—On June 7th, suddenly, at Cove, Major Ferguson, I.M.S., second son of the late John Ferguson, M.D., M.R.C.S., Cove, Kincardine.

Lane.—On June 17th, Deputy Surgeon General, W. R. Lane, M.R.C.S. (retired), aged 65.

Parr.—On June 10th, at Upper Phillimore Place, Kensington George Charles Parr, M.D., aged 56.

Slater.—On June 14th, at Northampton Hospital, of pneumonia, Leonard Slater, M.A., M.B., aged 31, fourth son of James Slater, of Bescot Hall, Walsall.

Tait.—On June 13th, at his residence, St. Petrock's, Llandudno West, Lawson Tait aged 54.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXVIII. WEDNESDAY, JUNE 28, 1899. No. 26.

## Original Communications.

# THE ERADICATION OF TUBERCULOSIS.

By GEORGE FLEMING, C.B., F.R.C.V.S., LL.D.,

Late Principal Veterinary Surgeon to Her Majesty's Forces.

*(Concluded from page 640.)*

IT was probably from the wide and intense interest taken in tuberculin as a curative agent when it was first tried, and the corresponding disappointment and regret when it failed, that gradually led to the present movement for the limitation or suppression of the disease, in view of its fatal tendency in such a large majority of cases, and the difficulties attending attempts at curative treatment. In dealing with such a malady prevention must surely be more desirable than futile and expensive curative measures.

There can be no doubt that the recognition of tuberculosis as a purely infectious disease is essential in order to establish measures for its eradication. It is solely maintained and propagated by its virulent principle or germ, and destroy that or prevent its dissemination and the disease becomes extinct. Mankind is also undoubtedly the great seed-bed of the disorder, and a diseased person may infect many scores of healthy ones before he finally succumbs; and this infection takes place all the more certainly under circumstances which favour the rapid development of the malady and the ready dispersion of the germs. Hot, dark, damp, and badly-ventilated dwellings into which are congregated an inordinate proportion of insufficiently fed persons, are those in which tuberculosis will revel when once introduced, and the air therein becomes infective. It is so in cattle sheds, and we may presume it must be the same in human habitations. But at all times the presence of a phthisical person among those who are in any way predisposed is a source of danger unless great care is taken. Villemin was the first to suggest, early in 1870, that transmission of the malady in man probably takes place more frequently by the matter expectorated by phthisical persons becoming dried, accidentally reduced to dust, and in this form carried by the atmosphere into the lungs of healthy people.

The measures for the suppression of the disease in mankind, so far as its maintenance depends upon transmission from diseased to healthy persons, are sufficiently obvious. But, as we have just seen, it is not limited to the human species; it prevails extensively among cattle, and there is good reason to believe that mankind can be, and often is, infected through the flesh and milk of these animals when they are tuberculous. The question whether the disease first appeared in man and he communicated it to cattle, or whether it was originally a bovine disorder transmitted to mankind in the manner we now apprehend it is conveyed, cannot be answered satisfactorily, nor is this answer a necessity, so far as preventive or suppressive measures are concerned. It is sufficient to know that the disease is the same in both species, and that the opportunities for transmission from one to the other are numerous, seeing that the food of man is largely derived from bovines, and that these, again, are not infrequently tended by persons affected with phthisis.

It is well to know that all animals are susceptible of infection. The ox tribe appears to be easily infected, so are young pigs. The horse and dog also suffer, and it was thought for a long time that the ass was immune, but is is now ascertained that he is liable to ordinary tuberculosis, as distinguished from that experimentally produced. Guinea-pigs are extremely sensitive to infection, and the disease is far from uncommon among wild animals kept in captivity, which are possibly infected by their attendants or by the food they receive, as well as by infection derived from the contaminated places in which they are confined. Even birds are not exempt, and fowls are often affected very extensively, this avian tuberculosis having been proved to be identical with the human disease, and it is probably conveyed from man to them. Parrots, dogs, and cats have become tuberculous through being kept in the same room with phthisical persons, and inhaling expectoration dust, or eating food which had been partaken of by invalids. The human being and bovines are, without doubt, instrumental in infecting other creatures, and these in their turn may infect each other, and also the species which originally infected them.

We know not to what extent man is infected from bovine or other animals, but as the disease is more or less readily transmissible from cattle to different species, experimentally and accidentally, it may be inferred that he is equally susceptible to infection from them; clinical observation affords some striking instances in support of this inference. Considering the close relationship between man and cattle, there is reason to look upon the latter with the strongest suspicion, as contributing a large share towards the prevalence of human phthisis. Scarcely any organ or tissue in the bodies of cattle is exempt from tubercle invasion; for though the diseased masses are most frequently found localised in or on the serous membranes in the chest and abdomen, and in lymphatic and other glands, yet tuberculous deposits are sometimes observed in muscle, in bone, in or on the skin, and in other situations where they are not usually looked for.

As infection can take place by consuming flesh, it is well to know that, in all probability, this can rarely occur unless it is very much tainted, as when the animal has suffered from generalised tuberculosis, and then it can only be regarded as dangerous if imperfectly cooked. Thorough cooking will doubtless destroy the bacilli, but as this can be seldom effected, especially with large joints, all such meat should be proscribed.

It is different with the milk from tuberculous cows. Unless boiled to such a degree that the bacilli are killed it is not safe to consume it as food, even when the udder is not involved. It must be remembered that the milk has been proved to be infective when only the lungs of the cows were tuberculous, and when no bacilli could be detected in that fluid. Consequently, to be safe, the milk from all tuberculous cows should not be allowed as food to man or beast, neither should the products from it—such as butter and cheese.

But in order to get rid of the danger of tuberculosis from cattle, as well as to suppress the disease among them, and so avert serious loss of property, well-devised sanitary measures, thoroughly and energetically carried out, are absolutely necessary, and it is equally necessary that they should be directed and controlled by a central authority. To entrust their execution to local authorities without central instruction and direction is simply losing time and giving rise to disjointed action, by which there will be caused much annoyance and expense with but little benefit. Our experience of the management of such diseases by local authorities has been of a very unsatisfactory, indeed, painful character, and there can be no valid excuse for again trusting to it. The object is to eradicate the disease from the human and bovine populations, and as it constitutes in the latter a grave scourge entailing a heavy pecuniary loss, and, besides, menaces the public health, it is surely as worthy of the attention and control of the Central Government as were foot-and-mouth disease and contagious pleuro-pneumonia, both of which were not nearly so important from a sanitary point of view, and yet on their suppression no expense or care were spared. In the extinction of bovine tuberculosis we have a great diagnostic aid in tuberculin, and the intelligent use of this will assuredly avert the wholesale slaughter of herds and inhabitants of cowsheds which so painfully marked our dealing with the two diseases just mentioned when a sick animal was discovered in their midst. We can deal with tuberculosis in a more scientific manner. Tuberculine will demonstrate the existence of the disease in an animal which appears to be in perfect health, and in which no sign of infection could be otherwise detected, one inoculation being generally sufficient, and the result known within twenty-four hours. This is an immense advantage, as it enables those who are engaged in investigating the extent of the disease in a cowshed or herd, to point out which animals are to be suspected and separated from those which do not react to the inoculation, and to adopt the other measures required. The test is probably not altogether infallible, for in bad cases it does not give a marked reaction, but this is of little importance; as the usual symptoms are then so evident that there should be no difficulty in distinguishing the disease. In some instances animals which have given the customary reaction had been found, after being slaughtered, to be apparently free from tuberculosis; but this was, in all likelihood, because a sufficiently careful examination of the carcase was not made, as in many cases tubercle may be present in an early stage of formation, perhaps in unusual parts of the body, and so elude observation. Such cases have been reported.

In employing tuberculin, care will have to be taken to prevent fraud, especially in concealing the existence of the disease in tuberculous animals about to be sold or exported, as when once they have reacted they will not do so again for some time; so that in the interval they may be disposed of as free from the disease. Its use should therefore be restricted to those who can be depended upon to use it properly and honestly, and only with the object of diagnosing the malady.

Cattle which react to tuberculin should be segregated, and if giving milk this should not be used as food; the animals themselves, if in good condition, should be sent to the butcher, the distribution of their flesh as food depending upon the extent and character of their disease, while every precaution should be taken with regard to cleansing and disinfection of the place they inhabited. Cleanliness, good light and ventilation, as well as good food and intelligent management of cattle are obviously necessary to preserve their health and prevent the spread of disease among them, but above all things it is essential to get rid of those which are tuberculous. This can only be effected, as has been insisted upon, by judiciously framed legislative measures carried out by the central authority of the Government so as to ensure uniformity and efficiency.

The suppression of the disease in man renders it necessary that it should be dealt with as an infectious malady, and that sanitary and preventive measures be observed, especially in schools, workshops, and other places where numbers of people are congregated, and that sanitation be carried into dwellings which are damp, dark, and insufficiently ventilated. People who are tuberculous should be kept apart from the healthy as much as possible, and especially from young persons, and in hospitals they ought not to be admitted among patients affected with other diseases, but kept in special wards or buildings.

With regard to cattle the disorder must be included in the Contagious Diseases (Animals) Act, for surely it merits this inclusion more than any of the disorders therein enumerated; and as its suppression must entail the compulsory slaughter of badly diseased animals, it is only fair that proper compensation be given, as has been done in eradicating the other scourges comprised in that Act. That tuberculosis can be got rid of there can scarcely exist a doubt; but in order to attain this most desirable consummation the intelligent co-operation of the public must be enlisted, and especially that of the owners of cattle, whether they be breeders, feeders, or keepers of dairy stock, as they will have to submit to some inconvenience and trouble, though they will be the gainers in the end. There is no reason at all for delay in commencing operations, as everything to be known regarding the disease and the measures by which it may be successfully combated, has been in our possession for years, and if we continue to suffer from its ravages, and lament the loss of human lives that its presence entails, this must be ascribed to our own supineness and neglect. The longer we procrastinate, the greater will the loss be, and the more difficult will the task become.

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## A NEW METHOD OF
## VENTILATING SEWERS. (a)

By SIR CHARLES A. CAMERON, C.B., M.D., F.R.C.P., F.R.C.S.I., D.P.H.Camb.,

President of the Royal Institute of Public Health.

THE ventilating openings in the street sewers, which are now so general in almost every town in the United Kingdom, have not met with universal approval. When first used, many complaints were made of the unpleasant odours emitted from them. The late Sir Robert Rawlinson was wont to say when such a complaint was made, "Put more ventilators in the sewer." No doubt the larger the number of ventilators the less the odours from any one of them. If they were altogether open it would be better than their present state of being open only at certain points. The houses opposite these points receive more than their due share of whatever comes out of the sewer, whereas if the sewer were as open as a ditch, every house would be treated alike to the emanations, if any, from it.

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(a) Paper read at the Royal Institute of Architects of Ireland, May 25th, 1899.

I am bound to say that as a rule there are no sensible nuisances caused by the street sewer ventilators; but there are occasional exceptions to this rule. Now and then persons complain to the Public Health Committee that the ventilators near their houses are offensive. On examination these complaints are generally found to be justifiable. Ordinary sewage generally has very little odour until it becomes stale; but now and then what may be termed exceptional sewage, having an offensive odour, flows through sewers in our streets, and it is chiefly from such sewage that the offensive emanations come through the ventilators.

The chief object in the use of ventilators is to prevent a greater pressure of the air of the sewers than that of the external atmosphere. It is assumed that the gases generated by the fermentation of the organic matter always present in sewage might cause the sewer air to acquire sufficient pressure to force the traps on the house drains connected with the sewer I have always doubted very much that the sewer gases could acquire a pressure sufficient to displace two or three inches of water. I have made many experiments in reference to the so-called pressure in the air of sewers. I have had the sewer ventilators closed on considerable lengths of sewer mains, and have inserted delicate pressure gauges in them. I never observed any pressure except of the most trifling kind, in the air of the sewers when the ventilators were closed. I did, however, notice that in the early morning, air often passed into the sewers from the streets. This descent of the air into the sewer I attributed to the insuction of air from the sewer into houses, the drains of which were untrapped or provided with defective ones. When the fires began to be lighted in the kitchens, air was drawn into the street sewers, especially in those parts of the City inhabited by the poorer classes. According to my experience, the pressure which occasionally may be observed in the sewers is sometimes caused by the wind. When a strong gale is blowing, gusts of wind enter the sewer through the ventilating opening.

The second object in ventilating sewers is to protect the workmen engaged in cleaning or repairing them. I greatly doubt that the emanations from ordinary sewage are so abundant and dangerous as to imperil life or health. The manholes should, of course, be open for some time before the sewer was entered. Death of workmen from inhalation of sewer gases have not been infrequent, but it has been caused not by ordinary sewage air, but by sulphuretted hydrogen set free from refuse from gas works, or from waste gases from gas engines allowed improperly into sewers, or from other exceptional causes.

It is worth noting in connection with the subject of this paper, that the sewers of one city, as large as Dublin, are not ventilated at all. This city is Bristol. Its sewers discharge their contents into a tidal river, in which the water rises so high that for a large portion of the day the sewage cannot escape into the river. Bristol enjoys a remarkable immunity from typhoid fever, and I am informed that no injury to the health of the workmen who cleanse the unventilated sewers has taken place.

Notwithstanding the experience of Bristol, I confess that I am in favour of the ventilation of street sewers, though not by the means now generally employed. I object to the ordinary sewer openings in streets which are narrow and confined, and I have suggested another method of ventilation, which my colleague, Mr. S. Harty, city engineer, has approved of, and uses under certain circumstances. In order to explain my system it is necessary to say a few words in reference to the passage of gases through certain solid substances. If we take a gas, say oxygen or hydrogen, and enclose it in a vessel of metal, glass, or glazed porcelain, it will remain there for an indefinite period: but if the vessel is composed of unglazed porcelain or plaster of Paris, the gas will rapidly pass out of it. If a galvanic porous cell be connected with a glass tube, the latter filled with water, and its open end sealed in water, and a vessel of coal, or hydrogen, gas be placed over the cell, the water will be immediately expelled from the tube. This phenomenon is explained as follows:—All gases diffuse in right lines in all directions. The lighter gases diffuse more rapidly than the heavier ones, and all pass through porous materials. As coal gas is lighter than air, it passes more rapidly into the cell than the air in the cell passes out of it, and therefore pressure is caused, as shown by the expulsion of water from the tube.

I have applied this property of the diffusion of gases through porous materials to the ventilation of sewers. Cylinders, composed of a mixture of two parts of porcelain clay and one of sulphate of lime, 18 ins. in height and 6 ins. in diameter, are used. Four or six are inserted in the crown of the sewer, and in a chamber resembling that used for the ordinary ventilators. The rain that enters the chamber from the street is carried into the sewer through a small syphon, and no wet can get at the cylinders. As the cylinders allow air to pass freely through them, but effectually bar the passage of micro-organisms, there can be no greater pressure in the sewer air than in the street atmosphere. Air continuously comes out of the sewer, filtered through the cylinders, and air as continuously enters the sewer through the porous vessel. The action of the filter on the air resembles the action of a Pasteur filter on water. The sewer diffuser ventilator is manufactured by Messrs. Doulton, of Lambeth, London, and Burslem, Staffordshire.

The "fresh air inlets" of the house drains are often the outlets for foul air. When they are placed in the basement areas of houses they not infrequently cause an unpleasant odour. Whenever a w.c. is flushed the air in the soil pipe is forced out through the inlet into the external air. Mica valves are occasionally used at the inlets to prevent the gases from the soil escaping into the atmosphere. They are never air-tight, and soon go out of order. A better protection against the emission of foul air through the inlet would be a porous plate such as is used in the diffuser ventilator. As every precaution is usually taken to prevent even a "pin-hole" in the soil pipe, it seems contradictory that a large opening should be made in it. In conclusion, I may state that the sewer diffuser ventilator has given satisfaction in Dublin, and has been found efficacious. They have been in use for the last two years, and, on examination, have been found to remain quite clean.

## GENERAL DISORDERS, ORIGINATING IN DISEASE OF THE FEMALE PELVIC ORGANS. (a)

By Dr. MENDES DE LEON,
of Amsterdam.

Mr. President and Gentlemen,—Although much honoured by your invitation to read a paper before this Society, it was long before I could make up my mind to accept it, being fully aware of the great difficulty in finding a subject worthy of detaining your attention. As a faithful reader of your admirable journal I cannot doubt that every topic of interest has been already discussed, that all scientific news reaches this important centre from all parts of the medical world, so that I do not for one instant flatter myself my communication will possess the interest of novelty, and merely propose to lay before you some results of my own experience on a field of investigation which has had its ablest explorers among yourselves.

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(a) Paper read before the British Gynæcological Society, June 8th, 1899.

Although it may be safely averred that the practice of specialising in medical science is daily gaining favour for the last twenty-five years, and that it is a step in the right direction, we must not wholly forget that it is not always without its disadvantages.

Constant concentration of all our energies on the study of one particular organ, may, to a certain extent, be prejudicial to the demands of the general constitution.

We become one-sided in our views, and think, like Mephistopheles, we can "Alles curiren aus einem Punkt." On the other hand it will be conceded that the (general) practitioner will most likely fall into the other extreme—thereby neglecting to pay due attention to the morbid condition of a particular organ, in which often resides the cause of general-ill-health.

For it is not with man as with some lower animals, where the separate organs exist independently (to a certain extent) of each other. On the contrary, it is of vital importance to a generally healthy condition that each and every organ should be in good working order.

This being true for the physiological functions it is almost equally so, although not so easy of demonstration, with regard to pathological processes, and though it often occurs in cases under observation that certain affections remain for some time limited to one particular organ, it will nevertheless be found that ultimately the whole system suffers, through some reflex or more direct action.

There is no necessity to insist upon the fact that the conditions of the generative organs in woman which even in good health have so strong an influence on the whole constitution, should, when affected, awake sympathy in distant organs, especially when taking into account the modes of innervation.

We are not quite certain by which ways the reflex action leads from the internal sexual organs to distant organs, although it is certain that the sympathetic nervous system is an important factor. It is universally recognised that the whole genital system is innervated, particularly by branches originating in the plexus spermaticus and the plexus hypogastricus. By the first mentioned, ovary and tube are chiefly supplied. The second form on both sides of the lig. latum an important network of nerves, the plexus utero-vaginalis, where also congregate smaller branches of the plexus spermaticus, continuing its course through the layers of the lig. latum to womb and vagina.

The sympathetic nervous system must, therefore, be considered as the track along which is flashed the irritation originating in uterus and appendages, in a different direction.

It is now seven years since I first endeavoured to show, statistically, the very frequent occurrence of affections of the reproductive organs in woman. Since then there has been ample proof of my conclusions being correct. How can it, indeed, be otherwise, if we consider the enormous stress brought to bear on the internal sexual organs, not only by their complicated functions, but also by the many noxious influences to which they are exposed, and in the first place the fact that the peritoneal cavity is by way of the ost. abdomin. tubæ in continual contact with the outside.

From these facts we are naturally led to conclude that in all cases where the morbid symptoms do not point decisively to definite affections of remote organs, they must be investigated anew, from a gynæcological point of view and similarly, when the hitherto adopted therapy, based on the conclusion that distant organs had been solely affected, has not led to satisfactory results, gynæcological treatment should follow.

These considerations gradually gaining ground and recruiting more and more adherents in the medical profession as time goes on, it could only be expected that gynæcology should conquer, as it has done, an important rank among the independent sciences.

We have only to be careful that a *trop de zèle*, or misplaced optimism, should not lead to overstepping the limits of our field of action.

This is why I wish to bring before your notice that anomalies of the pelvic organs, although insignificant *quoad functionem* and *quoad vitam*, may nevertheless be the cause of serious disturbance to the general state of health. These disturbances which I have already qualified as *distant symptoms*, are generally to be recognised by nervous complaints, functional disorders of the nervous system, which very often, through summary diagnosis, cause the patient to be unjustly branded as hysterical.

To my great satisfaction I see my opinion on this particular side of the question viewed in the same light, and even expressed in almost the same words by Dr. Macnaughton-Jones, who writes in his interesting paper on uterine reflexes; "It is something more than injustice to her (a woman) if we deliberately and complacently ignore the influence that such local disease exerts in exciting morbid impulses in her central nervous system."

In order to elucidate this question, I propose to give a brief sketch of what has been written latterly on the relationship of genital affections with disorders of other organs adding the result of my own experience.

To take the bull by the horns, we will start by discussing the abnormalities of the nervous system. These have long constituted the bone of contention between the specialist and the general practitioner, and a cause of dissension among specialists themselves, gynæcologists and neuropathologists alike. It has been long an established fact that the genital organs even in the exercise of their normal functions are frequently the agents of psychical disturbances. We know all about the pyschoses of pregnancy and of the puerperal condition, and are aware that the climacteric period can be, with predisposed persons, the time of life when neuroses or even more severe psychical troubles arise.

It is not even necessary to be one of the medical profession to note the powerful influence exercised by sexual life on the nervous system of women.

The consequences are often too serious to be set aside. They govern both intimate and social intercourse. The subject has engrossed the attention of novelists, at least on the other side of the Channel; has taken possession of the stage with, to my thinking, disastrous results with regard to healthy physical and moral life.

It follows naturally that sexual suffering should demand a still greater degree of attention in the pathogenesis of psychoses. The only difference of opinion exists as to the frequency of its occurrence.

Neurologists and gynæcologists take opposed views, and on both sides there is much exaggeration to be regretted.

Whilst the neuropathologist will scrupulously avoid all local treatment, for fear it should aggravate the psychical troubles, many gynæcologists exaggerate the importance in one or other form of sexual troubles regarded in the light of an etiological symptom.

Hegar, in his excellent paper on this subject, gives the following *resume* of his observations:—

"Der Eine hat guten Erfolg mit seiner das Allgemeinbefinden, und das nerven System allein berücksichtigenden Behandlung und der Andre heilt die anscheinend sehr schweren Leiden durch einen Ring oder einen vielleicht ungefährlichen operativen Eingriff.

"Jeder beurtheilt nur die andre Disciplin oder deren Vertreter nach solcher Vorkomnissen, und bedenkt nicht dass er nur die von dem Andren *nicht* gebesserten Kranken zu Gesicht gekommt, während er die Geheilten nicht sieht."

Investigations made by several writers on the frequency of genital affections among the insane, vary considerably as to the result.

Eisenhardt gives the following:—("Die Wechsel beziehungen Zwischen internen und gynæc. Erkrankungen") In 100 cases of psychosis with genital abnormalities, Claus found 15; Kerkley, 27; Gnauch and Rippug, 33; Hertz, 66; Rohe, 74; Danillo, 80, mostly cases of chronic inflammation and displacement of the womb. The nervous disorders were principally epilepsy, hystero-epilepsy, hypochondria, hysteria and neurasthenia.

Setting aside the probabilities of accidental co-existence of causal nexus in the cases above mentioned, the ciphers seemed to me so extremely divergent, that I could not rest without investigating for myself.

I was fortunate in finding a wide field at Amsterdam Lunatic Asylum, which was kindly placed at my disposal by the director.

The result was, however, not wholly satisfactory, owing to the difficulties of examination. Many of the patients could not be submitted to it without the aid of anæsthetics, and of course it would not do, for the sake of gratifying scientific curiosity, to place under chloroform either the recalcitrants or virgins with narrow introitus.

The Asylum numbers 60 female patients, 41 of whom seemed to be suitable subjects for this examination.

Of these, thirteen were intact virgins, who could not easily be submitted to bimanual examination, which made it difficult to discover possible disorders of the adnexa, and rendered the use of the speculum impossible. One had acute vulvo-vaginitis, and with the others I found a small anteflexed uterus.

There were also eight cases of senile atrophy, remarkable for their existence at a comparatively early age. (One of the patients was 36.)

In the twenty-one remaining cases were found four displacements and nine chronic inflammatory diseases of the uterus or appendages; with the eight others no genital disorder was discernible.

In calling attention to these facts it is not my purpose to draw conclusions. In order to do so they would have to be substantiated by longer observation. I only wish to point out that in many instances there was marked corelation between the genital and mental disorders, although in others it could be attributed to casual complication.

As a general rule, it can be stated that psychic or nervous troubles arising from disorders of the sexual organs have only been observed in predisposed persons, *i.e.*, those with neuropathic tendencies, or else hereditary taint, and are rarely if ever found with a thoroughly healthy condition. The local symptoms that precede neurosis are, in the first place continual hæmorrhage and purulent discharge, also nerve irritation and neuralgia caused by pressure or stretching; therefore the symptoms observed in tumours or exudates, but more than all in uterine displacements.

An inquiry into the nature of the influence exercised by gynæcological treatment in cases of psychoneurosis is of great importance. It is generally considered that constant manipulation of the genitalia, particularly massage, ought to be avoided in cases of nervous or hysterically-inclined persons.

To my thinking the psychic influence of this treatment has been judged erroneously. Personally, I am not an advocate for gynæcological massage, the result being too uncertain, and the mode of treatment painful for the patient and fatiguing for the physician, whilst it also takes up a great deal of time, although I do not unconditionally subscribe the assertion that it produces hysteria.

But neither do I admit that, as some gynæcologists advise in these cases, total extirpation of the womb should be resorted to as a last resource. Why? I ask; if treatment of the diseased organs only serves to aggravate the original disease instead of affording relief, how can it be thought that *total* ablation *can cure* it. Can any one seriously entertain the idea that removal of the uterus can cure hysteria?

Statistical researches have been instituted in England and America concerning the occurrence of psycho-gynæcological operations, with the following results:—Savage found, after 500 abdominal sections, four cases of mental derangement. Kinkley only one in 596. Investigation by Roke (*New York Medical Journal*, October 14th, 1893) shows the more important fact that in all the lunatic asylums of the United States and the English colonies, in the course of ten years, only 25 patients were registered who had become insane, after a gynæcological operation. To Czempus-Ebell's observation that perineo-plastic operations are liable to bring about psychoses, I can but add the result of my own experience, which shows in 85 perinæorraphies, only one case with this complication. This occurred where curettage had been previously practised, necessitating the use of anæsthetics twice in four weeks time. As for the rest, in rather a large number of benign and also more serious operations, I have never observed the appearance of psychical troubles.

On the other hand, recovery from neurasthenia has often resulted from gynæcological interference. It would take up too much of your valuable time to make any reference to the numerous bibliographical communications on the subject, and it will be sufficient for my present purpose to remind you of the wordy war that still continues to be waged on the subject of the indications and prognosis of castration for psycho-neuroses.

Battey, and (about at the same time) Hegar were the first who published the results of their experience. Since then casuists are continually increasing in number.

One hundred and forty-seven cases have been tabulated by different authors, showing eighty-two cures, twenty improved conditions, twenty-five with no improvement, six worse since the operation, and fourteen where the result had not been known. Personally I have but once practised castration for a case of hystero-epilepsy, but although the operation was successful and the patient made a good recovery, the final result was not satisfactory, as she had a fit once afterwards, shortly before the menses which continued pretty regular, notwithstanding the removal of the adnexa.

In the greater number of my cases I have seen mental troubles disappear after gynæcological treatment, but will only refer to the following, as being the most typical.

Miss v. H., æt. 37, suffered many years from chronic oöphoritis and peri-oöphoritis dextra, causing violent pains, emaciation, and all the typical symptoms of neurasthenia. Careful local treatment had been of no avail; the patient, a highly intellectual person, became worse and worse, her condition degenerating into complete melancholia, until she only longed for an end to her unhappy and useless life.

On her own express desire, as a last chance of regaining her energy, castration was practised February 17th, 1890. Eleven months later she wrote to tell me she felt thoroughly well in health and spirits, and, as nurse at a hospital, was able to undertake all her duties, even those making a demand on muscular strength.

With regard to its etiology Basedow's disease should be mentioned among the foremost of nervous maladies that stand in relation to genital disorders.

It attacks women four times oftener than men, generally between the ages of 16 and 30, and frequently occurs as a complication with pregnancy. Menstrual disturbances constitute one of the principal symptoms, and it has often been observed in cases of amenorrhœa that the characteristic symptoms of the primary illness, exophthalmos, struma and tachycardia increase with the return of the menses. Some writers, for instance, Eulenberg and Mathieu have observed the occurrence of morbus Basedowii after a gynæcological operation, but on the other hand a greater number of recoveries are due to gynæcological interference, in cases where it has been coexistent with genital disorders.

To these I can add a case of my own, where in view of the result obtained, there could have been no doubt whatever as to the causal relationship.

Mrs. De H., from Medan, was sent to me with symptoms of chronic endometritis, and subinvolutio uteri, post abortum; added to these, the symptoms of morbus Basedowii were beginning to make their appearance, so that her return to Europe could be no longer delayed. After curettage in October, 1893, all bad symptoms had disappeared in the space of a few months. Since her return to India I received information that she had been confined of a living full-grown child.

In another case of fibro-myoma uteri I found also considerable thyroid enlargement.

The patient came under my charge, and I removed per laparotomy, March, 1892, a large myoma, quite filling up the small pelvis. Two days later the struma was much smaller, and, since, there has been no recurrence. Affections of the peripheric nerves are also found associated with sexual disorders. Ischias, intercostal-neuralgia, hemicrania, &c., are not only founded on hysteria, they also appear sometimes as characteristic reflex-phenomena.

Odebrecht communicates a case of trigeminal-neuralgia which disappeared subsequently to ventrofixation, after pessaries had been previously applied in vain.

Foremost among the organs that either by direct or reflex action, are liable to be affected by sexual disorders, is the eye.

The pathological changes in this organ which are sometimes due to disturbances of the circulation and sometimes purely functional, consist, in the worst cases, of iridochoroiditis, and can sometimes lead to atrophy of the opticus. Chronic anæmia, induced by menorrhagia or metrorrhagia, therefore principally the result of neoplasms and pseudo-endometritis, may also be the cause of dire misfortune to the organs of sight, either in the form of accommodational disturbances or inflammatory processes, amblyopia or amaurosis, whilst optic-apoplexia even solution of the retina, iritis and keratitis have been found in association with abrupt suppressio menses. I have in my practice numerous cases of choroiditis, iritis, episcleritis, where on evidence of the therapy that had been employed, the origin could be traced to chronic endometritis.

With regard to circulation, acceleration of the heart action is the most prominent feature, I have frequently observed troublesome palpitations give way, on recovery from chronic endometritis. Structural changes of the heart can also be accounted for by the existence of genital disorders.

A well-known sign of myoma uteri is the brown atrophy of the cardiac muscle which has been accounted for by the decrease of hæmoglobin in the blood, and whereby the muscle is condemned to harder work with less nourishment. Next come disturbances of the digestive organs, in the list of evils to be brought home to sexual disorders. Hildebrandt is right where he asserts: "Bei magenleidende Frauen sollte man füglich wegen der imgemeinen Haufigkeit in welcher Magenleiden folgen von Erkrankungen des Uterus sind, niemals eine Untersuchung der Genitaliën unterlassen, auch wenn sonst keine symptome auf eine Erkrankung der Geschlechtsorgane hinweisen."

Gastric disturbances are mostly brought about by reflex action and are chiefly observed with nervous persons. According to Graily Hewitt 14 per cent. of the sufferers from uterine disorders complain of troubles of the digestive organs, the minor symptoms being a feeling of heaviness on the stomach, pains, nausea, &c. In many of these cases the symptoms become aggravated to such an extent, that even if life itself is not threatened, it becomes a burden to the sufferer.

The lightest food cannot be retained, emaciation and cachexia set in, bringing on mental depression that sometimes ends in true melancholia.

In none of these cases were any perceptible change in the secretions of the stomach observed.

Neither the secretion of hydrochloric acid nor that of pepsine has been in any degree modified. The trouble originated in affections of the endometrium, or with displacements, particularly with retroflexion, and numerous are the recoveries due to timely and efficient treatment of the primary disorder. I will now only mention one case which seems to me particularly characteristic.

Miss v. d. F., æt. 39, came to my clinique to be treated for uterine hæmorrhage. She had always menstruated over-abundantly; since two years profusely and in advance, and for the last year she was continually losing blood, the menstrual type being still recognisable by exaggerated bleedings every three weeks. In August violent flooding, which greatly reduced her strength Between times she had a profuse greenish watery discharge. Great suffering was caused by a very bad state of the digestive organs, which she dated from her eighteenth year, when after a fall from a ladder, she had been carried home senseless. Ever since she had been unable to retain anything but liquid nourishment, and had occasionally vomited blood. On examination the uterus was found movable and unenlarged. Curettage on August 15th, removed a quantity of friable mucous membrane. The uterine cavity was then stuffed with iodoform gauze, and treatment continued by cauterisation with chloride of zinc. The scraped-out membrane was microscopically examined, and found to contain besides portions of healthy tissue typical cancerous gland-tissue.

The entire movability of the uterus seemed to give the ideal indication for total extirpation, although the severe digestive troubles gave matter for serious deliberation. As long as she had been in the clinique the patient was unable to retain any food, not even milk or eggs, which were usually vomited during the night or towards morning in the form of a foul-smelling, frothy mess. The tongue was white and furred. and the appearance of the patient enfeebled and cachectic. A complication with carc'noma ventriculi was naturally thought of, but there were no symptoms of a tumour in the regions of the stomach, neither were there traces of blood in the vomit. The difficulty lay in solving the problem of etiological co-relation between eventual cancer of the stomach with the evidently young carcinoma of the uterine mucosa.

After mature consideration I concluded for the total extirpation per vaginam, which I performed January, 1894.

The patient made an excellent recovery, and was quite well when she left the clinique at the beginning of February. Remarkably enough, there had been no more vomiting since the operation; not only milk and eggs were retained, but a careful experiment with more substantial food was successfully sustained.

Desirous to know the ultimate result, I wrote to the family doctor. who replied in June, '96, to the following effect:—"Miss F. has been in good health ever since her return home, and has not required any medical assistance. I have had the opportunity of seeing her twice or three times every week for the last two years, as her mother is a patient of mine. She is looking remarkably well, all digestive troubles have ceased except occasional constipation, which is easily conquered by a mild purgative. There is every reason to trust to the nonrecurrence of carcinoma, as since the operation, not one bad symptom had appeared.

It is sufficiently obvious that frequent disturbances of the urinary excretions and secretions should occur when taking into consideration the anatomical relationship of the bladder and urethra, with the internal generative organs.

Leaving aside the numerous direct troubles such as urine retention in cases of tumours or retroflexio uteri gravidi, prolapsus vaginæ, with cystocele, cystitis resulting from blenorrhagic infection, and pruritus vulvæ from diabetes, we have pathological deviations in the uropoietic organs of which some can be considered as reflex-symptoms.

Tenesmi ad vesicam, as well as polyuria and anuria, are frequently observed to be symptoms of endometritis, which disappear with the disease, in the same way as retentio urinæ occurs after various gynæcological operations.

Pathological deviations of the genitalia, besides their disturbing influence on the functions of the bladder, produce anomalies of the kidney which can be easily traced to the same origin.

Virchow first pointed out the origin of hydronephrosis in prolapsus vaginæ and hypertrophy of the portio vaginalis and supra-vaginalis uteri. Freund and Hildebrandt communicated cases of hydronephrosis resulting from the bending of the ureters in cases of retroflexio uteri.

The wandering kidney is often found associated with disease of the female sexual organs, especially displacements of the womb. Landau has observed the wandering kidney 273 times in women to 41 in men—and according to Sulzer's statement, 85 per cent. of sufferers are women.

The dislocation of the kidney has been ascribed to various reasons, among others, individual disposition and inappropriate clothing, also to a decrease of the intra-abdominal pressure or rapid decrease of the fatty tissues.

The first symptom appears in persons with flabby abdominal walls, generally accompanied by relaxation of the peritoneum and its duplicates, which support the abdominal organs.

When we consider that this slackening mostly occurs after pregnancy or the removal of abdominal tumours, we have not long to seek why women are such frequent sufferers from the rein-mobile.

Thiriar also indicates causal relationship between rein-mobile and disorders of the sexual organs, and observed that after nephropexy there came a simultaneous end to menstrual anomalies and chronic inflammation of the mucous membrane, and he explains this connection by pressure from the dislocated kidneys on the venæ of the plexus spermaticus.

Before concluding, I would call to mind the frequent occurrence of some skin diseases under the influence of pathological deviations of the generative organs.

It is known by every one that many women have during the menses a bad complexion and not infrequently eruptions.

Pigmentary formation, chloasma uterinum, and discoloration of the linea alba, are universally recognised among the symptoms of pregnancy. Hebra, in 1855, first called attention to the causal relation between a certain class of skin diseases and disorders of the genitalia.

Among others, he mentions a case of eczema and urticaria which was completely cured without local treatment by the removal of an inefficient pessary.

Later on, Schauta investigates, and is able to make a statement proving undeniable correlation in 26 cases, where the genital disorders were mostly retroversio, chronic endometritis, salpingitis, and principally myoma uteri.

In the selection of my subject I have been chiefly actuated by the desire to make use of this opportunity to speak to you of my views on a matter I have always had very much at heart, and to express my entire concordance of opinion with Dr. Macnaughton-Jones, by whom you have been addressed in a far abler manner, and others, who think with me, that all the varied forms of misery, liable to be brought about under the influence of a pathological condition of the sexual organs, on the whole constitution of a woman, cannot be overrated; or, to quote once more Dr. Macnaughton-Jones, "All we know of the physiology of uterine action, compels us to regard the uterus and ovaries as the strongest links in the chain of the woman's health of mind and body."

Nothing can be further from my meaning than to insinuate that every ailing woman should be submitted to a gynæcological examination. Far from that; however undeniable it is that any organ may be influenced by sexual diseases, objective examination would reveal a marked difference between *these* symptoms and the symptoms belonging to primary disorders of these organs. It would never enter my head to suggest the necessity of gynæcological examinations to a woman who came to me with the characteristic symptoms of gastric catarrh, or a well-defined heart disease, and even should there be evidence of a co-existent abnormality of the generative organs it might turn out to be after all a chance complication.

On the other hand, when objective examination of the distant organs and haphazard therapy have merely led to negative results never should the importance of a gynæcological examination, *ad ultimum refugium*, be allowed to pass, even in cases where there have been no *sub*jective symptoms of genital disorders.

Positive results will often be obtained by taking this measure, after which there still remains to be solved the question of etiological relationship; and if, therefore, the abnormality that has been revealed, is of a nature to legitimate local treatment, according to my conviction the answer should be a decided "yes." Now that it is universally recognised what important factors the sexual organs either in a diseased or healthy condition are in the organism of women, bearing in mind this unmistakable truth, no physician has the right to deny his patient, perhaps the only chance of delivery from a burden of physical and even mental misery, sufficient to poison her life. When choice lies between an operation or any other mode of treatment, it should be remembered that where there is excessive nerve-irritation, hysteria or neurasthenia, the first is preferable, when it has been proved that a short course of local treatment has not borne satisfactory results.

I have, for instance, observed the so called uterine dyspepsia resist for months, continued cauterisation of the endometrium, when curettage being tried, the desired effect was easily obtained.

Needless to add that I am always careful in drawing conclusions from first favourable results; unfortunately enough my patients have sometimes returned after an interval of good health with the same complaints, for which they had first sought relief, although the local disorder had completely disappeared.

The cases, on which my conclusions have been based, concern patients that have been at least two years under observation, consequently all doubts concerning the question of causal relationship are completely removed.

I have now only to thank you for your kind attention and hope you will have overlooked, possible faults in expression, due to my unfamiliarity with your language.

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# Transactions of Societies.

## BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, JUNE 8TH, 1899.

The President, Dr. MACNAUGHTON-JONES, in the chair.

### DECIDUOMA MALIGNUM

DR T. W. N. HAULTAIN (Edinburgh) showed a specimen of this growth, together with microscopic sections, and gave a lantern demonstration of microphotographs. (We hope to publish Dr. Haultain's paper with a valuable series of illustrations in our next, on completion of the necessary engravings.)

Dr. MENDES DE LEON (Amsterdam), read a paper on

### GENERAL DISORDERS ORIGINATING IN DISEASE OF THE FEMALE PELVIC ORGANS,

which will be found in another column among "Original Communications."

In the discussion which followed, Dr. HEYWOOD SMITH said that Dr. Mendes de Leon's conclusions must find an echo in the experience of most of them. There was no doubt that the woman was built up around her pelvic organs, so that it was not surprising that there should be so many reflex disorders associated with diseases of those organs.

Mr. CHARLES RYALL thought that they must all feel much indebted to Dr. Mendes de Leon for his interesting paper. They were all familiar with the uterine reflexes, but they were apt to forget that diseases of other organs might simulate disease of the uterus and ovaries. Movable kidney afforded an example. Thus he had recently a case in which the patient complained of much pain in the pelvis and of intermenstrual pain. One surgeon advised oöphorectomy, and this was done, but she was not relieved. Then another surgeon advised hysterectomy, and this was done, but still she was no better. It was then found that she had a mobile kidney, and after nephropexy had been done she got all right. Mastodynia was often found associated with uterine disease, but it might be due to interstitial mastitis.

Dr. BURLEIGH-ROBINSON thought that the question of the relation between gynæcological operations and mental conditions was an important one, and he hoped that some Fellow would bring forward a paper on the subject of operations on the insane.

The PRESIDENT said that at a former meeting of the Society they had had a discussion on the relation between pelvic disease and mental conditions, several well-known alienists taking part. The subject had been studied more especially in America, and it had been shown that there was frequently a definite relation between the two factors. British psychologists were agreed that if there was uterine disease in a woman who was insane, the patient should be examined, and treatment adopted by operation or otherwise whenever this was possible. He had seen three cases in which women in a condition of insanity were operated on without any improvement following; but others had had a different experience, and he could at least say that he had not known of a case being made worse by any gynæcological operation. There could be no doubt that although the paper they had just heard would command universal assent, there were still many cases of reflex disorders of pelvic origin in which the cause was not properly recognised, because the patients did not complain of symptoms referable to the pelvis. He knew that affections of the eye, ear, and larynx were very often associated with pelvic troubles, as were also rectal disorders, and symptoms of spinal and locomotor character. He thanked Dr. Mendes de Leon, on behalf of the Society, for his most interesting paper.

Dr. Mendes de Leon, in reply, said that of course he knew that he could not exhaust such a subject as he had chosen for his paper. He thanked the Fellows of the Society for the attentive hearing they had given him. The one point on which he wished to lay special stress was the importance of not vaguely relegating to the category of hysteria, patients who might be suffering from organic pelvic diseases.

## BRITISH ORTHOPÆDIC SOCIETY.

Meeting held in the Royal Infirmary, Derby,
Saturday, May 27th, 1899.

Mr. Gentles in the Chair.

Mr. William Thomas showed a patient in whom the left popliteal nerve had been injured by a kick from a horse, talipes equino-varus having occurred as the result. Neurorraphy having failed, he performed tarsectomy. The result appeared to be excellent.

Mr. Tubby pointed out how very difficult it is to get the ends of a divided nerve together when the division occurs close to where the trunk breaks up into branches.

Mr. Robert Jones called attention to the slight amount of power still remaining in the extensors of the toes, showing that the nerve was not entirely divided or else that some union had occurred. He could not understand how the tarsectomy could prevent the foot-droop.

Mr. Bennett contrasted a case under his care where the ulna nerve was injured by fracture of the lower end of the humerus without division; but at the operation the sheath alone was found to be intact, the nerve elements being completely divided and retracted inside it. In that case an inch and a half of a rabbit's sciatic nerve was inserted with success. He asked why the author did not try nerve-grafting.

Mr. Muirhead Little mentioned a case in which the peroneal nerve had been divided six years before it came under his care, in the course of an operation for division of the biceps tendons. Talipes equino-varus had resulted. He cut down and found a gap of about two inches. The upper end of the nerve was bulbous, and the lower a good deal wasted. He excised the ends and succeeded in getting the cut surfaces in apposition by flexing the knee. No benefit resulted, however, probably because the injury was of such long standing. He asked whether Mr. Thomas might not have got the ends together in his case by a similar manœuvre.

Mr. Luke Freer remarked that after tarsectomy in ordinary talipes equino-varus there is often a relapse. To avoid this it might be well to continue with stimulation of the nerve by battery and foot kinetics.

Mr. Thomas, in reply, said that in addition to tarsectomy he divided all the flexor tendons. He thought that union of the bones caused rigidity of the foot, and he laid great stress on the importance of removing a large piece of skin in tarsectomy. The nerve was never completely divided. This fact would probably account for the slight power left in the extensors, and for this reason he refrained from nerve grafting. He tried flexion of the knee, but did not find it approximated the ends of the nerve to any extent. He did not think that the battery was of much use. The voluntary use of a muscle was of far more use in stimulating development, than electricity or massage.

Mr. Carwardine read a paper on a case of Talipes Equino-Varus, treated by Phelps's latest operation. The chief points in the operation are—1. To thoroughly disinfect the skin. 2. Constant irrigation with an antiseptic during the operation. 3. To make an open incision on the inner side, if the skin be short. 4. To cut all the parts in order of their resistance, first dividing the tendo-Achillis, if tense, then tibialis posticus, abductor pollicis, plantar fascia, flexor brevis, long flexors, deltoid ligament. 5. Then when necessary linear osteotomy of the neck of the astragalus. 6. Resection of a wedge of bone from the os calcis, the point meeting the osteotomy wound through the astragalus. The operation was performed on June 30th, 1888. The boy did well, and on November 14th the following note was made. Foot perfectly straight, walks fairly, good flexion, extension, inversion, and eversion. Good arch to foot, the normal length of the foot preserved, and no tenderness of the scar. He said that the special feature of the complete operation is the alteration of the bony axis of the foot without diminution of its length, the inner border of the foot being lengthened. The transverse tarsal joint and great synovial membrane of the foot are not interfered with, so that the foot preserves its natural mobility and elasticity.

Mr. Little said that he had had some experience of Phelps's operation, and had got very good results, and had seen no tendency to relapse, or any troubles due to the scar. It was important that the wound surfaces should be kept apart as long as possible; hence healing must be very slow. He thought it better to lengthen the inner border of the foot by Phelps's operation rather than to shorten the outer border by tarsectomy.

Mr. Keetley raised the objection that the scaphoid was not replaced in its proper position over the head of the astragalus in the operation as represented by Mr. Carwardine, and he thought that the scar must tend to cause relapse. The large granulating surface in Phelps's operation was, he thought, a danger.

Mr. W. Thomas saw no advantage in this operation over an ordinary tarsectomy.

Mr. R. Jones preferred Lund's operation of astragalectomy, which in his hands had yielded most satisfactory results.

Mr. Carwardine, in reply, said that he thought that the rigidity caused by tarsectomy was objectionable.

Mr. Carwardine read a paper on Congenital Absence of the Fibula with Intrauterine Fracture of the Tibia. The patient was five weeks old. The right leg was much shorter than the left, and the thigh half an inch shorter. The leg was bent rather below the centre almost to a right angle, and over the convexity was an umbilicated and somewhat adherent scar. The fibula and all the elements of the fifth toe were absent. The tibia was sharply bent upon itself almost to a right angle, with some thickening of the part. The tendon-Achillis and skin posteriorly were very tight. (Skiagrams and sketches shown.) When the mother was two months pregnant she was nearly run over by a carriage and pair. To escape the danger she made a sudden dart forwards. He corrected the deformity with great difficulty, owing to the hardness of the bone and tenseness of the tendon Achillis, which he divided. He was of opinion that the condition was a true greenstick fracture of one tibia across the other in utero by contraction of the parietes upon a bone which lacked the support of the fibula. The absence of the fibula and fifth toe are developmental.

Mr. R. Jones thought that no theory of etiology fully accounted for the conditions found. It was difficult to conceive of any direct injury to the mother giving rise to a compound fracture of the tibia when surrounded by amniotic fluid. The large proportion of cases giving evidence of congenital irregularities of toes seems to suggest a joint causal relationship.

Mr. Luke Freer referred to his case recorded in Vol. I. of the British Orthopædic Society's Transactions, in which the fibula seemed to shade away with the tendo Achillis.

Mr. Carwardine read a paper on Tuberculous Abscesses and their radical cure by thoroughly scraping and irrigating the cavity. The three cases he had operated on with complete success were: 1. Large abscess of the thigh from tuberculous disease of the pubes. 2. Large tuberculous subgluteal abscess of the thigh, probably of spinal origin. 3. Psoas abscess extending over the whole front of the thigh, the result of tuberculosis of the vertebræ.

Mr. **Luke Freer** exhibited two skiagrams: (1) Congenical displacement of the left femur. (2) Right coxa vara associated with lateral curved femora of rachitic origin.

Mr. **Tubby** read notes of a case of "Spastic Hemiplegia, with flexion of elbow and wrist and pronation, treated by open section of the flexor tendons, especially flexor carpi radialis, and detachment of the pronator radii teres from its insertion." A hole was then made in the interosseous membrane, and the tendon passed round the back of the radius to its outer border, and fixed; thus reversing the action of the muscle. Patients after six weeks could pick up a pin. He kept the wrist during this time midway between flexion and extension by splints.

Mr. **Keetley** opened a discussion on "Coxa Vara." He described types of the two great varieties, which commence in adolescence. The deformity was rachitic in origin. The partial, or even total, absence of rachitic change in other parts was no disproof of this, as the older the patient the more localised the rachitic changes tend to be. The various modes of osteotomy which had been carried out or proposed, including a new method, were described. In theory the neck of the bone should be operated on, in practice the trochanteric region was more convenient. Decreased angle of the neck and shaft formed the striking feature on a first glance at the deformity, but the main changes were in the neck itself, especially near the head. In fact, coxa vara was a rachitic deformity of the upper epiphyseal region of the femur. The deforming influences sometimes extended far down the shaft. Compensatory genu valgum was common. The speaker called attention to a peculiar expansion of the facial bones, giving prominence to the eyeballs and width and flatness to the upper half of the face. Coxa vara in cases of early rickets was very common indeed, but during adolescence were rare. The commencement of the flood of modern literature on the subject dated from the speaker's own paper, in the *Illustrated Medical News*, for September 29th, 1888. The hip-joint was healthy in these cases. For this and for other obvious reasons, excision was not justifiable.

Mr. **R. Jones** said that he thought that a transtrochanteric osteotomy would do all that was needed in these cases.

Mr. **Tubby** said it would be adviseable to divide the adductors, and after doing transtrochanteric osteotomy to transfer the attachment of the abductors from the great trochanter to the lower fragment, so as to increase their power of action and abduct the shaft instead of the neck of the femur.

Mr. **Muirhead Little** pointed out that the deformity in infantile coxa varæ was very different from the adolescent variety. It seemed to be a process *sui generis*. Charpentie had shown that ostitis might cause the deformity.

Mr. **Keetley**, in reply, said that he did not think a simple linear osteotomy was enough, though when ankylosis existed, as in coxitis, a linear osteotomy sufficed because the upper fragment was fixed. Coxa vara was very common in infantile rickets, and often accompanied genu valgum. He believed that some cases described as separation of the epiphysis were really cases of coxa varæ.

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**The** receipts from the great bazaar at the Albert Hall, held last week in aid of the funds of the Charing Cross Hospital, amounted to £13,300 for the two days. This exceeds by £3,300 the amount which was realised by the Press Bazaar at the Hotel Cecil.

## THE BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY.

Meeting held Thursday, June 1st, 1899.

The President, Dr. R. Fortescue Fox (Strathpeffer Spa), in the Chair.

Dr. H. **Shirley Jones** read a paper on

### THE TREATMENT OF NEURITIS AND NEURALGIA BY THE DROITWICH BRINE BATHS.

Dr. Shirley Jones said he considered obstinate neuralgia and neuritis for the most part associated with, and dependent upon a debilitated condition, and believed gouty neuralgia to be more the result of weakness, than the effect of any uric acid on the nerve itself. The nerve most affected is the sciatic, for obvious reasons, for it is the most difficult nerve to rest, and the large surface over which it extends renders it more prone to injury from cold, &c. Next in frequency is perhaps the fifth. Obstinate cases of neuralgia are met with accompanying malignant diseases. He had seen also three cases of sciatica following the apparently successful removal of mammary carcinoma, which would only admit of very temporary relief. Each case died within two years of onset without any material benefit, or any evidence of return of malignant disease. He related three cases of intense neuritis leading to insanity.

Dr. **Douglas Kerr** (Bath) said he could testify to the benefit which he had known in severe cases of neuralgia from the Droitwich bath treatment. He asked Dr. Shirley Jones for particulars of treatment.

The **President** remarked that neuralgia in its various forms was usually relieved under balneological treatment. It acted, doubtless, as an eliminant. and also tended to remove the subinflammatory conditions on which most cases of neuralgia depended. He also called attention to the use of cold douches for neuralgia by the French.

Dr. **Bowen Davies** (Llandrindod Wells) asked for further particulars of the methods of treatment at Droitwich.

In reply, Dr. **Shirley Jones** said he had chosen this subject as being of interest, because he thought more brilliant results were obtained from these waters in cases of neuralgia and neuritis than in any other disease. These cases of neuritis which he had mentioned, showed a peculiar obstinacy, and each led to a very unusual complication, viz., insanity. The treatment he adopted at Droitwich in neuralgia and neuritis consists for the most part, for acute cases in the use of a hot reclining bath without massage or electricity, but with as complete rest as possible. In cases of the lower limb rest in the recumbent position. for the upper limb rest in a sling, and in uncomplicated cases no drugs at all. For the relief of pain he used hot brine as a compress. As the acute stages pass off the douche over the course of the nerve comes into use, the temperature and the length of time varying considerably with the amount of pain and idiosyncrasies of the patient from, 115 degs. to 80 degs. usually, and he had occasionally found great benefit from a temperature as low as 65 degs. given as a douche, particularly in cases where there had been atrophy of muscles resulting from a neuritin; there too he found great benefit from the use of the swimming-bath where owing to the great buoyancy of the water, exercise of any limb may be effected with a minimum of exertion, and this he thought a very important point in the development of atrophied muscles; apart from that the swimming bath has a very decided tonic effect, and as such is very useful in the treatment of chronic neuralgia.

Dr. **Ivor Murray** read a paper on "Scarborough as a Health Resort in Phthisis" which led to some discussion.

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A **despatch** from Alexandria states that two fresh cases of plague have occurred there, the patients being natives.—*Reuter*.

# France.

[FROM OUR OWN CORRESPONDENT.]

Paris, June 25th, 1899.

### Creosote and Phthisis.

At the Academy of Medicine, M. Bucquoy read a paper on the "Treatment of Consumption by Large Doses of Creosote." He said that of all the therapeutic agents tried in this disease, creosote was certainly the best, and opinions differed only as to the dose that might be given. He had known cases in which from one to two drachms were given with impunity in the twenty-four hours; on the contrary, an increase of appetite and a decrease of the sweatings, and, above all, of the expectoration were obtained; the fever also yielded notably. In no case did the drug cause irritation of the stomach.

### Cacodylic Acid.

M. Daulos said he had employed for the last two years cacodylic acid internally and externally. Externally he used a solution of 50 to 75 per cent. of the non-neutralised acid, but internally he preferred the neutralised acid, that was to say, cacodylate of soda. He gave it by the mouth, or by subcutaneous injection. Taken by the mouth it left a disagreeable taste in the throat, and to obviate this he was in the habit of using the following formula—

℞ Cacodylate of soda, ℥ss;
Rum
Syrup } ℥iv;
Water, ʒij;
Ess. of peppermint ♏j.

A teaspoonful of this mixture represented exactly two grains of cacodylic acid.

It could also be prescribed in pills with extract of gentian. The amount in each pill might be two grains.

He had thus treated psoriasis, acne, lichen, lupus, cutaneous tuberculosis, tuberculous adenitis, &c., at the dose of from 8 to 12 grains daily for men, and half that amount in the case of women, and had obtained some satisfactory results. He would add, however, that he had seen two or three patients suffer considerably from colic.

### Hemorrhoids.

M. Schwartz, at the meeting of the Société de Chirurgie, introduced the subject of the treatment of hemorrhoids, and said that those of small volume should be treated by dilatation and ignipuncture. He treated thus a considerable number of patients, and always successfully. In voluminous tumours he employed up to the last years exclusively the methods of volatilization of Richieb. For the last two years he practised the operation of Whitehead in a certain number of cases, but he should add that the operation was very tedious, and in some cases the patient lost a considerable quantity of blood.

M. Delorme said that he preferred Whitehead's method in all cases where the lesions were diffused and extensive.

M. Delbet considered that the thermo-cautery did not constitute a perfect hemostatic. On the other hand, its antiseptic action was beyond doubt, but to-day it was possible to obtain the same result by other means, with the advantage of procuring union by first intention, whilst that desirable result could not be produced by the cautery. Further, as a modifying agent, the thermo-cautery provoked an inflammatory process which was not without danger. When he was house surgeon under M. Richet, he had seen patients endure untold suffering after being treated by the volatilization of the hemorrhoids, and several succumbed to septic accidents. Unless the hemorrhoids were procident and ulcerated, he discarded the thermo-cautery in favour of the bistoury followed by suture. M. Tillaux regarded the thermo-cautery as perfectly hemostatic, on the condition that it was employed at a dull red, and that it was pressed on the tissues so as to break down the walls of the vessels. For more than thirty years he had treated hemorrhoids by ignipuncture, and always considered it as the simplest and the best method for that affection.

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# Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, June 24th, 1899.

At the Congress for Innere Medizin Dr Jacob, Cadowaa, read a note on

### Neurotic Insufficiency of the Cardiac Muscle.

He formulated the following proposition:—There is a form of disease similar to degeneration of the cardiac muscle, and also mistaken for it, that, in spite of dilatation and arhythmia, as well as equal size of the pulse, by a certain order in the disorder can be distinguished from a pulse of good tension, and notwithstanding the symptoms of insufficiency, allows of a good prognosis. It might be named pseudo-degeneration of the heart. There was a chronic tachycardia, with regular pulse and insufficiency easily mistaken for Basedow's disease, especially when associated with a slightly enlarged thyroid and prominent eyes. It differed, however, from Basedow's disease in the absence of the hot skin—on the contrary, the skin was rather cool—absence of thirst, voracity, cardiac murmurs, in short, of all the symptoms of exaggerated tissue change. The patients did not bear cold bath treatment, but were improved by everything that relieved the anæmia. The condition improved in a short time, in as many weeks as the Basedow required months. The Basedow had not, with but few exceptions, a tense pulse. The insufficiency was such as arises from hyperenergy. Improvement took place most quickly, through measures that reduced the tension. The capacity of life of the heart was a constant product of its work with the time which this took to perform. Dilatation and tachycardia sprang from a common source.

Hr. Behuschky read a note on

### The Diagnosis and Treatment of Primary Tuberculous Ulcer of the Stomach.

The speaker had observed two obstinate cases of ulcer of the stomach, the tuberculous nature of which was at last determined by the quick improvement that followed the use of tuberculinum Kochii. Continuance with the tuberculine treatment brought about a rapid disappearance of the symptoms of the disease in contrast with years of failure under other methods. The first case came under observation in 1892, the second only recently. The latter he considered to be a primary tuberculous affection. The patient was 35 years of age. He came of a non-tuberculous family; he had suffered from symptoms pointing to ulcer of the stomach for a year and a half. Tuberculine treatment was at last begun, with a dose of 0·1 mgm., the second dose was 0·5, the third 0·1 mgm. The temperature rose to nearly 39 degs. C. With the reaction the pain disappeared.

Hr. Loewit, Insbruck, opened a discussion on

### Leucæmia and Leucocytosis.

The most important distinction between the two lay in their different ætiology. Leucocytosis was not a disease of itself, but only a symptom. Its ætiology was therefore various, and was not yet worked out. The ætiology of leucæmia had hitherto been a dark region. From his own investigation he had taken up the position that it was an infection with hæmamœba of the class of sporozoa. He would not go further into the method of investigation adopted. They were objects coloured with great difficulty, and could only be seen under certain conditions, although they might be present in the blood and the blood-forming organs in immense numbers. His examination extended to twelve cases of myelæmia. The peripheral blood was principally examined in dried preparations. In one case it could be examined fresh. Parasitic elements were always found in the blood in varying quantities. They could be divided into several groups. First, a young form, small crescentic bodies, in the interior of which a nucleus-like body could be recognised; second, large well-grown amœba forms likewise, with one or several nucleus-like bodies; third, sporulation or segmentation forms (rarely caudated or whipped). The fourth group was the most characteristic, of an exquisite sickle shape; they were not frequent.

In order to examine the blood-forming organs, puncture of the spleen was performed three times on the living, and each time enormous numbers of these parasites were found in the juice of the spleen, far more than in the blood examined on the same day. His lymphæmia cases were limited to six, and they could only be examined in dry preparations. The body organs were only examined in four cases, two of them fresh. Examination of the peripheral blood was at first negative, with a perfected method of examination, peculiar bodies were found in the lymphocytes of the peripheral blood, which the speaker looked upon as parasitic elements, most probably identical with those seen by Mannaberg in 1896. With better standard methods he found form-elements in large numbers, which were much smaller than those of myelæmia. He had therefore selected the name hæmamœba leucæmiæ parva vivax.

He was able to examine a leucæmic swine spleen. There he found the same permanent forms as in human myelæmia. He had made transplantation experiments on various animals, with success in the case of rabbits. Changes were observed within twenty-four hours, which reached their maximum in ten or fifteen days. The number of leucocytes had increased to 50-80,000 and more per cubic millimetre. The animals lost in weight, this loss he could not properly explain. Typical albumosuria was found in the infected animals, no fever, at most a rise of temperature on the first and second day, not again. The animals lived from three to four days to ten months. Four out of twenty-eight rabbits injected showed a mixed infection of leucæmia and tuberculosis. Observation of the parasite in infused fresh blood of the infected rabbits was very easy, and heir movements could be followed.

He believed that the parasite formed the irritation that led to increase of leucocytes in the blood and the blood forming organs, and on the other hand they were responsible for the great destruction of leucocytes. Investigation into the relation between the leucocytes and the parasite had made it probable that the morbid changes for the former were attributable to the life-activity of the latter.

As regarded therupeutics the analogy between leucæmia parasite and malaria parasite pointed to trial of quinine. He had tried it on two animals, one subcutaneously and one intravenously. The second animal died on the third day of acute quinine poisoning. The parasites disappeared out of the blood only just before death. On the other hand there was nothing in the body organs of this animal that indicated any association with hæmamœbæ. That was a very meagre result, but it lead to the thought that in our therapeutical strivings we must attempt to drive the specific parasite out of the body.

## Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, June 23rd, 1899.

### SYMBLEPHARON FOLLOWING PEMPHIGUS CONJUNCTIVÆ.

At the "Gesellschaft der Aerzte," Moruz Sachs exhibited a man with total symblepharon which had been produced by a former attack of pemphigus of the conjunctiva, and finally soldered the eyelids together, so that no line of separation remained to distinguish the upper lid from the lower, on the right, while the left had a centimetre opening revealing a thin membrane over the cornea that further impaired vision by this narrow opening. With the right eye he could distinguish darkness from light, with the left he could discern the finger at a short distance. A similar condition had partially affected the mouth, soldering the cheeks to the gums.

He concluded by describing the operation necessary for the restoration of sight, as plastic interference was the only remedy in such cases.

Schopf showed a patient who was under his care twelve months ago with an alimentary condition that was diagnosed as carcinoma ventriculi requiring resection of the pylorus. On opening the abdomen the stomach was found to be hard, and thickened along the greater part of its length, involving mesentery and omenti, the latter being studded over with small nodules. The whole of the stomach, except two inches at the cardiac end, was removed, after which the patient soon recovered.

The fresh specimen measured 20 cms. (7·87 in.) along the minor curvature, and 28 cms. along the major curvature. The microscopic examination revealed a lympho-sarcoma with diffuse infiltration, which reduced the lumen of the pylorus to a mere aperture that would not admit of the passage of a "match." Notwithstandstanding the morbid changes and enormous size of the organ, the operation was an easy one, as there were no adhesions to prevent its speedy removal, the latter condition being due to the "gastroptose" position of the stomach. The patient recovered within four weeks after the operation, and was then able to take solid food. A year has now elapsed, and the patient can take any sort of food with perfect comfort. An analysis of the stools show that fibres of flesh food are present at great quantities at times, but the other food stuffs are completely digested.

### Hæmato-Myelia, or Multiple Hæmorrhages in Typhoid.

Schiff demonstrated several microscopic sections taken from the spinal cord of a patient who had died from typhoid fever. The patient was 19 years of age when he was received into hospital, with all the symptoms of enteric fever, enlarged spleen, roseola, bronchitis and Widal's positive reaction. Four days after his reception he suddenly collapsed with complete motor and sensory paraplegia, commencing a little below the fifth cervical vertebra. The respiration was phenomenal; at each inspiration the abdomen rose like a balloon, while the thorax was lower and narrower than normal, thus demonstrating that the muscles of the chest and abdomen were paralysed, while the phrenic supplying the diaphragm still performed its normal function. Death occurred about the second week of the disease.

At the post-mortem no infiltration or effusion was to be found in the brain, and a more careful examination was therefore made of the spinal cord.

Sections were made through the third, fifth, and sixth cervical segments, as well as the fifth, eighth, and ninth of the dorsal region. The latter had small hæmorrhagic infarcts, while the blood-vessels were greatly enlarged. No inflammatory products or signs of inflammation were present, although the membranes were hyperæmic. No micro-organism could be found in the hæmorrhagic centres. Six similar cases are now on record, one of which had specific micro-organisms in the hæmorrhagic foci (Curschmann's case).

From the results in these cases it is usually regarded as a degenerative condition of the blood-vessels as no trace of an inflammatory nature will sustain a phlogistic hypothesis.

### Clinical Ferrometer.

Jolles exhibited a ferrometer for estimating the total amount of iron in the blood which may properly be designated as a modification of Fleisch's thermometer. It is an instrument with two tubes, one for a solution made from the blood by first evaporating half a cubic centimetre of blood and after calcining it dissolve the ash in sulphate of potassium, hydrochloric acid, and potassiate of rhodiate. The other is for simple water. The total average normal amount of iron in the blood should be 0·0424 per cent.

## The Operating Theatres.

### WEST LONDON HOSPITAL.

Operation for Ruptured Stomach.—Mr. Bidwell operated on a boy of six who had been run over by a heavy market van about five hours previously. The patient was suffering from severe shock, the abdomen was distended, breathing being entirely thoracic. There was acute tenderness all over the abdomen, most marked in the epigastric region, and there was complete absence of the normal liver dulness. The patient was put under chloroform, and as the shock from the accident was so great, normal saline solution was injected into the median basilic vein immediately the boy was under the anæsthetic, and was continued during the whole of the operation. The abdomen was opened in the middle line above the umbilicus, and immediately there was a considerable escape of gas and stomach contents, together with some semi-purulent fluid. On examining the stomach a clean-cut rupture about two inches long was found in the centre of the greater curvature of the viscus, the direction of the rupture being vertical, that is to say, in the direction of the circular fibres; and the laceration extended for some distance into the lesser omentum. The stomach contents were sponged out of the peritoneal cavity as rapidly as possible; the wound in the stomach closed in a horizontal direction first by a continuous suture going through all the coats, and secondly by a row of interrupted Halsted sutures. The abdominal cavity was then thoroughly flushed out with normal saline solution, and as the stomach contents had reached into the pelvis, a second opening was made above the pubes for the means of drainage. A drainage tube and a gauze drain were placed down close to the wound in the stomach, the rest of the incision being closed. A second drainage tube was placed through the supra-pubic opening into the recto-vesical pouch. The patient stood the operation well, the pulse being better at the conclusion than at the commencement. Mr. Bidwell remarked that the absence of liver dulness was a most important sign in diagnosis of rupture of one of the hollow viscera. This symptom was present in most cases of rupture of the stomach from gastric ulcer, he had also found it in two cases of rupture of an intestinal ulcer, one case being due to tubercle, and the other to typhoid fever. The amount of shock in so young a patient would make an operation absolutely impossible without the injection of normal saline solution; he strongly advocated the plan of relegating this duty to an assistant, and having it continued during the whole of the operation; at any rate in the present case the state of the patient was better at the end than at the beginning of the operation. He pointed out that it was impossible to wash out the peritoneum through the median incision above the umbilicus, but it was absoluely necessary to make a second opening above the pubes, since in this case he had found currants, &c., in the recto-vesical pouch. The time that elapsed between the accident and the operation he said was much to be regretted, since the chances of recovery after rupture of the stomach are directly dependent on the amount of time elapsing between the accident and the operation; in cases operated on within six hours for gastric ulcer nearly all recover, there being no special data with regard to traumatic rupture, which is a very rare but much more serious accident, the accompanying shock rendered it still more urgent that operative measures should be undertaken with the least possible delay, as the opening in the viscus is much larger and allows the contents to escape at once in large quantities, in contradistinction to the often mere pin-hole aperture of the rupture through a gastric ulcer.

Twelve hours after the operation the patient again became collapsed, and in spite of saline injections, gradually sank and died. At the post-mortem it was proved that no further extravasation had taken place from the stomach.

### WESTMINSTER HOSPITAL.

Points of Interest following the Operation Reported in Operating Theatres of May 17th.—Mr. W. Turner related the after history of the case on which he operated for tuberculous disease of the testicle on May 10th. For eight days after the operation the progress of the patient was perfectly satisfactory with the exception of the temperature remaining slightly above normal, varying from 99 degs. to 101 degs. The wound was dressed and the stitches removed on the 8th day; the wound on the left side was found to be completely healed, the one on the right was also healed except at its lowest part, where the drainage tube had been. The following night the patient was very restless, and had to be given some morphia, and the next day his mind seemed to wander a little; at times he would suddenly get out of bed, and occasionally was almost maniacal, but in the intervals lay in a semi-somnolent condition, and was only roused with difficulty; he took his food badly, and his pulse was very rapid, feeble and intermittent; the temperature became subnormal and remained so for three days; his general condition being about the same, after which the temperature rose irregularly until his death, which took place 19 days after the operation. The meningitic symptoms only commenced 10 days after the operation, he became more and more drowsy, and, at one time, was very hyperæsthetic all over the body; all his motions, as well as his water, were passed involuntarily, although the quantity of urine appeared to be about normal; there were no other signs of meningitis, and there were no eye symptoms. A catheter specimen of urine was obtained, and found to contain a trace of albumen. At the post-mortem examination extensive tuberculous meningitis and miliary deposits all over both lungs were found; no disease of kidneys, liver, or spleen. The prostate was enlarged, but not definitely tuberculous. The right vesicula seminalis was a caseous tuberculous mass, the left being normal, and the bladder was unaffected. The wounds made at the operation were healed. No other tuberculous deposits were found in the viscera. In commenting on the case Mr. Turner said that the delirium in the commencement and the almost maniacal condition of the patient seemed at first to point to the mania that sometimes follows double castration, but the symptoms came on very late, and the semi-comatose condition appeared to point much more to brain trouble; the urine never gave any indications of any secondary trouble in the kidneys, so that the diagnosis of uræmia was excluded. The patient had tabloids of testicular extract given in the hope that his symptoms might only be caused by the first supposition, but needless to say were useless. There was no doubt from the post-mortem appearances, Mr. Turner remarked, that the tuberculous deposits in the lungs and meninges had been present much longer than the symptoms would lead one to suspect, and that the tuberculous trouble in the testicle was simply one manifestation of a much more generalised disease than was supposed at the time of the operation, the genital tract being apparently the only part involved. From these facts he pointed out that it appeared it was not a case of acute tuberculosis following operation for the removal of a tuberculous deposit, but that the effect of the operation was to light up in an acute form the latent trouble in other parts. As mentioned in his remarks after the operation, the ultimate prognosis of these cases is generally bad, owing to kidney affection; the above case giving an instance that tuberculous disease may be present in distant parts without any physical evidence that can be made out.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 28, 1899.

## THE AGED POOR AND LOCAL GOVERNMENT BOARD INSPECTION.

FROM time to time the fact is brought home to us that the humanity and mildness of modern manners is in truth the thinnest of social veneers. Nowhere, perhaps, is this conviction more frequently sustained than in the case of the revelations of Poor-law administration that every now and then startle the conscience of the community. A disclosure of the kind has just been made in the Law Courts' the occasion being a dispute between the guardians of two metropolitan parishes, to wit, St George's-in-the-East and Bethnal Green. It seems that the plaintiff guardians of St. George's agreed to receive into their workhouse a number of paupers from the defendant guardians. The action was to recover a sum of money due for maintenance of the alien paupers, a claim that had been resisted by the Bethnal Green Board on the ground that their paupers had not been humanely and mercifully treated. Upon this issue a long and patient hearing was given to the arguments on both sides, and the evidence disclosed a state of things that one would fain have believed impossible in a so-called civilised and Christian country. The issues placed before the jury by the learned judge were the questions whether harsh and unfeeling conduct had been established against the St. George's authorities, whether the food was bad, and whether the workhouse was mismanaged. The jury returned a verdict for the plaintiffs on the ground that there had not been proof of undue harshness and oppression, but the important question of the food was not specially mentioned. A technical victory has thus been scored by the St. George's guardians, but we venture to say that their system, as disclosed in the course of this trial, is unworthy of the spirit of the times, and smacks woefully of the bad old days of Bumbledom. What serious defence can be offered for setting old men of ages from sixty to eighty day after day to pick oakum for five or six hours at a stretch? With no backs to their seats, and with fingers bleeding from the task it is no wonder if at least one of them chose rather to go out and face death in the streets. More than that, for some trifling offence in punctuality, these old men might be refused breakfast, and then be forced to this senseless labour upon an empty stomach. If that is to be the end of a working life, which has been spent in unceasing and honourable labour, the times must indeed be out of joint. Even in prison administration the fact is being recognised that to keep a man without food is a brutal and unjustifiable punishment. Indeed, the prison life has so far improved as to explain why a certain number of the waifs and strays of society deliberately choose the gaol to the workhouse. With regard to the quality of food given by the St. George's guardians it is to be regretted that the jury did not give a definite finding, but one may hope that in view of the evidence brought forward at the trial that some public inquiry will be made into the matter. Then there is another important phase of the question. As pointed out by the learned judge the Local Government Board inspector who visited the plaintiff's workhouse without notice gave evidence to the effect that he saw nothing to lead him to believe that the inmates were otherwise than properly treated. What are we to infer from that statement? Is the tacit sanction of Mr. Chaplin's Department given to the imposition of the terribly hard labour of oakum picking upon old men during the long hours imposed at St. George's Workhouse? Is the deprivation of the food of the aged a matter of no concern to the Local Government Board? Has the quality of food provided for the inmates of the impeached institution been such as to secure the approval of the Board? Lastly, have all or any of these defects come under the notice of the Local Government Board? If the inspector has reported unfavourably upon the internal administration of that particular workhouse, why has it been left to a neighbouring Board of Guardians to bring the matter forward? In a word, it is desirable to know, in the interests of the public, what part of the machinery is at fault, for something wrong there must assuredly be in a system that allows oakum-picking, and deprivation of food in the case of aged paupers. Does the flaw lie in the inspecting? Is it in the lack of central initiative, or is it in the passive resistance of local authorities? In any case, it is high time that something were done to purge the Poor-law system of its grosser evils in dealing with the aged poor.

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## PUBLIC BATHS AT HOME AND ABROAD.

The practice of bathing, it has been observed, if not as old as the hills, is at least as old as man. Nevertheless, except when bathing happens to have been incorporated as one of the rites of the prevailing religion, it has been, from antiquity downwards, but too often more honoured in the breach than in the observance. Habitual and frequent resort to baths seems to be characteristic of a certain stage in the evolution of human civilisation. In most of the civilisations of which history records the rise and fall, public baths formed a prominent feature as they approached their apogee. This was notably the case at Rome, and the intellectual eclipse which followed the destruction of that marvellous civilisation was soon marked by a decline in the matter of personal cleanliness, which persisted in an aggravated degree throughout the dark ages down to comparatively modern times, indeed we are still far behind the Romans in our worship of personal cleanliness. A recent number of the *New York Medical Record* contains a very interesting article establishing a comparison between various nations in respect of bathing accommodation, It is gratifying to find that England is far and away ahead of all other nations so far as the provision of wash-houses and baths is concerned, though the Germans, it appears, were the first to inaugurate public municipal baths. In 1794 the Corporation of Liverpool purchased and threw open to the public a swimming bath, and in 1842 opened public baths and wash-houses. The example proved contagious, and at present, of the sixty-five county boroughs with a population of over fifty thousand, only seven are unprovided with public baths. Of the two hundred and fifty smaller boroughs, seventy-four have placed baths at the disposal of the public. In London there are upwards of thirty, in Manchester nine, in Liverpool eight, in Glasgow seven, in Newcastle six, in Birmingham five, while Bristol and Salford possess four each. Germany shows up well for forty out of forty-five German cities with over fifty thousand inhabitants are provided with public baths on the English model. Vienna has eleven baths, but in France and Italy the movement flags, and public baths are much less numerous than elsewhere. In most other European countries bathing accommodation on anything like an adequate scale is conspicuous by its absence. The condition of the United States in this respect is such as to excite some surprise. Coming of British stock, one would have expected to find among the inhabitants of the United States the same enthusiasm on behalf of methodical bathing as in the old country, but we learn that public baths are in use in a very small number of American cities. We gather that in a country containing nearly eighty million inhabitants there are but ten cities that profess to provide bathing accommodation, while in New York State, with its six millions of inhabitants, Buffalo and New York City are the only two cities which have free bathing establishments. It is some satisfaction to learn that New York is awakening to the necessity of multiplying bathing accommodation. It is vastly more important to have a number of comparatively small establishments accessible to the inhabitants of crowded districts than to construct one or two palatial baths, necessarily at a considerable distance from other parts of the city. Even in London much remains to be done in providing free baths for the labouring classes. No pecuniary obstacle ought to be allowed to stand in the way of free indulgence in the pleasures of the bath by working men whose children, at any rate, would be only too delighted to avail themselves thereof during the summer. Not only would they gain in health, but they would thus be enabled to acquire the useful art of swimming. Even more important than the provision of public baths, however, is the provision of bath-rooms in private houses, and in this respect enormous progress has been effected during the last decade or two, more especially in the metropolis. In new houses the rent of which averages from £25 to £30 per annum a bathroom is now the rule, and it is impossible to over-estimate the importance of these domestic facilities in spreading the gospel of cleanliness We hope the day is not far distant when a bathroom will be insisted upon in every house, no matter how humble, on the same footing as a watercloset From a hygienic point of view one is almost as necessary as the other, and as a measure of national cleanliness, they constitute a safer guide than the proportion of public baths, which are at best but a poor substitute for the domestic provision.

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## THE ELIMINATION OF THE UNFIT.

THE elimination of the unfit is part of the hypothetical process of the survival of the fittest, and, although perverse human ingenuity appears specially directed to hindering the action of these, racially-speaking, salutary processes, there are plenty of examples in nature of the operation of both theoretical laws. The intellectually and physically weak among human beings tend to succumb in the struggle for existence in virtue of their inability to secure an adequate share of food, &c., and their greater proneness to infectious and other maladies and their inherent weakness is accentuated by undernutrition and unhygienic surroundings, which, moreover, operate inimically on their offspring. Syphilitic persons are often sterile, and when fruitful their offspring is stricken with premature decay, which would prove effectual enough were it not for the intervention of medical science. Again, most men who are above the average in point of height or who are intellectually abnormal, whether in excess or in the contrary direction, are less fruitful, when indeed, not absolutely sterile, and their children are usually below the average of physical strength. Nature, however, is very capricious in this matter, for she often renders individuals sterile for reasons which do not strike one as sufficient to merit that penalty, as, for instance, in the case of women who have suffered from gonorrhœa. This is of itself a tolerably benign malady, yet possibly more than any other acquired cause it is productive of sterility in the female. An American observer, Mr. Bumpus, has taken the trouble to examine the dead bodies of sparrows killed during a tempest with the view of determining the conditions which determined their selection. Put briefly, he found that the biggest and the smallest sparrows were those which mostly fell victims to the hurricane. The heaviest birds, by reason of their greater surface, were unable to resist, and, on the other hand, the smallest birds, on account of their less pronounced muscular development, were unable to cope with the strain. He found, moreover, that among the victims were the sparrows with the shortest humeri and the longest femora, in other words, the strain fell most heavily upon the animals which most departed from what we may look upon as the normal type. Putting this as a general principle, no doubt this obtains, even in human beings, though its influence is not usually so brutally expressed. As the average weight of the viscera is about the same, whatever the size of the individual, it follows that the very large man is placed at a disadvantage when compared with him of more moderate dimensions. Expressed in figures the larger man uses up a much larger proportion of his physiological energy in purely vital processes than his more diminutive fellow, and consequently he has a less amount of energy for external consumption, leaving aside the question of the loss of energy entailed by his having to manipulate longer levers in locomotion and in manual exercises. The lesser vitality of the very small, on the other hand, is probably to be ascribed to smaller initial vitality, as evidenced by restricted developmental energy. Some departures from the normal may be advantageous to the individual, and in such cases, according to the doctrine of the survival of the fittest, these aberrations from the normal type tend to be perpetuated, but, on the whole, Nature frowns on all marked aberrations of the kind, and even if of their essence advantageous Nature does not condone such departures, when very pronounced, preferring a gradual ascent. It is particularly in respect of exaggerations of the higher attributes of human beings that Nature shows herself most inexorable. She is willing to overlook insignificant variations in colour and shape, but she cannot pardon too exaggerated a mental development, and accordingly she strikes the offspring of the unduly intellectual with a decadence as pronounced in its way as the genius of the parent was excessive, judged by the normal standard. On the whole this is comforting, because if the offspring of the highly gifted inherited the talent of their parental stock, *plus* the advantages accruing from their experience of the world, the ordinary individual, who in the aggregate makes up the masses, would stand no chance, and would inevitably become the serf and bondman of these more fortunate and gifted persons.

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AN outbreak of malarial fever is reported to have occurred at the Hague, among the victims, according to the reports, being several members of the Peace Conference.

# Notes on Current Topics.

## Cerebro-Spinal Fever.

The subject of cerebro-spinal fever discussed by Professor W. Osler, in the Cavendish Lecture which we published last week, has a special interest in this country, inasmuch as it is an almost unknown disease. It occurs with such rarity that to the majority of English practitioners it is known only by name. Epidemic cerebro-spinal meningitis, as cerebro-spinal fever is otherwise called, is, however, by no means a disease with which an intimate acquaintance is desirable. Our ignorance of its clinical features, owing to its rarity in this country is a matter upon which we may congratulate ourselves, for whatever the precise etiology of the malady may be, and however much many points concerning it are involved in obscurity, there is nevertheless one definite feature belonging to it, and that is the high mortality associated with its occurrence. Thus in a recent epidemic at Boston, out of 111 cases 76 died, making a mortality of 68·5 per cent., a mortality which scarcely any known fever attains. Thus it is one of the most fatal of all acute diseases, although, fortunately, no fever attacks so few individuals in a community during its periods of prevalence. But another bad feature in connection with the malady is the hopelessness of treatment. Osler admits that in his series of cases no special drugs were employed. Relief from pain was sought by the free administration of morphia, and ice sponging was resorted to whenever the temperature rose above 102·5 F. Again a trial has been made of laminectomy with a view to the withdrawal of cerebro-spinal fluid, but further experience is required of this method of treatment before a definite statement, as to its utility or otherwise, can be pronounced. Perhaps, however to the scientific physician the interest of cerebro-spinal fever is centred in its bacteriology. This aspect of the disease has only recently been investigated, but it is now agreed that the specific cause of the malady is an organism known variously as the meningo-coccus and the diplo-coccus intracellularis meningitidis.

## A Medical Action for Slander.

In an action for slander brought by one medical man against another which was tried last week before Mr. Justice Ridley a curious point in law was brought into prominence. The defendant was alleged to have told his assistant that the reason why he had been called in to attend a particular patient was because the doctor in attendance was on one occasion under the influence of drink. The case presented no particular interest, being merely a squabble between two neighbouring practitioners, but as privilege was pleaded, the judge laid it down that while a doctor was privileged in communicating to his assistant the nature of the disease from which a patient was suffering, he was not privileged to tell his assistant why he had been called in over the head of another practitioner. Thereupon the defendant withdrew his allegation and the case was settled. In the main, though, the point is rather fine for practical use, we are disposed to concede that the judge's pronouncement is reasonable. It is obviously necessary that a practitioner should place his assistant in possession of all details that may be necessary to his position, but it cannot be said that the information concerning the reasons which had led to his being called in on this occasion were of this nature. We trust the lesson will not be thrown away, that medical men in talking of their brethren should introduce caution if not charity into their utterances. We have no sympathy with anyone who deliberately circulates reports concerning a rival calculated to damage the latter in public esteem, and we should scrutinise very closely the plea of privilege when pleaded as a bar to an action for slander.

## Holiday Leave for Poor-Law Doctors.

We think it right to warn all Irish Poor-law Medical Officers that the boon of a month's holiday in each year provided for them by Article 28 of the new Dispensary Regulations is liable to be rendered nugatory by the interpretation of the rule by the Guardians. We observe that the Belfast Guardians have made a fixed rule that doctors shall not have more than a fortnight's holiday leave and apothecaries not more than seven days. This rule is conformable to the Dispensary Regulation which declares that the annual vacation shall *not exceed* four weeks. Furthermore, before going away, the doctor must "nominate a duly qualified practitioner who undertakes to perform the duties of temporary medical officer at a rate of remuneration to be stated (? by whom), and until the Local Government Board express their approval of the arrangement." If the word "stated" means, as it obviously does, stated by the guardians, it will be open to any board to prevent any medical officer from obtaining any leave by fixing such remuneration for his *locum tenens* as no one will accept. We know already of one case in which this has been done, and it seems likely that the doctor there will have to do without holiday.

## County v. City in Asylum Management.

A meeting of the Derry Asylum Committee a few days ago was made the occasion of expressing strong dissatisfaction on the part of district councils, especially Derry, because it has no representative on the Committee of Management of the Asylum. The position of Dr. O'Kane in the matter was thus expressed:—"He objected to the idea of any antagonism between the city and the county in the matter, because he thought the people of the county should be just as much interested in the management of the Asylum as the people of the city. He wished to say, so far as the city was concerned, there was no antagonism towards the county, and he hoped they would all work harmoniously together for their common good, and for the proper care of the lunatics." The discussion is but a repeat of many others which are agitating the country elsewhere.

The cry for local parochial government is being more and more listened to; and there is danger of it becoming too much a question of practical politics. Of the Derry representatives we know nothing; but ambition for power in asylum management is being shown by men who each has his own axe to grind, and the management of some asylums seems to be run more in the interest of the people's representatives than the patients. *Noblesse oblige* is well illustrated in the conduct of the better class of representatives, and they are usually county gentlemen. The idea of local government by the parish units combined, for the benefit of the county and city as a whole, is a beautiful conception, but it won't work. In some parts of the kingdom—indeed, in many parts—the people's representatives are often not up to the average mental calibre and *morale* of the people themselves. All this notwithstanding, the tone of the discussion referred to in this case was calm and judicial, and probably the city is quite equal to the county if its representatives are men of education and good standing.

### The Local Government Board and the St. Olave's Vestry.

A FORTNIGHT ago we mentioned the fact that the Metropolitan Vestry of St. Olave's had suspended their Medical Officer of Health, Dr. Bond. The immediate cause of this extreme step was the action of the official in question with regard to the removal of bodies from the parish church. It appears that such a step could not legally be taken without the concurrence of the Ecclesiastical Commissioners, the Bishop of the Diocese, and the District Medical Officer of Health. Acting upon his own interpretation of the Act Dr. Bond helped in the removal of the remains. A great outcry was thereupon raised in the Vestry, and Dr. Bond was suspended on the ground that the Act really meant the sanitary authority, although it specifically mentioned the Medical Officer of Health. That view has not been sanctioned by the Local Government Board, which has refused to endorse Dr. Bond's suspension, and has sent a sharp intimation to the St. Olave's Vestry that the medical officer was authorised to act individually without consulting the Vestry. This decisive support of a medical officer by the central authority will come as a welcome harbinger of the future to many a harassed medical officer of health.

### A New Form of Milk Adulteration.

SOME facts have recently come to light which show that an entirely new form of milk adulteration is now being adopted. A circular came into the hands of a milk vendor in a large provincial town from a firm purporting to be manufacturers of "artificial milk," and offering certain terms to the vendor by which he could advantageously purchase some of the commodity for admixture with his milk, and so increase his profits. Inquiry showed that the use of the artificial product could be so arranged that one churn in six would consist of the spurious article. Again, it was stated that many large milk-sellers had added greatly to their profits by adopting the suggestion of the manufacturers in question. But when the latter were requested to give the names of their customers as references, the reply was that no such request could be complied with, as it would be against the interests of the firm to do so. Thus, here was a case in which a respectable tradesman was directly invited to embark upon a fraudulent practice, and to do that which he was given to understand was being largely adopted by others in his own line of business. Fortunately, however, he made, instead, the matter public, and declined to be a party to the fraudulent transaction. The worst feature in the case is that the detection of the spurious milk by analysis has not, so far, brought the offenders within the clutches of the law. After this disclosure, however, the authorities concerned in protecting our food supplies from adulteration should make a special feature of analysing the milk within their respective districts.

### The Sale of Quack Medicines.

MR. BRAXTON HICKS, the coroner, seldom loses an opportunity of giving sound advice, when occasion arises, to those in his court who require it. A few days ago, for example, he read the quack-nostrum-buying public an excellent homily upon their folly and want of sense. The text was supplied by an inquest which he held concerning the death of a journeyman tailor, who, a sufferer from epilepsy, wasted his money at the rate of eleven shillings a bottle upon a quack concoction. The medical evidence showed that this concoction consisted of chloroform water, coloured with burnt sugar, containing a few grains of bromide of potassium; and that its inclusive value, with the Government stamp, could not have been more than sixpence. The jury were so impressed with these revelations and the coroner's remarks, that they added a rider to their verdict to the effect "that they considered that the attention of the proper authorities should be called to the gross fraud perpetrated upon the public by sale of these mixtures at exorbitant prices.' We trust that this pronouncement will have the effect of infusing some sense into those easily imposed upon persons who so readily accept as truth the specious fables of cures contained in the announcements of the purveyors of quack nostrums. If such persons could only be induced to realise for a moment that the quack nostrum vendor would be quite unable to pay for his voluminous advertisements unless he overcharged the public for his wares, they would then, perhaps be able to understand that it would be much more economical to obtain their medicines through the usual and regular channels.

### Tuberculosis and Climate.

IN almost every county in England steps are being taken to found sanatoria for persons suffering from tuberculosis, and in this connection the curious point has arisen that such sanatoria are about to be built in localities where the disease is extensively prevalent. For example, it has been asserted that while

Rothbury in Northumberland—famous as the home of Lord Armstrong—is now becoming a favourite resort of consumptives, who derive great benefit from the locality, the native population of the district themselves frequently fall victims to the disease. There is doubtless a good deal of truth in this statement. In some Northumbrian villages, especially upon the coast, the majority of the population are tuberculous. This is partly to be accounted for by the fact that inter-marriage to a large extent occurs among the resident families, thus a strongly inherited predisposition to tuberculosis becomes prevalent throughout the district; as is well known, girls who come of a tuberculous stock are often beautiful specimens of maidenly comeliness, and thus the village swains—who may be their cousins—early become enamoured, and marriages soon follow which, in the light of present knowledge, should not take place at all. By this means tuberculosis can readily become rife in a district, as has oftentimes been proved. Many of the children, born of such parents, die of tuberculous meningitis, and those that survive childhood fall early victims to phthisis. There is another point of considerable interest in relation to this subject, and that is the wariness exhibited by Nature in safe-guarding her interests in regard to tuberculous persons. Hazarding some guesses, it may be that tuberculous girls are often naturally beautiful and prolific after marriage because, unless this were so, the ravages of the disease would seriously affect the reproduction of the species. In short, in order to make up for the destructive effects of tuberculosis upon life, Nature seems to have made special arrangements for ensuring a reproduction of the species so as to counteract the loss.

## A Malarial Investigation Expedition.

The Liverpool School of Tropical Diseases is forging ahead so rapidly in its undertaking, that its promoters are deserving of much praise for the spirited policy which they are pursuing. In the first place they have agreed to receive from the Colonial Nursing Association in London three nurses for special training in the tropical diseases wards at the expense of the school. Furthermore they have definitely decided to despatch a special expedition for the purpose of investigating the causes of malaria and other indigenous diseases on the West Coast of Africa. The expedition will be under the direction of Major Ross, I.M.S., the recently appointed lecturer, and Mr. Annett, the demonstrator, to the Liverpool School. As soon as the arrangements for the expedition are completed, it will start for Sierra Leone if possible early in August, when the malarial season is at its height and the conditions are most favourable for research. Major Ross will, in his researches upon the West Coast, especially inquire into his theory which attributes malaria to the bites of a certain species of mosquito. It is this theory which has received so much acceptance from authorities upon the subject, and the results of these investigations will naturally be looked forward to with considerable interest. However, nothing could be more calculated to add to the practical value of the Liverpool School of Tropical Diseases than that two of its instructors should proceed to the very spot where malarial fever is most rife in order to perfect their knowledge of the subject by personal, scientific, and practical investigation. The success of such a school is at once assured if this is the kind of enterprising policy which its promoters intend to pursue.

## Coroners and Post-mortem Examinations.

A case which occurred before the Sheffield city coroner last week illustrated a point in coroner's law to which attention may be usefully directed. A child fell and injured its head, and after having been treated for some days as an out-patient at the Sheffield Royal Hospital was admitted into the Institution, suffering from symptoms of which she ultimately died. The house physician, with the consent of the mother, made a post-mortem examination of the body, and found that the cause of death was tuberculous meningitis. At the inquest, which was held in due course, the above facts transpired, and the medical witness was taken to task by the coroner for having performed a post-mortem examination without having first obtained official sanction to do so. The law concerning this detail, of course, is very explicit. The body of a person whose death has occurred through violence is absolutely under the control of a coroner; no one else possesses any rights over it; where it lies there it must remain, untouched and uninterfered with, until it pleases the coroner to issue instructions respecting it. Resident medical officers, therefore, in public institutions should not omit to bear these facts in mind for their guidance in all inquest cases.

## The Strawberry Cure.

On the authority of Linnæus, the treatment of gout by the free ingestion of strawberries has been resuscitated, and though we are not yet in the dead season it has been taken up by the daily press and run for all it is worth. In the biographical notes written by Linnæus himself, and translated into English by Joseph Trapp in 1794, we find mention of the fact that he succeeded in curing himself promptly of a severe attack of sciatica by eating profusely of strawberries on the advice of his wife, who was opposed to his taking opium for the relief of the pain. A return of the painful manifestation during the succeeding year also proved amenable to the treatment. The translator adds significantly that "Linnæus died soon after, and so the experiment ceased." *Absit omen.* After the grape cure the strawberry cure. The treatment, which is perfectly rational, provided too much importance be not attached thereto, has the advantage of being within the reach of the humblest, at any rate of those whose symptoms happen to fall due during the strawberry season. There are probably few among the well-to-do who would not be the better for an occasional course of "strawberry treatment," which implies a holiday from the usual too highly nutritious and stimulating diet and, presumably, a rest from the excitement and worry of their daily avocations. In some, no doubt, the pips contained in this luscious fruit would determine more or less intestinal discomfort possibly culminating in appendicitis, but this is a contingency which must be faced in exchange for the blessed hope of getting rid of a troublesome tendency. Accurate clinical details of the effects of the "cure" are wanting, but these we imagine would compare to some extent with those of a "cure" at one or other of the famous watering places where a strict regimen always occupies a prominent position.

### The Perils of Patent Medicine Trading.

IF we may judge by the financial condition of some of the best known and most successful quack medicine companies, as reported in the *Chemist and Druggist*, the public taste for these concoctions is very fickle. The first such company to come to grief was the American Hop Bitters Company. The vendor who made the business took, in 1886, £60,000 in cash and £25,000 in debentures for his interest. The first year paid £10 per cent., the second year nothing, and in 1892 the whole affair was sold by auction for £3,000. "Sequah" came next. He sold himself for £150,000 in cash and £100,000 in shares. The company paid 14 per cent. first year, showed a loss of £25,000 second year, and was wound up without a shilling in 1895. Then came Warner's Safe Cure. The vendor took £446,000 in cash and £260,000 in shares. The first two years paid 20 per cent., the third year 10 per cent, and no dividend has been paid to the ordinary holders for five years. Last comes Mother Siegel (White and Company), This concern was practically altogether in the hands of Mr. White, the other directors being—by their own confession—entirely ignorant and confiding. It paid 10 per cent. in 1898, but on Mr. White's death a month ago, it was found that there was a deficit of £40,000. It is said to be still doing a large business, though the profits have fallen in one year from £90,000 to £50,000. When the business was converted, the vendors took £960,000, of which £626,000 was in hard savings.

### An Oyster-Typhoid Tragedy.

THE indictment against the oyster as an article of food attained crushing proportions in the special report upon the subject issued a couple of years ago by the Local Government Board. The upshot of the agitation was an enormous falling off in the consumption of this dainty and nutritious shellfish. Since then folk have plucked up heart again and returned to some extent to this favourite article of food, with the result that many fresh fatalities have been reported. One of the latest comes from Hove, where a town councillor has died of enteric fever contracted by eating oysters. It seems that a few weeks ago he formed one of an oyster supper party, and on returning home complained of pains in his back. At least four others who supped with him have been taken ill, but it is interesting to note that one only is reported definitely to be suffering from the specific infection. It is to be hoped that the source of the oysters will be traced, in order that the particular source of this disaster may be at once rooted up from the midst of the community. In the face of the Government report, it seems hardly credible that local bodies and oyster merchants should have failed to set their culture and storage beds in sanitary order. Yet we believe that in many instances nothing whatever has been done towards purifying the foul environment of the oysters. The tragedy of the Hove incident should do much to strengthen the demand for immediate oyster legislation by the Government. For that matter, however, these tragedies have been going on continuously, only they have not received the prominence bestowed on the unfortunate occurrence at Hove.

### The Thirteenth International Congress of Medicine.

WE have been favoured by Mr. D'Arcy Power with an advance copy of the official programme of the Thirteenth International Medical Congress, which will be held at Paris in 1900, between August 2nd and 9th, under the presidency of Prof. Lannelongue. There will be five sections, (1) biological sciences, (2) medical sciences, (3) surgical sciences, (4) obstetrics and gynæcology, and (5) public medicine. The English Secretaries are, Dr. A. E. Garrod, Mr. D'Arcy Power, and Dr. Keser. As the Congress will be held coincidently with the International Exhibition, and at a date which will correspond to the maximum number of visitors, it is necessary to point out that those who propose to attend will do well to give early notice of their intention, or they may experience considerable difficulty in securing hotel accommodation. We are disposed to question the wisdom, from a scientific point of view, of holding the Congress amid the bustle of a great exhibition which cannot but detract from its success in all save a numerical respect. Who will be likely to sit out a long paper in a hot room when the *danse du ventre* is on view round the corner, and the myriad attractions of an exhibition in the modern Babylon spread a seductive net over all?

### Joint-Stock Doctoring.

SOME weeks since we called attention to a company of speculators which had been organised in Dublin under the title of "Dr. Bland, Limited," to "carry on the profession of medical doctors, physicians, surgeons, apothecaries, pharmaceutical chemists, dentists, midwives, &c." All the members of the syndicate were unqualified with the exception of two medical practitioners, and we ventured to warn these gentlemen that their association with the practice of such a company might render them liable to the attentions of the General Medical Council for "covering" the practice of unqualified persons. We note with satisfaction that one of the medical practitioners and one registered pharmacist who had joined the concern have taken our hint and withdrawn from the dangerous position.

### Medical Organisation at Enfield.

The practitioners at Enfield, to the number of sixteen, have joined hands in the determination to refuse to attend persons belonging to any medical aid society, and an advertisement has been published to the effect that the practitioners in question, having resolved to have nothing to do with medical aid societies, have formed a doctors' club for attendance on families whose income is under £2 a week. Hitherto most combinations of the kind have broken down owing to the readiness of outside practitioners to undertake the work, but in view of the recent pronouncement of the General Medical Council, it may be anticipated that less scrupulous men will hesitate before rushing in where angels fear to tread.

### Auto-Auscultation in Incipient Tuberculosis.

Attention has been called by a French observer to the fact that persons with incipient tuberculosis not perceptible to ordinary auscultation often experience, when talking loudly, a sensation of local vibration over a given area of the thorax corresponding to a zone of partially solidified subjacent lung. In some the sensation amounts to positive discomfort, but more frequently it is not perceived by the patient until his attention has been directed thereto by the physician. The point is worth noting, though in all probability a degree of infiltration which would expose the patient to this sensation of localised vibration would be sufficient to attract attention at the hands of the examining physician by the ordinary methods of physical investigation.

### Bicycling in Diabetes.

The question of exercise for diabetic patients is one requiring careful consideration, the more so as the imperfect nutrition from which many of them suffer indisposes them to active pursuits. According to Albu methodical muscular exertion, such as that of cycling, is a therapeutical factor hardly second in importance to the regulation of the diet. It has the advantage moreover of being more readily applied than the latter, which entails a degree of patience and perseverance not always at the command of the sufferers. It is hardly necessary to add that the effects of the exercise should be very carefully scrutinised at first, not only in respect of the urinary sugar, which should be estimated both qualitatively and quantitatively, but also in view of its effects on the renal function.

### The Union Drug Analyst.

The Local Government Board for Ireland has made it understood that it will not sanction the appointment to the post of analyst to an Irish union of a simple pharmaceutical chemist. They say that candidates must "have considerable experience of the analysis of drugs, and must have obtained (by examination) a diploma in pharmacy, materia medica, and volumetric examination of drugs—from recognised examining body."

### The Late Mr. Lawson Tait and the Anti-Vivisectionists.

The anti-vivisectionists have been making all possible capital out of a passage anent experiments on living animals contained in the last communication from the late Mr. Lawson Tait which appeared in our columns. Mr. Tait's views on the subject are well known, and the anti-vivisectionists are welcome to make the best use they can of the utterances of this eminent surgeon whose fame in years to come will be based, not on the fads from which he, eminent though he was, was not exempt, but on the solid surgical achievements the success whereof was largely due to the recognition of principles and practices obtained by patient and painstaking researches entailing the sacrifice of much animal life.

### One Shilling a Week for the Doctor.

The guardians of the Cahirciveen Union have, we rejoice to say, been mulcted by Judge Shaw with a decree and costs. Dr. Walker, of Glenbeigh, having been summoned to give evidence at the assizes, gave due notice that he must be absent from his district, and recommended his son, naming the fee of £1 1s. a day. The duty was performed, and the guardians then voted the munificent sum of 1s. for the whole period. As we have said they were ignominiously defeated, and we hope that the solicitors on both sides will not stint themselves in their costs.

### Small-Pox Epidemic at Hull.

It is satisfactory to note that the epidemic of small-pox at Hull has been circumscribed, the report of the Medical Officer of Health testifying to sixty-one cases with thirteen deaths. The cases comprised both vaccinated and unvaccinated persons, but of the former only four out of forty-five succumbed, *i.e.*, one in twelve, while of the unvaccinated, nine out of sixteen died. *i.e.*, more than one half. No doubt if the date of vaccination were taken into account the protection afforded by vaccination would be even more apparent, for not one of the fatal cases is reported to have taken place in a revaccinated person.

### The Practice of Medicine in Italy.

The practice of medicine in Italy, so far as foreigners—that is, Englishmen and others—are concerned, is limited to attendance upon persons of their own nationality. The Italian Government have issued a circular letter to all their Ambassadors to this effect, and at the same time have stated that, with this exception, it is forbidden to anyone to practise medicine generally in Italy unless he possesses an Italian medical qualification.

### An Unqualified Assistant's Libel Action.

An absurd action was tried in the Queen's Bench Division last week in which an unqualified assistant, described as an Asiatic, sought to recover damages from a number of daily papers for having published reports of a county court suit brought by the plaintiff, against his erstwhile principal for a sum of money alleged to be due. The circumstances as reported were extremely amusing, but ultimately the jury stopped the case on the ground that there was no libel.

## The Annual Meeting of the Irish Medical Association.

THIS congress of the members of the Association assembled in Cork on the 20th inst. under the presidency of Dr. Hobart. The profession in that city had made preparations to receive and hospitably entertain their visitors, and were entirely successful in securing the conduct of important business and the comfort and enjoyment of the members. A banquet was held, at which most of the county magnates were present, and on the succeeding day the visitors were taken by steamer to Queenstown, and round the harbour to view the regatta, and were entertained to luncheon on board. We regret that the great pressure on our space for the accommodation of our half-yearly index and other important matters, obliges us to postpone publication both of the report of the meeting and the annual report of the Council.

### PERSONAL.

SURGEON-GENERAL A. F. CHURCHILL, M.B., of the Army Medical Staff, has been placed on retired pay.

LIEUT. A. B. MACCARTHY, M.B., has resigned his Commission in the Royal Army Medical Corps; and Surgeon Captain C. A. MacMunn, M.D., has been promoted to Surgeon-Major.

THE DUKE AND DUCHESS OF YORK opened four new homes on Saturday last at the colony established by the National Society for the Employment of Epileptics, at Chalfont, Bucks, of which his Royal Highness is president.

DR. G. E. SHUTTLEWORTH and Miss F. May Dickinson Berry, M.D., B.S Lond., have been reappointed by the London School Board for a second year to examine defective children and children alleged to be defective, who have been recommended for special instruction, and to perform cognate work in the blind and deaf centres.

INSPECTOR-GENERAL HENRY MACDONNEL, C.B., of the Royal Navy Medical Department, who has been placed on the retired list after thirty years' service, was on board the *Invincible* at the bombardment of Alexandria in 1882. He was made a Companion of the Order of the Bath on the occasion of the Diamond Jubilee in 1897

OUR Manchester correspondent informs us that honorary degrees of the Victoria University are to be conferred upon Professor Clifford Allbutt, M.D., F.R.S.; Professor C. H. Herford; Dr. J. E. Schunck, and Mrs. Henry Sidgwick on Saturday next. Mrs. Sidgwick will have the distinction of being the first lady to receive the honorary degree of the Victoria University.

DR. RICHARD GARNETT, C.B., late Keeper of Printed Books at the British Museum, was presented on Friday last with his portrait in oils, painted by the Hon. John Collier, together with a gift of forty-seven volumes of works of reference, subscribers to which included librarians from all over the United Kingdom, Canada, France, Germany, and the United States.

## Scotland.

[FROM OUR OWN CORRESPONDENT.]

GLASGOW UNIVERSITY.—The final examinations now completed have not terminated to the unqualified satisfaction of candidates. Among many causes for grumbling on the part of students is in the outset the multiplicity of examiners Usually there are four in surgery, and in medicine this year no less than six different examiners, each of whom it is reported has little points to which he is specially partial, and which may be classed under the term "fads," but he nevertheless expects the unfortunate candidate to know all about them. Should a candidate express to examiner A. the method of B. in performing an operation which does not tally with A.'s fad for the same operation and *vice versa*, the danger to the said candidate is self-evident. By this unfortunate state of matters, many good and hard-working students have *come down* and been *referred back*, especially in surgery.

QUEEN MARGARET COLLEGE.—At the recent final examinations the women students have come out well, and in every branch pressing the males very hard. Among Queen Margaret students a scheme has been recently brought to their notice which is being organised by a committee of medical women practising in Scotland, and which proposes to establish a fund in commemoration of the efforts of Dr. Sophia Lea Blacke, who is now retiring, and to whose work the satisfactory position of women in the profession is largely due. If funds are forthcoming, the present idea is to offer periodically a post-graduate scholarship or something of that nature

HORSE-PLAY AT THE EDINBURGH ROYAL INFIRMARY.—The resident physicians and surgeons have recently been making themselves slightly ridiculous. "Ragging" of bedrooms and other more or less elaborate practical jokes are an old tradition, and, as a rule, no harm comes of it. This summer, unfortunately, the fooling has not been taken as it was meant, or, say the victims, was carried to an undue extreme. Be this as it may, the friction became so excessive that certain members of the residency thought right to lay the matter before the authorities a few days ago, and a thorough inquiry is being instituted. It seems to us that, in itself, such practical joking—even if it does reduce a man to vacating his room for a night or two—is of little consequence, but what the residents do not realise is the amount of harm to which the publicity of their actions—harmless enough in themselves - may give rise. The credit of an hospital, in more ways than one, depends on their behaviour; it is with them that the public come most frequently and directly in contact, and (though it is not for one moment suggested that the patients can or do suffer in any way on account of rows in the residency) surely a very little common sense might tell the men that to act in such a way as periodically to yield "copy" to the newspapers is neither seemly nor calculated to inspire the public with confidence.

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## Obituary.

### DR. CAHILL, OF BALLYNACARGY.

THE above well-known and respected member of the medical profession died at his residence, Ballynacargy, on Sunday, the 18th inst., at the age of 75 years. Dr. Cahill commenced professional life in the district more than half a century ago, and for many years had a lucrative and extensive practice in the counties of Westmeath and Longford. He was an honorary surgeon to the county infirmary, and as well as being a magistrate for the co. Westmeath, was for a time member of the Council of the Irish Medical Association.

Of a retiring and unobtrusive manner, there were few physicians in rural practice in Ireland who so fully possessed the confidence of the community as a well-informed and conscientious practitioner; kind, urbane, and genial to all, he passed away mourned, beloved, and respected by those among whom he lived and laboured so long.

## DR. WILLIAM McGILL, OF GLASGOW.

Dr. McGill, who died on the 17th inst., was for over forty years medical officer to the police force in Glasgow. which post he held and discharged its duties until 1896, when he ceased from active duty, and was allowed a retiring allowance. He was a Licentiate of the Faculty of Physicians and Surgeons, Glasgow, 1848, and of the College of Physicians, Edinburgh, 1859, and M.D. of Glasgow University, 1867. Dr. McGill was of an exceedingly kindly disposition, discharging his duties during his long term of service with satisfaction both to the members of the force and to the authorities. At the time of his death he had reached the ripe age of eighty-two years.

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# Correspondence,

We do not hold ourselves responsible for the opinions of our correspondents.

## NORDRACH AND FALKENSTEIN.

*To the Editor of* The Medical Press and Circular.

Sir,—In the Medical Press and Circular for May 31st appears an editorial article entitled, "The Rival Systems for the Sanatorial Cure of Phthisis."

The writer refers in the first place to "the wordy warfare waged between the apostles and their disciples of the two schools, viz., Falkenstein and Nordrach; Falkenstein with its apostle Dettweiler, and Nordrach boasting Walther as its prophet."

In reference to this I would merely remark that Dr. Dettweiler has never written a word against Nordrach, nor has Dr. Walther ever published a single line, either about his own sanatorium or any other, except once, to contradict a sapient visitor who declared that there were no windows in his institution. On the contrary, I have never heard Dr. Walther speak of Dr. Dettweiler except in terms of admiration; and I know he regards the deficiences of Falkenstein as being due to deviations from the original spirit and intention of Dettweiler himself.

This article is, however, more understandable when one remembers that visitors to Nordrach seem to consider a twenty minutes' stay in the place sufficient ground for writing an authoritative criticism upon Dr. Walther's system of treatment; so much so that they are ironically called by patients "the twenty minutes' doctors."

To quote again from the Medical Press and Circular article. Referring to a Nordrach patient, the writer says:—"If unwilling to sleep with a wide-open window, the window is removed."

With regard to this statement, I may observe that I have lived a year and a half at Nordrach, and can absolutely deny that such a thing is ever done.

Again, the writer says that "The Nordrach system aims at individual medical control, and limits the number of inmates; but even this has a drawback, for it is seldom possible to install a resident expert laryngologist because of the expense; and even the Nordrach treatment requires, it appears, some local assistance in laryngeal cases. It is extremely difficult to find out the truth as to laryngeal cases of consumption in sanatoria."

Dr. Walther has never attempted to install a resident laryngologist, for the very good reason that he was *himself an expert laryngologist* in Frankfort before the illness of a consumptive relative decided him to give up his practice and undertake the treatment of consumption.

The writer goes on to say, "We believe that such patients—*i.e.*, laryngeal cases are not *personæ gratæ* at Nordrach."

I am in a position to state that Dr. Walther usually knows nothing about his patients until they arrive at Nordrach, that there is no selection of cases such as obtains in most of the other German sanatoria, that numbers of laryngeal cases are treated at Nordrach, and that there are people now in England who, having suffered from laryngeal tuberculosis, have been cured at Nordrach, remain well, and are even able to sing. But the most astonishing statement yet remains to be cited. The writer, in speaking of the methods of sanatoria of the Falkenstein type as compared with Nordrach, says, "There is no doubt that both are right in so far as they are severally adapted for various different types of patients; one type of patient is benefited by the milder régime (*i.e.*, Falkenstein), injured by the harsher, and *vice versa*." Very plausible, but not correct. Has the writer a single tittle of evidence to support this statement? I trow not. Now I have treated patients, both English and German, under Dr. Walther, at Nordrach, patients coming from other German sanatoria conducted on the same lines as Falkenstein, and I can refer the writer to people in Frankfort if he likes, who, after trying the sanatorium treatment inculcated by Dettweiler for many months, failed to make progress; nay, were fast pursuing the downward path and who were cured at Nordrach, and now follow their ordinary avocations in good health.

Can the writer of the article adduce a solitary instance in which a Nordrach patient, *failing to improve there, has gone to some other sanatorium and made a recovery?* I know he cannot, and I know that the Nordrach treatment is the best system ever devised for bringing about the arrest of pulmonary tuberculosis, and that if that system fails there is then no other means known to us at present which has the slightest chance of bringing about the desired result.

I think it would be well if would-be critics of Dr. Walther and his system would first take the trouble to verify their facts.

I am, Sir, yours truly,
(Signed) R. Mander Smith, M.D.Lond.

[No better evidence could be afforded of the *exparte* views of an adherent to one of the systems referred to than by Dr. Mander Smith's letter. No one, forsooth, has ever been benefitted by any other system after having failed to respond to his own special pat! We know personally of several cases. Nor are Nordrach and Falkenstein the only institutions, though they may be the earliest and most famous in which the systems are carried out. As Dettweiter is still the consulting physician at Falkenstein, and constantly visiting the sanatorium, it is to be presumed that any change in the routine there has his sanction and approval. Dr. Smith "knows" that the Nordrach system "is the best." Just so, that is the point we were complaining of.—Ed.]

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# Medical News.

### Messrs. Burroughs, Wellcome, and Co.

Have during the past few days opened new chemical research laboratories at King Street, Snow Hill, with Dr. F. B. Power as director of a large staff of scientific workers. The increasing demand for the serums of this firm has also necessitated increased accommodation for their manufacture, to insure which they have acquired the Brockwell Hall estate at Herne Hill, where the fine old mansion is in course of reconstruction in order to adapt it to purposes foreign to its original designer, whilst the extensive paddock will form a valuable adjunct for rearing and keeping the animals necessary for serum culture. But whilst keeping pace with the exigencies of business they have not neglected the health and enjoyment of their workpeople. Were it not for the fact that the principal—Mr. Wellcome—has not yet reached middle age, one might not inaptly describe him as *Patriæ pietatis imago*, inasmuch as on Saturday last he presented a large park, with club and institute, to his *employées*, who now number more than 800 of both sexes (including a large number of professional scientific workers), in order to promote harmony and social intercourse amongst them, to encourage mental and physical recreation by means of musical, literary, and other entertainments, educational classes and lectures on scientific and technical subjects, and by providing the space and opportunity for indulgence in athletics, field sports, and games. The club and grounds are close to the factory at Dartford, and on Saturday the donor generously gave hospitality to about 1,000 people, including guests, among whom were several members of the learned professions. The day was devoted to sports and recreation of every conceivable kind, finishing up with the presentation of prizes by Mrs. A. Chune Fletcher, the illumination of grounds, lake, and river, and a brilliant pyrotechnic display.

### Abscess, or Aneurysm ?

An interesting action was tried at the Sunderland County Court last week, when one Smith, a labourer, claimed damages from Mr. Robert John Burns, a Poor-law medical officer, for having opened an aneurysm, which he had mistaken for an abscess, in spite of the protests of the plaintiff. It transpired that the plaintiff had been an in-patient at the Infirmary for this very aneurysm, but had left of his own free will. He then obtained an order, and Mr. Burns attended him in consequence. The plaintiff does not appear to have told the defendant the nature of the lesion as diagnosed at the infirmary, and without due reflection Mr. Burns made an incision, but promptly discovered his mistake, and after some delay steps were taken to arrest the hæmorrhage. The allegations of inebriety made by the plaintiff against the doctor were shown to be devoid of foundation, and after it had been explained to the jury how easy it was to mistake an aneurysm for an abscess, an error for which there are numerous illustrious precedents, they returned a verdict in favour of the defendant.

### Death From Tetanus.

A death from tetanus was the subject of an inquest in East London last week, the victim being a blacksmith, æt. 51. The symptoms had developed some days after an injury caused by a fall from a cart, and it was only on the tenth day that he was sent to the hospital, where he shortly after died.

### Carbolic Acid Poisoning.

In reply to Sir John Leng, the Home Secretary admitted the frequency with which death occurred from the accidental and intentional ingestion of carbolic acid, adding that when some years ago the Pharmaceutical Society petitioned the Privy Council to comprise the acid in the schedule of poisons it was considered that the gain to the public would not be commensurate with the inconveniences of such restrictions. He admitted that it was scheduled as a poison in Ireland, but that was by a special Act. He concluded by stating that the Privy Council were prepared to consider the desirability of dealing with the subject, but could only do so on representations from the Pharmaceutical Society. As these representations will presumably be forthcoming it may be that we are within reach of this much needed step, though in view of the procrastinating policy of the Privy Council on this point in the past we dare not express too sanguine a view.

### Death Under Chloroform.

Another death under the so-called "open" method of chloroform administration is reported from Edinburgh, where a labouring man died shortly after the performance of an operation for which the anæsthetic had been given.

### Association of British Postal Medical Officers.

The annual dinner of this association took place at the Whitehall Rooms, Hotel Métropole, on Thursday last, Dr. W. Dougan, President, in the chair, supported by a large number of members and distinguished guests. The toast list was unusually comprehensive, but its length was compensated by the choice of orators, among whom we may mention Sir Walter Foster, who responded to the toast for the "Houses of Parliament;" Sir Hugh Gilzean Reid, who proposed that of the "Post Office Service;" Sir James Crichton Browne, to whom was entrusted the toast for the "Education and other State Departments," this toast being responded to by Sir George Kekewich; Professor Corfield, who spoke on behalf of "Municipal Institutions;" and Professor Sims Woodhead, who proposed, and Dr. Glover who acknowledged, the toast of the "General Medical Council." The toast of the "Medical Press" was proposed by Dr. J. Tatham, and was responded to by Mr. Wakley, jun., for the *Lancet*, and by Dr. Gubb on behalf of the Medical Press and Circular. Mr. Wakley pointed out that the association was evidently one without grievances, inasmuch as the medical press had not so far been cognizant of its existence, an ideal position for an association of medical men. A very agreeable if protracted evening was spent, the intervals between the toasts being filled by appropriate musical selections rendered by musical volunteers.

### The Midwives Bill.

This Bill has now been definitely dropped so far as the present session is concerned, but we have no doubt that more will be heard of the scheme on a future occasion. The aspirant midwife affects the pertinacity of the importunate widow.

The Queen has intimated her intention to open the new wing of the National Hospital for Consumption at Ventnor during the stay of the Court at Osborne. The wing now in course of erection is named after the late Prince Henry of Battenberg, and the foundation-stone was laid last year by Princess Henry.

### Royal College of Surgeons, Ireland.

Fellowship Examinations.—The following gentlemen, having passed the necessary examination, have been admitted Fellows of the College:—Mr. A. A. Doyle, L.R.C.P.I., and L.R.C.S.I., and Mr J. P. Frengley, M.D., and B.Ch., Royal University.

### Society of Apothecaries of London.

At the June examinations, the following candidates passed in:—

Surgery.—F. W. Chesnaye (Section II.), S. E. Dunkin, H. H. J. Edwards (Sections I. and II.), W. M. Hocken, D. V. Lowndes (Section II.), V. S. Partridge (Section II.), D. O. Williams, W. P. Williamson.

Medicine.—S. J. H. Eastwick Field, H. H. J. Edwards (Section II.), T. H. Fox, J. B. Hall (Section I.), G. C. Hobbs (Section II.), A. Killick (Sections I. and II.), W. M. McLoughlin, A. Orme (Section II.), G. E. Seville. W. C. Stanham.

Forensic Medicine.—S. J. H. Eastwick Field, T. H. Fox, F. Golding-Bird, J. B. Hall, A. Killick, W. M. McLoughlin, G. E. Seville, W. C. Stanham.

Midwifery.—J. R. Bentley, H. S. A. Davies, J. C. S. Dunn, S. J. H. Eastwick Field, T. H. Fox, L. Lehmann, F. Marriott, G. G. Membery. A. Orme. G. E. Seville.

The diploma of the Society was granted to the following candidates, entitling them to practise medicine, surgery, and midwifery:—F. W. Chesnaye, S. E. Dunkin, H. H. J. Edwards, F. Golding-Bird. W. M Hocken, G. C. Hobbs, A. Killick. D. V. Lowndes, W. M. McLoughlin, W. P. Williamson, and D. O. Williams.

### University of Glasgow.

At the recent final examination for M.B., Ch.B., the following candidates attained distinction in the subjects indicated:—(S. Surgery and Clinical Surgery; P., Practice of Medicine and Clinical Medicine; M., Midwifery.)

James Robert Chalmers (P., M.); John Craig (P.); Hugh Cambbell Ferguson (S., M.); George Gardner (M.); John Gardenr (S., P., M.); Jessie Downie Granger (P., M.); Jessie Sophia Beatrix Hunter (M.); Hugh Miller (M.); Norman M'Leod Miller (M.); Ebenezer Mitchell, M.A. (P., M.); James Hogg MacDonald (P., M.); Peter M'Fadyen (M.); William Alexander Riddell (M.); Arthur Robin (M.); Alfred George Stewart (P.); William Brown Thomson (P.): Edythe Marjorie Stewart Walker (P.); Alexander Laurie Watson, M.A. (S., P., M.); Alexander Simpson Wells, M.A. (S., P.)

The following have passed the Fourth (Final) Professional Examination:—

For the M.B., C.M.—George Henry Beck Harvie, Alexander Page Robertson, Alexander Waugh.

For the M.B., Ch.B.—James Napier Baxter, Auguste Boyes, William Broad, Andrew Brownlie, James Robert Chalmers, David Maclure Cowan, John Craig, George Morris Crawford, William Crerar, John Cullen, Charles Cheven Cumming, Sarah Davidson, John Lithgow Davie, James Austin Dickie, Hugh Campbell Ferguson, James Fulton Findlay, G. Gardner, John Gardner, Hyam Goodman, M.A.; Jessie Downie Granger, James Garden Green, Andrew Kerr, Andrew Love, Ramsay Millar, Hugh Miller, Norman M'Leod Miller, Ebenezer Mitchell, M.A.; James Hogg MacDonald. John M'Gilchrist, Norman Forbes MacLeod, William Johnston Maclure, John M'Millan, Ina Lochhead M'Neill, John Patton, Thomas Stephens Picken, John Reid (Lanark), William Alexander Riddell, Arthur Robin, Catherine Love Smith, David James Smith, William Stewart Stalker, Alfred George Stewart, Frederic Richardson Stewart, M.A.; Charles Pinkerton Thomson, William Brown Thomson, Henry Nisbet Turner, Edythe Marjorie Stewart Walker, Alexander Laurie Watson, M.A.: Alexander Simpson Wells, M.A.; Sara Whiteford, Robert Orr Whyte, M.A.; William Wright, John Doctor Young.

# Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

REPRINTS.—Authors of papers requiring reprints in pamphlet form after they have appeared in these columns can have them, at half the usual cost, on application to the printers before the type is broken up.

### BACTERIOLOGY IN EXCELSIS.

A WOMAN here dearly loves big words, and she does not always use them correctly. The other day a neighbour complained of incessant pain in her back, whereupon the user of big words said: "I would consult Dr. Pellets for pains in the back. He's the finest bacteriologist that I know of."—*Pittsburg Chronicle.*

MR. HORN.—We will look into the matter and inform you of result in due course.

A CANDIDATE FOR THE HIGHER EXAM. will find all he requires in Stewart's "Manual of Physiology."

### THE MEDICAL SICKNESS SOCIETY.

DR. BARRY, Ballyduff, co. Waterford, will be glad to hear the views of the Irish members of the Medical Sickness Society, London, as to the desirability of holding a meeting of medical men in reference to the working of above Society in so far as it concerns Ireland, and to arrange for a meeting to be held in Dublin or elsewhere at an early date. The meeting is being organised by Mr. R. A. Williams, of Queen's Square, Fermoy, a member of the Society.

J. H. S.—The Imperial Accident Insurance Company (17 Pall Mall, London) issues, we believe, a special policy for the insurance of doctors' carriages.

DR. W. R. DERMOTT'S "Monistic Physiology" is marked for early insertion.

### THE SYMBOL OF FAITH.

THE ideal symbol of faith, observes an American exchange, is not the traditional maiden clinging to the Rock of Ages, but the bald-headed man confidently consulting the bald-headed specialist, and looking forward with enthusiasm to a great growth.

MR. H. F. C.—Regret we must decline your communication; it is more suitable for a chemist's journal than for this.

MISS GILBERT.—We do not undertake to give medical advice. You had better consult your usual medical attendant who, no doubt, will have no difficulty in gratifying your curiosity as to the cause of your trouble.

### "THOSE CURSES OF HUMAN LIFE."

WE are in receipt of a letter headed "Lucas Hospital, Wokingham," and signed "J. Stratton," which contains the following passage:—"We have no sympathy with papers which support the cowardly pests and curses of human life the vivisectors, who, if they had their deserts, would be hung up on the nearest trees." We are unable to find the institution referred to in the "Medical Directory," and the same remark applies to the signatory of the letter, a fact which may explain the writer's hysterical eloquence on a subject on which, probably, he knows little and feels strongly. Where the reason is weak the prejudice is strong!

EX-STUDENT.—We cannot hold out any hope that the General Medical Council will provide facilities for the qualification of impecunious or backward students, past or present. If, for pecuniary reasons, the medical career is closed to you, you had better seek some other sphere of activity. We are not cognisant of any fund on which you could draw to defray the expenses of a medical education, though, of course, there are plenty of scholarships open to the exceptionally gifted.

## Vacancies.

Berrywood Asylum, Northampton.—Assistant Medical Officer for five years, unmarried. Salary £150, increasing to £200, with board, lodging, washing, and attendance.

Bethlem Hospital, Bridewell, London.—Two Resident House Physicians for six months. Apartments, complete board, and washing provided. Honorarium at the rate of £12 12s. each per quarter will be paid. (See Advt.)

Burton-upon-Trent.—Medical Officer of Health for the District of the Borough. Salary at the rate of £350 per annum, exclusive of authorised disbursements.—Applications to the Town Clerk, Burton-upon-Trent.

Bradford Poor-Law Union.—Two Resident Assistant Medical Officers for the Hospitals and Workhouse of the Union. Salary of Senior £125, of Junior £100, with rations, apartments, and washing.—Applications to the Clerk to the Guardians, Bradford.

County Asylum, Gloucester.—Third Assistant Medical Officer, unmarried. Salary £105 per annum, with board (no stimulants), lodgings, and washing.

County Asylum, Prestwich, Manchester.—Junior Assistant Medical Officer. Salary commencing at £125 per annum, with apartments, board, attendance, and washing.

County Asylum, Whittingham, Lancashire.—Locum Tenens for about four or five months. Salary two guineas a week, with board, &c.

Glasgow University. Assistant Examinership in Medicine, with special qualification to examine in zoology.—Applications with testimonials must be sent to A. E. Clapperton, Esq., 91 West Regent Street, Glasgow. (See Advt.)

Gort Union.—Analyst to the Union.—Immediate applications. (See Advt.)

Manchester Royal Infirmary.—Resident Surgical Officer for twelve months, unmarried. Salary £100 per annum, with board and residence.

Mason University College, Birmingham (with Queen's Faculty of Medicine).—Professorship of Physiology.

Owens College, Manchester.—Senior Demonstrator in Physiology. Stipend £150 per annum, rising to £200.

Royal Cornwall Infirmary, Truro.—House Surgeon. Salary £120, with furnished apartments and attendance.

Seamen's Hospital Society, Greenwich, S.E.—Physician to the In-patients and a Physician to the Out-patients at the Branch Hospital in the Royal Victoria and Albert Docks, E.—Particulars of the Secretary.

Staffordshire General Infirmary, Stafford. House Surgeon. Salary £100 per annum, with board, lodging, and washing. Also Assistant House Surgeon. Salary £50 per annum, with board, lodging, and washing.

Stockton and Thornaby Hospital, Stockton-on-Tees.—House Surgeon, non-resident. Salary £200 per annum.

Thomastown Union. Locum Tenens for one month from July 15th. Remuneration £3 3s. per week. Candidates must possess legal qualifications. (See Advt.)

## Appointments.

BOASE, R. D., L.R.C.P.Lond., M.R.C.S., Medical Officer by the Penzance Port Sanitary Authority.

BOYER, L., M.B., Ch.B.Edin., Assistant Medical Officer at the Infirmary of the Parish of Birmingham.

DAVIES, W. N., M.D., M.Ch.Irel., Medical Officer for the Llanharran Sanitary District.

DREW, DOUGLAS, M.D., B.S., F.R.C.S.Eng., Surgeon to the North-Eastern Hospital for Children, Hackney.

HESSEY, J. D., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Cottage Homes of the Hastings Union.

HOLLINGS, C. E., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Medical Officer for the Weaverthorpe Sanitary District of the Driffield Union.

KNIGHT, HENRY ERNEST, M.D.Lond., M.R.C.S., L.R.C.P.Lond., Honorary Surgeon to the Rotherham Hospital and Dispensary.

LANSDOWN, C. E., L.R.C.P.Lond., M.R.C.S., Deputy Medical Officer by the Cheltenham Board of Guardians.

LAWRENCE, A. G., M.D.St. And., M.R.C.S., Medical Officer for the Shirenewton Sanitary District of the Chepstow Union.

MONTGOMERY, W. P., M.A.Oxon., B.S. and M.B.Lond., F.R.C.S. Eng., Visiting Surgeon to the Manchester Workhouse Infirmary.

MORRISON, J. T. J., M.A., M.B.Cantab., F.R.C.S., Professor of Forensic Medicine in the Mason University College, Birmingham.

ORR, VIVIAN B., M.B., B.S.Melb., Assistant House Surgeon to the Cancer Hospital (Free), Brompton, London.

REID, ARTHUR G., B.Sc.Lond., M.B., C.M.Edin., Honorary Surgeon to the Rotherham Hospital.

WHEATLEY, A. J., M.D. C.M.Edin., Medical Officer for the Seventh Sanitary District of Bradford (Yorks) Union.

WHITEHEAD, A. L., M.B., B.S.Lond., Assistant Surgeon to the Eye and Ear Department of the General Infirmary, Leeds.

WILSON, J. H., M.D., B.S.Durh., Medical Officer of Health for the Wigan Rural Sanitary District.

## Births.

WASON.—On June 25th, at 64 Burgoyne Road, Harringay, N., the wife of Richard L. Wason, M.R.C.S., L.R.C.P., of a son.

## Marriages.

DICKSON—COOKSON.—On June 22nd, at St. Stephen's Church, Ealing, Walter Dickson, M.B., C.M., of Hungerford, son of the late Dr. W. G. Dickson, to Muriel Chorley, daughter of the late Thos. Chorley Cookson, M.A.

GONIN—WILLETT.—On June 22nd, at St. Mark's Church, Brighton, Edmund Henri Gonin, M.D., of Towcester, Northamptonshire, eldest son of the late Rev. Pasteur Gonin, of Worthing, to Mildred Theyre Willett, younger daughter of George Walter Willett, J.P., D.L., of West House, Brighton.

MANNING—DAVIS.—On June 17th, at the Parish Church, Rugby, Robert Harris Manning, L.D.S.Eng., youngest son of William Woodward Manning, J.P., to Mary Anne (Minnie), elder daughter of the Rev. W. Smith Davis, late Rector of Steeple Gidding, Hunts.

OLIVER—STRAWSON.—On June 22nd, at All Saints' Church, Penarth, John Percy Oliver, M.R.C.S., L.D.S., L.R.C.P.Lond., of Ravensworth, Penarth, to Frances Sarah Josephine, eldest daughter of James Young Strawson, Oakwood, Penarth.

## Deaths.

HARRISON.—On June 24th, at Chester Street, Wrexham, Edwin Harrison, M.R.C.S., L.S.A., aged 75.

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